

STUDENT NAME _____
(Please print) Last First (ID #)

Centerville City Schools

EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

Date of Birth _____ Home Phone _____

School _____ Address _____

School Year _____ Grade _____ City _____ Zip _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____ Cell _____

Father's Name _____ Daytime Phone _____ Cell _____

Emergency 1. _____ Daytime Phone _____ Cell _____

Contacts: 2. _____ Daytime Phone _____ Cell _____

3. _____ Daytime Phone _____ Cell _____

STUDENT HEALTH SECTION MUST BE COMPLETED

Required forms are available from your school nurse or www.centerville.k12.oh.us

No medical conditions No allergies Medication allergy: _____

Allergic to: _____

Requires treatment with epi-pen/antihistamine-- *Emergency Allergy Plan/Epinephrine Authorization required*

No medication required for allergy treatment-- *Allergy No Medication Form required*

Asthma

Requires inhaler/nebulizer at school-- *Asthma Action Plan/inhaled asthma medication authorization required*

No inhaler/nebulizer required at school-- *Asthma/No Medication Plan required*

Diabetes Requires Insulin Requires oral diabetes medications _____

Seizure Disorder Type: _____

Requires Emergency rescue medication-- *Contact school nurse for care plan. Prescription/Non-Prescription authorization form required*

No emergency rescue medication require-- *Contact school nurse for care plan*

Heart/blood problems: _____

Other (Specify) _____

Medications taken at home: _____

Medications to be given at school: _____

Requires Prescription/Non-Prescription authorization form

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital/Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian Date

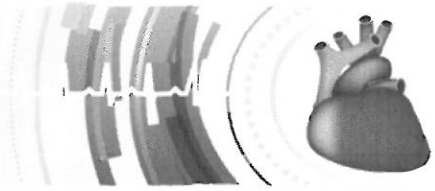
PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian Date

1/2018

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can’t recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

Rev. 09.15

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on [the ODH website](#).

Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

Resources

ODH Violence and Injury Prevention Program

<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention

<http://www.cdc.gov/ncadsup/basics/index.html>

National Federation of State High School Associations

www.nfhs.org

Brain Injury Association of America

www.biausa.org/

<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Date

Athlete *Please Print Name*

Parent/Guardian

Date





**2024-2025 CENTERVILLE CITY SCHOOLS ATHLETIC PARTICIPATION
AND CO-CURRICULAR CODE OF CONDUCT FORM**

NOTE: An electronic or paper version of this form must be completely filled out and signed and must be on file in the Athletic Office along with a current physical examination form prior to athletic participation.

Name _____ Unit/School _____ Grade _____ Date of Enrollment _____

Birth Date _____ Sport(s) _____

ATHLETIC PARTICIPATION, RELEASE, WAIVER AND INDEMNITY AGREEMENT

I, _____, parent and/or natural or legal guardian of _____, a minor child (hereinafter referred to as "parent" and "child" respectively), on behalf of myself and on behalf of said child, our heirs, executors or administrators, and assigns, for and in consideration of permitting said child to participate in the activities described in (1) below do hereby acknowledge and accept as adequate and hereby agree as follows:

1. That said child is to be permitted to participate in athletic, cheerleading, or related activities and/or programs (hereinafter referred to as "activities"), as a student at Centerville City Schools, 111 Virginia Avenue, Centerville, Ohio, during the 2024-2025 school year.
2. That I fully acknowledge that participating in such "activities" may be dangerous and that as a result of said child's participation in aforesaid "activities", the possibility exists that said child may incur physical injury or injuries as a result of his/her own action, non-action or negligence, and/or the action, non-action or negligence of another person or persons and/or the action, non-action or negligence of any entity or entities.
3. That in consideration for said child being allowed to participate in the aforementioned "activities", I, as parent, hereby agree to release, discharge, indemnify and hold harmless the Board of Education of Centerville City Schools, Centerville, Ohio, all Board members, administrators, coaches, assistant coaches, trainers, assistant trainers, directors, employees, students and representatives of the Board of Education of Centerville City Schools, volunteers and any other person, persons or entity either providing transportation to or from such "activities" or having anything to do with any such "activities", whether such person or entity is or is not an employee, agent or representative of the Board of Education of Centerville City Schools, including *inter alia*, volunteers providing any service or serving in any function, game officials, coaches, assistant coaches, trainers, school officials and players on other teams or from other groups participating in "activities" in competition with or together with students of Centerville City Schools, their agents, heirs, executors or administrators and/or assigns, from any and all rights, claims, and/or causes of action I may have or which may arise, in my own right, or on behalf of said child, as a result of said child's going to and from such "activities" or participation in the aforementioned "activities", or any training, practicing or related functions in conjunction with such "activities", including, but not limited to, any physical or mental injury which may occur to said child as a result of his/her participating in said "activities".

