Hanover Central Athletics

"Home of the Wildcats"

Physical Packet

The information in this packet, including the completed medical evaluation form, **MUST** have a **post April 1, 2017 date** for this to be valid for the entire 2017-2018 school year.

Important Information

-A nurse practitioner, physician assistant, or a licensed physician can sign the physical.

-Please read and complete all portions of the checklist below and turn the completed packet in to the athletic office before participation in your desired sport or activity.

Checklist

___ *Complete the IHSAA Physical (4 pages) with all pertinent signatures*

___ *Read and sign IHSAA Concussion/SCA Information and Acknowledgement (IC 20-34-7and IC 20-34-8)*

___ *Insurance Acknowledgement and Information Form*

___ *Complete the Athletic Information and Emergency Medical Treatment Waiver*

___ *Read and sign the ImPACT Testing Consent Form*

___ *Read and sign the Athletic Code of Conduct*

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ **Signature of parent/guardian** _____ **Date** _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgement. This form has been modified by the Indiana High School Athletic Association, Inc. (IHSAA).

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____ Weight _____	☐ Male ☐ Female	
BP ____/____ (____/____) Pulse _____	Vision R 20/_____ L 20/_____	Corrected ☐ Y ☐ N
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). *(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10*

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____

Address _____ Phone _____

Signature of physician (MD, DO, NP, or PA) _____ License # _____

IHSAA ELIGIBILITY RULES

INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – SeeRule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
   - . . . unless you are entering the ninth grade for the first time.
   - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
   - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

PREPARTICIPATION PHYSICAL EVALUATION

CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.

B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.

C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.

D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ **Student Signature:** (X) _____

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports ***not marked out:***
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.

B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.

F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the **appropriate space:**

- ❑ The student has school student accident insurance.
- ❑ The student has adequate family insurance coverage.
- ❑ The student has football insurance through school.
- ❑ The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.
(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ **Parent/Guardian/Emancipated Student Signature:** (X) _____

Printed: _____

Date: _____ **Parent/Guardian Signture:** (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File In Office of the Principal
Separate Form Required for Each School Year

FORM D - 7/11 DLC: 6/24/2016

g:/printing/forms/schools/1617physicalform.indd

HEADS·UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

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

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

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

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit **www.cdc.gov/Concussion.**

April 2013

HEADS·UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

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 or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
• Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just "not feeling right" or "feeling down"	• 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

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

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

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit **www.cdc.gov/Concussion.**

April 2013

SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

FACTS

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board
(1-7-15)

SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

FACTS

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help my child prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board
(1-7-15)

CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known):_____Date: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

_____ _____
(Signature of Student Athlete) (Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

_____ _____
(Signature of Parent or Guardian) (Date)

Insurance Acknowledgement and Information Form

The Hanover Central Athletic Department is concerned about student welfare. During the course of participation in an athletic practice or contest it is possible to become injured. Therefore we highly recommend that each individual who will be participating on a sports team be covered with some type of insurance.

Hanover Central feels that it is vitally important that each student and parent/guardian knows of the risks involved in athletic participation, understand that serious injury is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics.

I have read the information on insurance and understand the concerns of participating in athletics. I will not hold the Hanover Community School Corporation liable for injuries which may occur during practice and game situations that are conducted in a prudent manner.

_____ _____

Student Name Grade

_____ _____

Parent/Guardian's Signature Date

Hanover Central Athletics

Athletic Information and Emergency Medical Treatment Waiver

Student Name:_____ Date of Birth: _____Grade_____

Home Address: _____

Mother's Name:_____Cell Phone: _____

Home Phone:_____Work Phone: _____

Email:_____

Father's Name:_____ Cell Phone:_____

Home Phone:_____Work Phone:_____

Email:_____

If you cannot be reached using the above information at time of serious injury or illness, school authorities have permission to contact either of the below individuals who will help assure responsibility until you can be located.

Emergency Person -1

Full Name:_____Relation to family:_____

Cell Phone:_____Home Phone:_____

Emergency Person -2

Full Name:_____Relation to family:_____

Cell Phone:_____Home Phone:_____

The athletic department is seeking your permission to have your son or daughter treated at a doctor's office or a hospital emergency room in the event that he or she is found in need of emergency medical treatment. If an emergency occurs every effort will be made to contact you. If such contact is not possible this sheet may facilitate prompt treatment.

