



Old Colony Regional Vocational Technical High School Interscholastic Registration/Permission/Medical Form

Athlete's Name: _____ Class of: _____
Address: _____
Street City/Town Zip _____
Home Telephone #: _____ School Attended last year if not OCHS: _____
Student Email _____ Parent Email _____
Date of Birth: _____

This form constitutes a permission statement that must be signed by a parent or guardian. All of the information on this form is confidential and will be used only for the purpose of evaluating your child's health status, complying with state law, facilitating medical diagnosis, care and/or treatment, or in the processing of insurance claims in connection therewith.

Participation:

As of August 1, 2011, in order to participate in the interscholastic athletic program at Old Colony. **All Athletes and Parents** must read and sign *HEADS UP Concussion in High School Sports* fact sheet. Further information regarding concussions can be accessed on the Old Colony website.

Athletes must:

Pass a sports physical examination within twelve months of the beginning of the season. This physical may *not* expire during the season of play.

Have the permission of their parents or guardian for participating in each sport

Maintain satisfactory academic and citizenship standings according to Old Colony High School and the Massachusetts Interscholastic Athletic Association (MIAA)

Please check ALL sports that your child MAY participate in during the school year.

Fall:

Boys Cross Country Football Golf Soccer
Girls Cheer Cross Country Volleyball Soccer

Winter:

Boys Basketball Ice Hockey
Girls Basketball Cheer Ice Hockey

Spring:

Boys Baseball
Girls Softball

Emergency Information: (Please list home, cell & work telephone numbers, if possible)

Mothers Name: _____ Employer: Tel. #: _____
Fathers Name: _____ Employer: Tel. #: _____
Insurance Plan: _____ Insurance Policy #: _____
Name of Family Physician: _____ Tel. #: _____

List two people who will be able to assume care and transport your child home in case of illness.

1. Relation: _____ Tel. #: _____
2. Relation: _____ Tel. #: _____

In case of accident or serious injury and I cannot be reached, I hereby authorize the school coach to arrange transportation to the nearest hospital and for my child to be treated by the hospital physician on duty.

PLEASE PROVIDE A COPY OF MOST RECENT PHYSICAL EXAM TO ATHLETIC DIRECTOR

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Medical History:

It is in the best interest of your child to indicate special episodic emergency conditions, which do not preclude playing sports, such as severe food or bee sting allergy needing epipen administration, severe asthma requiring inhaler, diabetes, etc.

- 1.* Yes No Head injury and/or concussion/unconsciousness**
- 2. Yes No Seizure and/or convulsion
- 3. Yes No Fainting and/or dizziness
- 4. Yes No Heat stroke/heat exhaustion/heat intolerance
- 5.* Yes No Diabetes**
- 6. Yes No Heart murmur, heart conditions, and/or problems
- 7. Yes No Blood pressure problem
- 8. Yes No Blood disorders
- 9. Yes No Asthma, daily or occasional medications/exercise induced asthma/cold induced asthma
- 10. Yes No Pneumonia/bronchitis
- 11. Yes No General allergies
- 12.* Yes No Serious allergies – bee sting or food – Epipen required**
- 13. Yes No Dental bridges, braces, plates
- 14. Yes No Arthritis and/or joint pain
- 15. Yes No Mononucleosis
- 16. Yes No Tobacco, smokeless tobacco problems
- 17. Yes No Alcohol/drug/steroid use
- 18. Yes No Menstrual problems
- 19. Yes No Missing one of paired organ i.e. eye, kidney, testicle
- 20. Yes No Glasses, contact lenses, protective eyewear
- 21.* Yes No Any other special equipment, specify:**
- 22. Yes No Hearing problem, hearing aid, ear tubes
- 23.* Yes No Eating disorders, specify:**
- 24.* Yes No Is your child currently on medication? Daily As Needed List Below:**
- 25.* Yes No History of hospitalization/surgery, specify:**
- 26.* Yes No Bone fractures, dislocations, serious sprains, specify:**
- 27. Yes No Family history of sudden death
- 28. Yes No Family history of heart attack or heart disease
- 29. Yes No Shortness of breath
- 30. Yes No Chest pains on exertion
- 31. Yes No Sickle Cell Anemia
- 32.* Yes No Is there any reason for limited sports participation by your child?**