CO-CURRICULAR CODE OF CONDUCT

Participation in a co-curricular activity at Centerville High School or Centerville Middle Schools is a privilege, not a right. Students participating in co-curricular activities represent the entire Centerville High School and Middle Schools student population in local, state, regional, and national events. This representation of the school district carries with it the additional responsibility of maintaining the highest personal and ethical conduct. Co-curricular participants include but are not limited to, athletics, cheerleading, athletic support groups, band, band support groups, Coeds, forensic student participants, and managers.

THE CODE OF CONDUCT

Any student participating in a co-curricular activity shall not use or have in his/her possession, in any form, alcohol, tobacco, vape, other drugs or drug paraphernalia, in or out of season, at any time or at any place.

A student who aids or assists another in committing any of the above infractions shall be deemed equally responsible for the offense and shall receive the same consequence.

Participants should conduct themselves both in and out of school in a manner that reflects good citizenship. Any behavior that results in dishonor to the participant, his or her team, or his or her school will not be tolerated. Examples of unacceptable conduct include, but are not limited to, theft, vandalism, disrespect, and violation of the law.

LIFETIME OF CODE

All students will be considered "participants" and bound by the Code of Conduct beginning with the date the code has been signed and turned in to their coach/advisor. No student shall be allowed to participate in any activity with a group/team until this has been turned in. Once a student has become an official member of a group/team they shall be bound by the Code of Conduct for one calendar year in all activities in which they participate. Being an official member is defined as participating in any organized group activity. If the participant is trying out for a group with limited numbers (i.e. "cuts" occur) and are "cut" they no longer will be considered as having been an official member of that group.

INFRACTION PROCEDURE

All alleged infractions will be referred to the Athletic Director. He/she will determine if an infraction has occurred. If it is determined that an infraction has occurred it is the Athletic Director's responsibility to notify the participant, the participant's parents, and the participant's coaches and/or directors.

APPEALS

A written request for an appeal should be directed to the Athletic Director, and must occur within five school days following notification of the infraction. The participant will not be allowed to participate in contests/events during the appeal process. The Coordinating Principal at CHS and the building principal at the student's Middle School will hear the appeal and arrive at a final decision on the case. There will be no further appeals.

DRUGS & ALCOHOL CONSEQUENCES

First Offense:

The participant will not participate in the next contests/events, beginning with the first contest/event in which he/she would participate after determination that an infraction has occurred, equal to 20% of the number of regular scheduled contests/events. The participant will also be referred to the Centerville High School Crisis Intervention Counselor or their Middle School Guidance Counselor. The participant will be permitted to practice during the time period of his/her co-curricular suspension. The participant's reinstatement and eligibility will be determined by the Athletic Director.

OR:

The number of contests/events to be suspended from can be reduced to 10% if the participant agrees to complete 20 hours of approved community service within 45 days of determination that an infraction has occurred. Failure to comply with this will add an additional 20% suspension at the end of 45 days plus all awards will be revoked. Proof of an approved community service plan being in place must be presented to the Athletic Director prior to being reinstated to participate after the 10% suspension has been served. All other consequences relating to intervention, practice, reinstatement, and eligibility remain the same.

Second Offense:

The participant will not participate in any Centerville High School or Centerville Middle Schools co-curricular activity for one calendar year from the date of determination that a second infraction has occurred. The participant will also be referred to the Centerville High School Crisis Intervention Counselor or their Middle School Guidance Counselor. The participant will not be permitted to practice or take part in any co-curricular events during this time period. The participant's reinstatement and eligibility will be determined by the Athletic Director.

OR:

The suspension can be reduced to 6 months if the participant agrees to complete 40 hours of approved community service within 90 days of determination that an infraction has occurred. Failure to comply with this will result in a year suspension beginning at the end of 90 days. All other consequences relating to intervention, reinstatement, and eligibility remain the same.

Third Offense (and subsequent offenses):

The participant will not be eligible for further participation in any Centerville High School or Centerville Middle Schools co-curricular activities for the remainder of their school career. The participant may apply for reinstatement at the conclusion of one calendar year from the date of determination that an infraction has occurred. This application should be made to the Athletic Director in writing and must include proof of completing an intervention program with, or approved by, the CHS Crisis Intervention Counselor or their Middle School Guidance Counselor and also proof of completing 100 hours of approved

community service during this year's suspension. The participant's reinstatement and eligibility will be determined by the Athletic Director.