I hereby give my permission for the above stated student to receive emergency medical treatment.

Date _____ **Parent/Guardian Signature** _____

Insurance Co. Name & Policy No. _____

Please list any additional medical conditions or injuries that you feel we should be aware of such as, allergies, asthma, diabetes, etc.

CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give my permission for (name of child) _____

(child's date of birth) _____

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

Hanover Central High School may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

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

Name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

_____ (H) _____ (W)

_____ (cell)

Wildcat Athletic Code of Conduct

Student conduct during the regular school day, during school related activities, and at other times is subject to the provisions of the Hanover Central High School and Hanover Central Middle School "Student Code of Conduct". In addition, the conduct of students who wish to participate in school sponsored athletic programs are subject to this Athletic Code of Conduct. Because participation in such activities is a privilege, the Athletic Code addresses conduct beyond that applicable to students in general, to further the expectations, purpose, and integrity of athletic activities.

The Athletic Code is a document that is part of the Hanover Central Athletic Physical Packet and is signed by the student and parent each year prior to being allowed to try-out or to participate on an athletic team. Once signed, the Athletic Code applies to the student's entire athletic career at Hanover Central on a 24/7/365 basis to conduct both at school and off school grounds. Applicable penalties will be applied whenever the conduct is discovered. That is, the Hanover Central administration reserves the right to fully investigate conduct which potentially violates the Athletic Code whenever evidence is provided, even if the conduct occurred during prior seasons or school year (e.g., conduct occurring during a student's freshman year may result in a penalty during the student's senior year if not discovered/reported until that time).

IT IS EXPECTED that the individual rights of all must be respected and all teammates and participants treated equally. Hazing, harassment, including but not limited to verbal, physical, or sexual harassment, intimidation or initiation of student-athletes will not be tolerated.

IT IS EXPECTED that student-athletes will not possess, use, consume, or be under the influence of tobacco products, alcohol, controlled substances nor shall they possess related paraphernalia.

IT IS EXPECTED that student-athletes will adhere to standards of decorum and behavior at the highest level as representatives of Hanover Central. Theft, acts of violence, fighting, poor classroom behavior, and unlawful conduct will not be tolerated.

IT IS EXPECTED that student-athletes will follow rules established for that sport/activity, including but not limited to those regarding tardiness to team or activity meetings, absences from practice, events, or meetings, disrespect to coach or activity sponsor, acts of unsportsmanlike conduct, and verbal abuse of others involved in the activity.

IT IS EXPECTED that during any athletic season, a student-athlete will only participate on one team (unless mutually agreed upon by the two head coaches involved). If an athlete quits a sport once games have started, that athlete will not be allowed to participate (either at practice or in competition) for any other team during that season. This rule can be waived at the coach's discretion. An athlete must finish the season in good standing in order to letter, attend banquets, and receive athletic awards. Uniforms, equipment, fees, and other obligations must be met or turned in before moving to the next sport.

IT IS EXPECTED that all student-athletes use transportation provided by the school corporation. Traveling with the team/group is part of the athlete's obligation to his/her teammates and coach. Not riding with the team/group should only be done in a family emergency or a situation where undue hardship is caused by traveling with the team/group. In order for an athlete to travel to or from an event by means other than the school transportation, he/she must bring a Travel Release Form signed by a parent/guardian. The athlete will only be released to his/her parent/guardian. Friends, relatives or other students are not acceptable as travel alternatives. This form must be in the athletic office and with the coach, as applicable no less than 24 hours prior to the trip.

Violations of the Athletic Code can result in some of the following consequences: assigned disciplinary consequences at the team level, probation, and suspension from practices and/or games, career expulsion from athletics and other extracurricular events.