***Please explain further if YES is checked for starred items above. If you checked YES for Question #1, please provide date(s) and circumstance(s) of Head Injury/Concussion. Use additional sheet if necessary.**

Please list ALL medications including inhalers and instructions for use

Please list ALL allergies including medications, foods, and insects.

Please provide any other pertinent medical information.

The above responses are true and correct to the best of my knowledge.

I give permission for the evaluation/treatment of _____ by the certified athletic trainer/therapist and duly licensed physician and/or hospital facility in the event of illness or injury. I also authorize transportation in an ambulance if necessary.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

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Chemical Health Rule: (MIAA Rule 62.1)

From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest), a student shall not, regardless of the quantity, use, consume, possess, buy/sell, or give away any beverage containing alcohol; any tobacco product; marijuana; steroids; or any controlled substance. This policy includes products such as “NA or near beer”. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student’s own use by his/her doctor. If a student in violation of this rule is unable to participate in interscholastic sports due to injury or academics, the penalty will not take effect until that student is able to participate again.

Constructive Possession: Students must be aware that those deemed to be in “constructive possession” might be subject to disciplinary consequences in accordance with the Old Colony High School Student/Parent Handbook. “If you are in the presence of alcohol and are aware of its existence, you should take immediate steps to remove yourself from the setting.”

(Note: These rules are in effect seven days a week, 24 hours a day, From the earliest fall practice date, to the conclusion of the academic year or final athletic event (whichever is latest))

Penalties: 1st offense: Loss of eligibility for the next consecutive interscholastic contests totaling 25% of all interscholastic contests in that sport. If the penalty period is not completed during the season of violation, the penalty shall carry over to the student’s next season of actual participation.

2nd offense: Loss of eligibility for the next consecutive interscholastic contests totaling 60% of all interscholastic contests in that sport. If the penalty period is not completed during the season of violation, the penalty shall carry over to the student’s next season of actual participation.

Hazing/Harassment: I give permission for my child to participate in the Interscholastic sport indicated. It is understood by the parent/guardian and student that Hazing is considered a crime in Massachusetts. The Massachusetts General Law is defined in CH. 269, S. 17 as: any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.” Consent to such treatment does not make it legal.

Signatures below indicate the student-athlete and the parent/guardian of the student-athlete have read and understand The Law on Hazing/Harassment and The Chemical Health Rule and the penalties associated with The Rules above. I have read and understood the OCHS Athletic Handbook available on the OCHS website.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Parental Consent – Release From Liability:

I give permission for my son/daughter _____ to participate in interscholastic sports at Old Colony High School. I acknowledge that we have read and understand the school athletic regulations, including the MIAA chemical health policy as outlined in the student handbook and as included on this form. I understand that these rules will be enforced. Furthermore, I understand that it is my responsibility as a parent/guardian to notify the Athletic Department and Coach if my child has a medical condition and to discuss treatment options. I understand that my child's participation in athletics is voluntary and that my child and I are free to choose not to participate. By signing this form, I affirm with full knowledge, to release Old Colony, the School Committee and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in these voluntary athletic programs of Old Colony High School from any and all claims, rights of action and causes of action that may have arisen in the past or may arise in the future, directly or indirectly from personal injuries to my child or property damage resulting from my child's participation in the Old Colony High School voluntary Athletic Program.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Pre-participation Physical for Athletics

