

SDHSAA CONSENT FOR PARTICIPATION IN ACTIVITIES

Student Name: _____

Date of Birth: _____

School Year: 2020-21 School Year

Place of Birth: _____

Name of High School: _____

The parent and student, by signing this form, hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.

2. Understand and agree that:
 - (a) By this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation;
 - (b) Participation in any athletic activity may involve injury of some type;
 - (c) The severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death;
 - (d) Even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility; and;
 - (e) By signing this form, I/we give our consent for the listed student to compete in SDHSAA approved athletics for the school year as listed on this form. Further, I/we give our permission for our child to participate in organized high school athletics, realizing that such activity involves the potential for injury and harm which exists as an inherent element in all sports.

3. Understand, consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and

4. Understand, consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. If I/we do not wish to have any or all such information disclosed, I/we must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.

Signature of Parent

Date

Signature of Student

Date

SDHSAA CONSENT FOR MEDICAL RELEASE FORM (HIPAA)

Student Name: _____

Date of Birth: _____

I/We the undersigned do hereby:

1. Authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing and creating treatment plans for injuries that occur during the time period covered by this form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered by this form.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the medical care of this student.
3. This information for which I/we are authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2021.
6. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. Schools, School districts and school personnel are to uphold the bounds of FERPA. As such, disclosure and re-disclosure by schools or school employees must be done in compliance with FERPA guidelines.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent	Date
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Signature of Student (if over 18 or turning 18 before July 1, 2021)	Date
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SDHSAA CONSENT FOR MEDICAL TREATMENT FORM

Student Name: _____

Date of Birth: _____

The SDHSAA recommends that all member schools receive consent from all students and parent/guardians prior to activities, to ensure that medical care can be provided to the student during any activity away from home. This form should be kept both on-file at the school, as well as in the possession of a student's coach/sponsor authorizing as below:

CONSENT FOR MEDICAL TREATMENT (for those children 18 and under at any time during the 2020-21 school year):

I, _____, am the (circle one) Parent or Legal Guardian, of _____, who participates in activities and/or athletics for _____ High School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the fore-mentioned high school while on a school-sponsored activity, and hereby appoint said employee to act on behalf of myself in securing medical services from any duly licensed medical provider.

Signature of Parent

Date

CONSENT OF PARTICIPANT (for all students to complete):

I, _____, have read the above consent for medical treatment form signed above, or, as an individual of majority age, consent to those same medical services and actions as indicated above on this form.

Signature of Student

Date

PROOF OF INSURANCE

STUDENT NAME _____

Grade _____

DATE OF BIRTH _____

Best phone # to use of Parent/Guardian _____

E-Mail Address _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

DOCTOR'S NAME _____ PHONE# _____

CLINIC OR HOSPITAL

PHONE# _____

INSURANCE COMPANY _____

POLICY NUMBER _____

Allergies: _____

List any medications take daily or regularly: _____

Vision: glasses/contacts _____

Hearing: _____

TRAINING RULES & CODE OF CONDUCT FOR INTERSCHOLASTIC ATHLETICS IN THE SISSETON PUBLIC SCHOOLS

1. **Abstinence from alcoholic beverages, tobacco and illicit drugs.** Throughout any given school year, the following rules will apply to a member of any school-sponsored activity who used, possessed, or purchased alcohol, tobacco products or illicit drugs.
 - A. The individual is or will be suspended from the sport in which he/she is presently or will be participating in.
 - B. The first violation will have a minimum of 14 calendar days of athletic competition or two contests, whichever is greater, for the person even though the present sport ends and the next sport begins. Suspensions may include more than one sport depending upon the time of the violation. The time frame of the suspension may carry over into the following school year.
 - C. The second violation will result in the individual being suspended for 42 calendar days of athletic competition or six contests, whichever is greater, for the person. Even though the present sport ends, the suspension will carry over to the following sport, in which the person will participate. This may include the following calendar year.
 - D. The third violation will result in the individual being suspended for 1 calendar year. An additional recommendation will be made for the student to seek counseling services outside the school.
 - E. Additional violations will also result in the individual being suspended for 1 calendar year.
 - F. Violations will become cumulative throughout an individual's attendance in grades 6 through 8 and throughout 9 through 12. Furthermore, suspensions will be carried forward not only from sport to sport, but from year to year if necessary to complete the suspension. Upon entering high school an athlete that has not participated at the varsity level will start athletics with a "clean slate". Those who have competed at the varsity level and have violated a training rule will not enter high school with a "clean slate".
 - G. Individuals on suspension must practice with a team under the supervision of the coach but cannot dress for or participate in interscholastic competition. The individual may appear on the sideline or on the bench during the athletic contest. This may be determined by the coach involved and with consult with the Athletic Director/Principal.
2. **The above rules apply if the report is made and substantiated in writing by a Sisseton Public School staff member, legal authorities, or individual's voluntary admission.**
3. Students involved in extracurricular activities shall conduct themselves in a manner to bring credit to themselves, their school, and their community. Students participating in or attending a school sponsored activity shall not bring harm to others or property, take part in hazing activity, commit crimes, or participate in general/inappropriate misbehavior, including but not limited to misbehaviors that occur in school, such as habitual truancy/tardiness, in-school/out-of-school suspensions, etc. Students are expected to follow appropriate rules of conduct both on and off school property. Consequences for violating this rule will depend on the seriousness of the behavior, but generally follow the penalties listed in the training rules listed above in section 1. The superintendent, principal, activities director and coach will determine disciplinary action.
4. The coach of the involved person will inform parent/guardian, principal, and athletic director when disciplinary action is taken regarding these rules.