TOBACCO/NICOTINE VAPE CONSEQUENCES

First Offense:

The participant will not participate in the next contests/events, beginning with the first contest/event in which he/she would participate after determination that an infraction has occurred, equal to 20% of the number of regular scheduled contests/events. The participant will also be referred to the Centerville High School Crisis Intervention Counselor or their Middle School Guidance Counselor. The participant will be permitted to practice during the time period of his/her co-curricular suspension. The participant's reinstatement and eligibility will be determined by the Athletic Director.

OR:

The number of contests/events to be suspended from can be reduced to 10% if the participant agrees to complete 20 hours of approved community service within 45 days of determination that an infraction has occurred. Failure to comply with this will add an additional 20 % suspension at the end of 45 days plus all awards will be revoked. Proof of an approved community service plan being in place must be presented to the Athletic Director prior to being reinstated to participate after the 10% suspension has been served. All other consequences relating to intervention, practice, reinstatement, and eligibility remain the same.

Second Offense (and subsequent offenses):

The participant will not participate in any Centerville High School co-curricular activity for one calendar year from the date of determination that a second infraction has occurred. The participant will also be referred to the Centerville High School Crisis Intervention Counselor. The participant will not be permitted to practice or take part in any co-curricular events during this time period. The participant's reinstatement and eligibility will be determined by the Athletic Director.

OR:

The suspension can be reduced to 6 months if the participant agrees to complete 40 hours of approved community service within 90 days of determination that an infraction has occurred. Failure to comply with this will result in a year suspension beginning at the end of 90 days. All other consequences relating to intervention, reinstatement, and eligibility remain the same.

CITIZENSHIP

Any student participating in a co-curricular activity should demonstrate respect, responsibility, and citizenship toward coaches, volunteers, fans, and fellow athletes. Threatening behavior, including, but not limited to, harassment, hazing, bullying, intimidation, or other offenses as listed in the Centerville High School Student Handbook will not be tolerated, and any possible infraction will be reviewed by the athletic director and coach. A decision will then be made which could result in the assignment of community hours and/or suspension from contests. Citizenship infractions will not be considered "offenses" (1st, 2nd, ...).

RELATED INFORMATION:

1. If the group/sport season or the school year ends while the participant is serving the suspension for a Code of Conduct rule infraction, the balance of the suspension will roll over to the beginning of the next season in which the participant is involved. The number of contests/events to be missed will be determined by applying the percentage rule to the number of regular scheduled events of the activity the participant was involved in when the infraction occurred. If the participant is not involved in an activity when the infraction occurs, the number of contests/events to be missed will be determined by applying the percentage rule to the number of regular scheduled events of the next activity in which the participant is involved.
2. If an infraction of the Code of Conduct occurs after the conclusion of a season but before the awards program for that activity, or if a suspension as a result of a Code of Conduct infraction has not been completed at the conclusion of a season, the participant will be suspended from the awards program and is ineligible to receive any Centerville High School individual or team awards, including 9th grade numerals, certificates, and 1st, 2nd, 3rd, or 4th year Varsity awards. In addition, any first offense, second offense, third offense, or subsequent offense consequences will also be applied.
3. If an infraction of the Code of Conduct occurs during the junior or senior year, the participant will not be eligible for the Scholar-Athlete Award during the year of the infraction. If the infraction occurs after the Scholar-Athlete Award ceremony but prior to the end of the school year, the award will be revoked and returned. The following year begins immediately following dismissal from school on the final day of school for that year.
4. If a student becomes a member of a group/team either as a participant, manager, or student aide after the officially designated starting date, he/she cannot serve any percentage of a Code of Conduct suspension during this season. The

official starting date is the date established by the Ohio High School Athletic Association as the date on which that sport may begin official practice.