Name: _____
 DOB: _____

Grade: _____
 Sport(s): _____

Height: _____
 Heart: _____

Weight: _____
 Lungs: _____

BP: _____
 Heart Rate: _____

Exam

Region	WNL	Findings
General Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Abdomen		
Orthopedic		
Neck		
Shoulders		
Elbows		
Wrists		
Back		
Hips		
Hamstrings/ Quads		
Knees		
Calves		
Shins		
Ankles		
Feet		

- Cleared for athletic participation
- Limited clearance see following restrictions
- Not cleared for athletic participation

Restrictions/Instructions

Date of last physical exam: _____

Physician Signature: _____

_____ Date _____

Physician Name (print)

HEADS UP: Concussion in High School Sports

The Commonwealth of Massachusetts passed a Concussion Law, MLG c.111, s.222 effective July 19, 2010, regarding students participating in extracurricular interscholastic activities. Please note the main provisions which apply to all public schools and any school subject to Massachusetts Interscholastic Athletic Association (MIAA) rules are:

- (1) Coaches, athletic trainers, parents, parent volunteers, physician/nurses involved with school activities, athletic directors, and marching band directors must participate in annual concussion training.
- (2) Removal of any athlete suspected of having a concussion from practice/game.
- (3) Student-Athletes cannot return to practice/game until evaluated by a licensed physician, neuropsychologist, certified athletic trainer, or health care professional and receive written medical authorization to do so.
- (4) School districts must maintain compliance records.

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt of the head or body. **All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

What are the Signs and Symptoms?

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

Signs Observed by Parents or Guardians	Symptoms Reported by Student-Athletes	What Should <u>YOU</u> Do if You Think Your Teen has a Concussion?
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, opponent • Moves clumsily • Answers questions slowly • Shows mood, behavior, or personality changes • Can't recall event <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall • Loses consciousness (even briefly) 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down” 	<ol style="list-style-type: none"> 1. Keep your teen out of play. Don't assess it yourself. Seek the advice of a health care professional. 2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports. 3. Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Don't let your teen convince you that s/he's “just fine.” 4. TELL your teen's coaches, athletic trainers, and the student's school nurse about ANY concussion. Your teen may need to limit activities while s/he is recovering from a concussion. If needed, the health care professional can help adjust your teen's school activities during her/his recovery.

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

What can happen if my teen keeps on playing with a concussion or returns too soon?

Athletes with the sign and symptoms of concussion should be removed from playing immediately. Continuing to play with the sign and symptoms of a concussion leaves the student-athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequence. It is well known that adolescent or teenager's athlete will often under reports syndrome of injuries. And concussion is no different. As a result, education of administrators, coaches, parents and students is the key for student-athletes safety.

Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

PARENT/ATHLETE HEAD INJURY DESCLOSURE FORM

Pursuant to Massachusetts General Law, Chapter 111, Section 222, participants of interscholastic athletes programs, and their parents, prior to each season must disclose any information relative to any head injury history (whether it be sports related or none sports related). This information must be shared with the athlete's coach(s) and a copy will be kept on file in the Certified Athletic Trainers office.

1. Have you ever exhibited signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) during practice and/ or completion at any level? YES NO

2. Have you ever been diagnosed with a concussion (sports or non-sports related) by health care professional? YES NO

3. Do you currently have or have you ever had athletic participation restrictions in relation to being diagnosed with a concussion? YES NO

4. If you have answered YES to any of the above questions please list and explain in detail each individual circumstance (signs, symptoms, or behaviors followed by the date of the incident). _____

IMPORTANT: Students participating in extracurricular interscholastic activities; and their parents/guardians; must sign the acknowledgments below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

I attest that the above information is accurate to the best of my knowledge and that I have reviewed the "HEAD UPS: Concussion in High School Sports" fact sheet and understand its contents.

Date _____
Parent/Guardian Signature

Date _____
Student-Athlete Signature

Print Name

Print Name

The information on concussion is provide by the Center for Diseases Control and Prevention.
For more information visit: www.cdc.gov/Concussion