Type 1 violation	Occurrence	Penalty
Being arrested for or possessing, using, consuming, or being under the influence of a controlled substance or possession of paraphernalia	1st	Expulsion from athletics/extracurricular activities for the 365 days and probation for the remainder of career. By self-reporting and completion of an evaluation program, a student may practice but not compete in contests.
****	2nd	Permanent expulsion from athletics and extracurricular activity participation.
Type 2 violation	Occurrence	Penalty
Possessing, using, consuming, or being under the influence of alcohol	1st	33% of current, next, or combined seasons or extracurricular term. Example: If 20% of a season remains when violation occurs, 13% of the next season ineligible.
****	2nd	Expulsion from athletic/extracurricular activities for 365 days.
****	3rd	Permanent expulsion form athletic/extracurricular activity participation.
Type 3 Violation	Occurrence	Penalty
Possession and/or use of tobacco	1st	33% of current, next, or combined seasons or extracurricular term. Example: If 20% of a season remains when violation occurs, 13% of the next season ineligible.
****	2nd	Expulsion from athletic/extracurricular activities for 365 days.

****	3rd	Permanent expulsion from athletic/extracurricular participation.
Type 4 Violation	Occurrence	Penalty
Unlawful conduct, disruptive conduct, hazing, harassment, non-traffic misdemeanor and/or bringing dishonor to the school, the athletic department, or the community	All	Determined by the Principal, Athletic Director, and head coach.

*All Athletic Code of Conduct violations are accumulative over the entire span of a student-athlete's athletic career at Hanover Central.

Social Media Policy and Guidelines

Playing and competing for Hanover Central is a privilege, not a right. Student-athletes are held in high regard and are seen as role models in the community. As leaders we have the responsibility to portray our team, our school and ourselves in a positive manner at all times. Sometimes this means doing things that are of an inconvenience to us, but benefit the whole team.

In recent years, Facebook, MySpace, Twitter and other social networking sites have increased in popularity and are used by the majority of student-athletes at Hanover Central.

Student-athletes may not be aware that third parties including the media, faculty, future employers and IHSAA officials can easily access their profiles and view all personal information. This includes all pictures, videos, comments and posters. Inappropriate material found by third parties affects the perception of the student, the athletic department and the school. This can be detrimental to a student-athletes future.

Examples of inappropriate and offensive behaviors concerning participation in online communities may include depictions or presentations of the following:

1. Posting photos, videos, comments or posters showing the personal use of alcohol, tobacco, ex., no holding cups, cans, shot glasses etc.
2. Posting photos, videos, and comments that are of a sexual nature. This includes links to websites of a pornographic nature and other inappropriate material.
3. Posting pictures, videos, comments or posters that condone drug related activity. This includes but is not limited to images that portray the personal use of marijuana, and drug paraphernalia.
4. Using inappropriate or offensive language in all comments, videos and other postings. This includes threats of violence and derogatory comments against race and/or gender.

5. Posting photos, videos, comments or posters that demean other Hanover Central students, athletes, teammates, coaches, or school personnel.
6. Posting photos, videos, comments or posters that are derogatory towards opposing schools or opposing student-athletes.

If a student-athlete's profile and its contents are found to be inappropriate in accordance with the above behaviors, he/she will be subject to an Athletic Code of Conduct violation and penalties as determined by the school administration, athletic department, and coaching staff.

For your own safety, please keep the following recommendations in mind as you participate in social networking websites:

- Set your security settings so that only your friends can view your profile.
- You should not post your email, home address, local address, telephone number(s), or other personal information as it could lead to unwanted attention, stalking, identity theft, etc.
- Be aware of who you add as a friend to your site – many people are looking to take advantage of student-athletes or to seek connection with student-athletes.
- Consider how the above behaviors can be reflected in all Facebook applications.

If you are ever in doubt of the appropriateness of your online public material, consider whether it upholds and positively reflects your own values and ethics as well as those of the athletic department and the school. Remember to always present a positive image and don't do anything to embarrass yourself, the team, your family or Hanover Central.

Penalty Assessment
The method used to determine the number of games for a suspension will be varsity total games allowed for a sport. Varsity scrimmages will be counted. The penalty will use scheduled games whether played or cancelled and any calculated suspension of .5 contests or more will be rounded up.

Combination of Offenses
Any combination of two of type 2, 3, and 4 violations will result in at least 50% loss of season/extra-curricular activity term; any combination of three of these violations will result in permanent expulsion from athletic/extra-curricular participation. The second or third offense can be from any category (type 1, 2, 3, or 4).

Carry Over Suspension/Penalty
A student-athlete must complete the entire season/activity period in which there is a penalty assessed in order to complete his or her suspension. Example: A fall athlete gets caught for drinking in January. The athlete decides to go out for a spring sport to serve the 33% penalty. After 5 contest the athlete quits the team. It would not count for completion of the penalty.