5. In order for any suspension to count, the participant must complete the season and receive an award (certificate, letter, etc.). If a suspended student quits the team or does not finish the season in good standing, then the full suspension must be served when he or she joins another activity.
6. For each infraction all co-curricular leadership positions (including, but not limited to, captain) will be denied for 1 calendar year from the date the infraction occurred. "Early" reinstatement will not lessen this time length.
7. For each infraction no "special" individual or team awards will be awarded for 1 calendar year. "Early" reinstatement will not lessen this time length. Outside scholarships may be given at the discretion of the group giving the scholarship.
8. If a participant is suspended from school, he/she will be unable to participate in practices, games, competitions, or any other team activities during the time of the suspension.
9. For a participant to be eligible to participate in a game, competition, or event, he/she must be in school a complete half day on the day of the game, competition, or event. A half day is defined as being three complete periods. Any exceptions must be approved through the Athletic Director. If absent for observance of a religious holiday, the athlete may practice or compete even if not present three periods provided the building principal has been notified prior to the absence.
10. The Code of Conduct is in addition to any other policy, rule, or regulation of Centerville High School. Consequences under the Code of Conduct may be in addition to consequences for the violation for these other policies, rules, or regulations.
11. Under the Centerville City Schools Board of Education policy, a student may be suspended from co-curricular activities for up to one year for misconduct other than that related to drugs, alcohol, or tobacco/vapes.
12. If, when applying the 10%, or 20% rule, a partial number of contests/events results, the number will be rounded down to arrive at the length of the suspension. (e.g. 20% of 27 = 5.4 which would be a suspension of 5 games)
13. In order to receive any award, an athlete must finish the season in good standing. Any suspension at the end of the season (academic, Co-curricular code, or otherwise) will result in forfeiture of all awards, including 9th grade numerals, certificates, and 1st, 2nd, 3rd, or 4th year Varsity awards.
14. Community service hours assigned by Centerville High School will be considered the maximum number of hours assigned including any hours which may have been assigned by the court system for the same offense. (i.e. if the infraction calls for 40 hrs. to be assigned and the court system assigns 20, then Centerville High School will only assign 20 hrs. to bring the total to 40 hrs.) It is understood by all parties that the timing of the infraction may sometimes make the community service alternative more difficult to fulfill.
15. During the time of the suspension, the participant may attend his team's event at the coach's discretion but may not be in uniform.

STUDENT PLEDGE

As a participant in athletic, athletic support group, band, Coeds and/or forensic activities, I agree to abide by all co-curricular rules regarding the use of alcohol, tobacco and/or other drugs. To demonstrate my support, I pledge to:

1. Support my fellow students by setting an example and abstaining from alcohol, tobacco, vapes and drugs
2. Not enable my fellow students who use alcohol/tobacco/vapes/drugs. I will not cover up for them or lie for them if any rules are broken. I will hold my teammates responsible for their actions.
3. Seek information and assistance in dealing with alcohol, tobacco, vape and/or other drug problems.
4. Be honest and open with my parents about my feelings, needs and problems.
5. Be open and honest with my coach and other school personnel when the best interests of my fellow students and my school are being jeopardized.

PARENT PLEDGE

As parent(s) of a student participating in the Centerville City Schools' Co-Curricular program, I will support _____'s agreement to abide by all co-curricular rules. I realize that chemical dependency is a serious problem and I am also concerned about recurring problems that arise from teenage alcohol, tobacco/vape and/or other drug use. To demonstrate my support, I pledge to:

1. Set a positive example by exhibiting low risk use of alcohol/prescriptions and other legal drugs.
2. Heighten my awareness of my child's behavior, psychological needs, social habits, academic status.
3. Assert my authority as parent(s) by not enabling or covering up for my child if the co-curricular rules are broken. I will hold him/her responsible for his/her actions.
4. Not enable by allowing my child to entertain teenagers who are using alcohol, tobacco, vapes and/or other drugs in my home or on my property.
5. Uphold the coach/director and other school personnel in dealing with my child.
6. Provide support for my child if it becomes apparent a problem exists.

We have read this Athletic Participation, Release, Waiver and Indemnity Agreement, Co- Curricular Code of Conduct, Student and Parent Pledges, and fully understand the terms and conditions thereof, and we voluntarily sign the same of our own free will and accord.

Parent/Guardian Signature

Date

Student Signature

Date



PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION | 2024-25

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)				Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?					
10. Have you ever had a seizure?					
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?					
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?					
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?					

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)			Yes	No
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here:

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here:

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



PREPARTICIPATION PHYSICAL EVALUATION | 2024-25

PHYSICAL EXAMINATION FORM

Name: _____ Date of Birth: _____ Grade in School: _____

PHYSICIAN REMINDERS

- 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, e-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-enhancing 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____
 Address: _____ Phone: _____
 Signature of health care professional: _____, MD, DO, DC, NP, or PA



MEDICAL ELIGIBILITY FORM

Name: _____ Date of Birth: _____ Grade in School: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of Exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, DC, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