ATHLETE'S SIGNATURE _____

PARENTS'S/GUARDIAN'S SIGNATURE _____

DATE _____

SISSETON REDMEN "BELIEFS"

1. I will abide by the training rules at all times because of a desire to realize my full potential not because of punishment or fear.
2. I will always be neat in appearance to reflect pride in myself, my team, and my family.
3. I will put forth 101% desire and effort at all times. I will do my best to be the best.
4. I will respect my teammates, their abilities, weaknesses, and rights. The TEAM will come ahead of the individual.
5. I will attend all practices sessions. Excuses will be arranged through the head coach in advance.
6. I will be punctual at all meetings and at school for all classes. Students will need to be in school ALL-DAY of an extracurricular event.
7. I will use appropriate language to show respect to my parents, teammates, school, and opponents.
8. I will study hard, complete assignments, and make every effort to earn better than average academic grades.
9. I will maintain my social life in the belief that if I make certain sacrifices for athletics I will become a better more successful athlete.
10. I will respect my equipment as if it were my own. I will pay for all equipment that has been checked out to me when I am unable to return the same equipment at the end of the season.

ATHLETES SIGNATURE: _____

PARENT/GUARDIANS SIGNATURE: _____

DATE: _____

All athletes will ride to the competition with the team. All athletes will ride home from the competition with the team. We are a team and we stand together as one not only during competition but at all times.

SDHSAA CONCUSSION FACT SHEET FOR STUDENTS

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

IT IS BETTER TO MISS ONE GAME THAN A WHOLE SEASON – SEE SOMETHING – SAY SOMETHING!!!

Student's Name (Please Print)

Date

Signature of Student

Date

Parent's Signature

Date

SDHSAA CONCUSSION FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion, Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your child has a concussion?

1. **Keep your child out of play.** If your child has a concussion, her/his brain needs time to heal. Don't let your child return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your child is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
3. **Teach your child that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your child convince you that s/he's "just fine".
4. **Tell all of your child's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your child has ever had a concussion. Your child may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your child's coaches, school nurse, and teachers. If needed, they can help adjust your child's school activities during her/his recovery.

Parent's Name

Date

Signature of Parent

Date

Student's Name



Student-Athlete Authorization and Consent Form for Disclosure of Protected Health Info

I hereby authorize the athletic trainer and other health care personnel representing Sisseton High School to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at Sisseton High School. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected information may be released to other health care providers, hospital and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members, and officials of the WCAL and CIF.

I, _____, parent and/or guardian of _____, student-athlete, understand that as a parent/guardian give authorization/consent for the disclosure of the undersigned student-athlete's protected health information is a condition for participation as an interscholastic athlete at Sisseton School. I understand that my protected health information may be protected by the federal regulations under the Health Information Portability and Accountability Act (HIPAA) and, if so, may not be disclosed without either parent/legal guardian authorization under HIPAA. This authorization/consent expires one year from the date it is signed.

Important: Your Rights. I understand my rights, as described herein:

- I may revoke this authorization at any time by notifying the Sisseton High School's Athletic Director in writing. My letter must be hand delivered or mailed to the School.
- A revocation will not affect any uses or disclosures that Sisseton School made before it received my revocation.
- If I request it, I may see a copy of the health information described on this form.
- The information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA. I have the right to seek assurances from the above named entities or individuals authorized to receive the information that they will not re-disclose the information to any other party without my further authorization.

Consent for ImPACT Testing and Release of Information

I give my permission for (name of child) _____ to have a baseline and post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) as needed, administered at Sisseton High School. I understand that my child may need to be tested more than once post-concussion, depending upon the results of the test, as compared to my child's baseline test, which will be on file at Sisseton High School. I understand there is no charge for the testing.

Sisseton High School may release the ImPACT results to my child's primary care physician, neurologist, team physician or other treating physician, as indicated below.

I understand that general information about the test data may be provided to my child's school nurse, guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Print Student-Athlete's Name

Signature of Student-Athlete's Name

Date

Print Parent/Guardian Name

Signature Parent/Guardian Name

Date