Terms of Suspension

- A student athlete who has been suspended from a team for any length of time is expected to continue his/her association with the team in terms of attending practice and following team rules. The student athlete will attend the contests but is not allowed to participate in the contest.
- A student athlete who has been excluded from participation for a full calendar year will not associate with that team or other Hanover Central athletic teams. This includes after school conditioning.
- A student athlete who transfers into Hanover Central High School while serving suspensions at his/her school will serve out the remainder of his/her penalty at Hanover Central. The previous school's penalty will be honored in full and will not be increased or decreased in length.
- Records of violations will be kept on file in the athletic director's office. Violations will be cumulative grades 9 through 12.

Summer Participation

Suspended students are allowed to participate in summer instruction. Students who have been excluded for one year or participation will not be allowed to participate in the summer instruction. Summer instruction is considered the same as practice for these purposes.

Parent/Student Notification

Parents will be notified in writing of each offense. Coaches shall have the right to impose further rules, as they deem proper for their activities.

Appeals

Participants may appeal suspensions. All appeals must be submitted in writing within five days after a penalty has been assessed. This request should be submitted to the Athletic Director or his/her Principal, as applicable. A committee consisting of at least the Athletic Director, one school administrator, and one varsity coach/sponsor, as applicable, will be formed to consider any unique circumstances and to review penalties when deemed appropriate.

Parent Assistance

Any parent seeking help or assistance involving his/her child's use of drugs, alcohol, or tobacco, prior to a report or investigation by the school or any involvement with law enforcement, should contact school administration. As a result, the athlete/participant will receive a lesser consequence than what is outlined above. This consequence may include athletic/participant suspension, drug counseling, and random drug testing. In the case of an athlete, the Athletic Director and Principal will determine the severity of the consequence.

Self-Reporting

Level 2 Violation – The penalty will be reduced by 25% of the current and/or next sport season if:

1. The student or the student's parents/guardians report the violation to the principal and/or athletic director, or coach prior to their independent confirmation of a violation.
2. The student submits to and receives a certificate of completion from a substance abuse program of assessment, counseling, screening and/or indicated therapy. The program must have been approved by the principal and may include a recommendation for parent/guardian participation. The cost of the program is the responsibility of the student and/or his/her parents.

Level 3 Violation – The penalty will be reduced by 25% of the current and/or next sport season if:

1. The student or the student's parents/guardians report the violation to the principal and/or athletic director, or coach prior to their independent confirmation of a violation.
2. The student submits to and receives a certificate of completion from a substance abuse program of assessment, counseling, screening and/or indicated therapy. The program must have been approved by the principal and may include a recommendation for parent/guardian participation. The cost of the program is the responsibility of the student and/or his/her parents.

Parent/Guardian Certification of Consent, Acknowledgement and Release

In accordance with the rules of the IHSAA and the Hanover Central Athletic Department I hereby give my consent of the above student to participate in all athletics at Hanover Central.

I understand that participation may necessitate an early dismissal from classes and I also understand that travel is necessary and accident causing injury is possible.

I consent to the disclosure, by my son's/daughter's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning my son/daughter.

I know of and acknowledge that my son/daughter knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation, and chooses to accept any and all responsibility for his/her safety and welfare while participation in athletics. With full understanding of the risks involved, I release and hold harmless my school, the schools involved, and the IHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation, and agree to take no legal action against the IHSAA or my school because of any accident or mishap involving the athletic participation of my son/daughter.

As a parent and/or guardian of the above student-athlete, I have read the Athletic Handbook, the Athletic Code of Conduct and discussed it with my son or daughter. I understand the Code and realize that it applies year round. I also realize that my son/daughter is subject to disciplinary measures should he/she violate the rules of the Athletic Code of Conduct or of the coaches.

_____	_____	_____
Printed Parent/Guardian	Signature Parent/Guardian	Date

Student-Athlete Certification of Consent and Acknowledgement

I hereby acknowledge that I have read and understand the Athletic Code of Conduct and written rules, regulations and information published in the Hanover Central Athletic Student Handbook.

_____	_____	_____
Printed Student	Signature Student	Date