Meridian High School **IQ**

Activity Insurance Questionnaire and Consent Form

(to be completed yearly for each grade) sports: _____

PERSONAL HISTORY

Last Name_____ First_____ MI_____

Home Phone_____ Birth date_____ Gender **M F** Graduation year_____

Address_____ City_____ Zip_____

Parent/Guardian Name & Relation_____ Day Phone_____

Parent/Guardian Name & Relation_____ Day Phone_____

In case of an Emergency (when parents cannot be contacted) notify:Name_____Relation_____Phone_____

INSURANCE INFORMATION

Is your athlete covered by a family health insurance policy? _____ Yes _____No

Primary Insurance Company_____Insurance Subscriber_____

Whose Name is policy under? _____ Policy #_____Group #_____

Do you wish to purchase school health insurance? _____Yes _____No *MHS does **not** automatically provide coverage*

If **YES,** a premium will be required prior to participation in any IHSAA athletic activity. More information can be obtained from the main office at (208) 350-4235.

MEDICAL INFORMATION

Last Physical_____ Last Tetanus_____ Allergies_____

Health Problems_____ Current Medications_____

Family Doctor_____ Phone Number_____

Since the athlete's last physical examination, have they:

	Yes	No		Yes	No
1) Had Surgery	___	___	6) Had a Concussion	___	___
2) Been Hospitalized	___	___	7) Been Unconscious	___	___
3) Been under a physician's care	___	___	8) Had an Allergic Reaction	___	___
4) Had a Serious Illness	___	___	9) Developed any Health problems	___	___
5) Had an injury requiring Physicians care	___	___			

Please explain any YES answers and give date (use back if needed)

_____

CONSENT FORM

- I hereby consent to the above named student-athlete participating in the interscholastic athletic program at Meridian High School. This consent includes travel to and from athletic contests and practice sessions.
- I hereby give consent to the sports medicine department and/or coach to apply first aid treatment for an injury or injuries sustained during practice or games in interscholastic athletics sanctioned by Meridian High School, until the parents/guardians can be contacted.
- I hereby consent that in case the parents/guardians can't be reached, the sports medicine department and/or coach may secure emergency medical services, if needed, as a result of an injury during participation in sanctioned practices/games scheduled by Meridian High School.

Signature of Parent/Guardian_____ Date_____

My participation in interscholastic athletics at Meridian High School is entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulation of the IHSAA and Meridian High School.

Signature of Athlete_____ Date_____

****ONLY FILL SECTION BELOW IF WAIVING ALL INSURANCE AND TAKING FULL RESOSPONSIBLILTY FOR ATHLETE****

I _____, understand and accept any and all medical expenses that may be incurred due to possible injury(ies)

(Parent/ guardian)

Sustained while participating in/a school-sanctioned activity(ies). The following waiver will cover the _____school year. My child will participate in the following sports during the above school year. (Please list each sport in the spaces provided below.)

1. _____ 2. _____ 3. _____

This includes all practices, travel and game situation during the entire year (from August 1st until July 31st of the following year). I also understand that some type of insurance (including school insurance) has been recommended/offered for my child and I have chosen not to purchase any type of insurance for my child at this time.

_____Date: _____ **_____Date: _____**

Student athlete signature **Parent/Guardian signature**

_____Date: _____ **_____Date: _____**

Athletic Trainer LAT, ATC **(Activities Director)**

MANDATORY CONCUSSION EDUCATION ON BACK PAGE. Signature required

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury – or TBI – caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head & brain to move quickly back & forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain & sometimes stretching & damaging the brain cells.

WHAT ARE SIGNS & SYMPTOMS OF CONCUSSION?

Signs & Symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with the permission from a health care professional experienced in evaluating for concussions.

Athlete Reported Symptoms:

- Headache or "Pressure" in the Head
- Nausea or Vomiting
- Dizziness or Balance Problems
- Blurry or Double Vision
- Sensitivity to Light
- Sensitivity to Noise
- Feeling Sluggish, Hazy, Foggy or Groggy
- Concentration or Memory Problems
- Confusion
- Just not "feeling right" or is "feeling down"

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

Signs Observed by Coaches:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets 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

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may from on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions of seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even briefly should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Keep the athlete out of play the day of the injury & until a health care professional experienced in the evaluating for concussion says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on a computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

To learn more go to > > WWW.CDC.GOV/CONCUSSION

HEADS UP CONCUSSION

WEST ADA SCHOOL DISTRICT – CONCUSSION MANAGEMENT PLAN

- Athletes participating in contact and collision sports will be baseline tested using a web based program (ie: ImPact, C3Logix).
- Athletes, participating in a sport, that are suspected of a concussion will be removed from play. S/he may not return to sport until evaluated by the school's Certified Athletic Trainer or other health care professional experienced in evaluation and management of concussions and cleared for return to learn, followed by, return to play.
- All athletes, regardless of who has evaluated them, will follow the return to learn and return to play plan as outlined below and adopted by the West Ada School District.

RETURN TO LEARN

1. Break from cognitive (thinking, processing) activities
   - May mean no school, homework, computer, texting, video games, and maybe TV if it makes symptoms worse; minimize screen time.
2. Light cognitive activity resumed once athlete has had significant improvement in symptoms at rest.
   - Activities that do not cause symptoms; stop when moderate symptoms develop
   - May increase length of activities as long as symptoms do not worsen or improve within 30 minutes of a break
3. School-specific activity should be increased gradually.
   - Try some schoolwork at home, increasing duration as tolerated; work up to longer times as tolerated

RETURN TO PLAY

1. Check in daily with the athletic trainer to determine when they are free of symptoms (for minimum of 24 hours)
2. Remain symptom free for 2 consecutive days and be returned to "normal" learning environment in school *(no accommodations)*
3. Complete the post-injury web based testing
4. Complete exertional testing, performed by Certified Athletic Trainer or other experienced health care professional
5. Complete a 5 step graduated return to play protocol *(each step is a minimum of 1 day)*
   - Step 1 – Light aerobic activity
   - Step 2 – Sport specific exercise
   - Step 3 – non-contact drills
   - Step 4 – Full-contact practice with reduced repetitions
   - Step 5 – Full release with no restrictions

PARENT/GUARDIAN & ATHLETE CONCUSSION INFORMATION ACKNOWLEDGEMENT

I, _____, by signing below, hereby acknowledge that the West Ada School District has provided me with the necessary and appropriate education on concussion as mandated under subsection 33-1625, Idaho code. The education included appropriate guidelines that identified the signs and symptoms of concussion and head injury, and described the nature and risk of concussion and head injury in accordance with standards of the Centers for Disease Control and Prevention. I acknowledge, that, in addition to receiving the education, I understand the nature of concussion, the signs and symptoms of concussion, and the risks of allowing a student athlete to continue to play after sustaining a concussion.

_____	_____	_____
Student Name (Please print)	Student signature	Date (mm/dd/yyyy)