

Dixie Heights High School Athlete Information Sheet

Student Name: _____

Sport: _____

Grade: _____ *Birthdate:* _____

Email address: _____

Have you participated in another sport this year at Dixie? Yes No

If yes, what sport: _____

Have you transferred from another High School after entering 9th grade?

Yes or No If yes, what school: _____

In order to participate in Dixie Athletics, a student must have completed paperwork on file with Coach or Athletic Director prior to tryouts or practice.

A \$30 participation fee is required for Fall/Winter sports, and another \$30 participation fee is required for Spring sports.

If you have submitted the completed forms for a previous sport during current school year, you do not have resubmit these documents.

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KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
2280 Executive Drive, Lexington, Kentucky 40505
Athletic Participation/Physical Examination Form/Consent and Release

PART I - ATHLETE INFORMATION
(This part must be completed by the student)

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

Attendance History

Grade	School Name	School Year	Varsity Play – (Yes/No)?
9			
10			
11			
12			

I am planning to participate in the following (circle all you might try to play):

Baseball Basketball Cross Country Football Golf Soccer Softball Swimming Tennis
Track and Field Volleyball Wrestling Archery Bass Fishing Bowling Cheer Other

PART II - MEDICAL HISTORY

Parent and student complete this part and present to the authorized health care provider before the physical.

CHECK THE APPROPRIATE RESPONSE TO EACH ITEM:

	YES	NO
1. Have you ever been hospitalized?		
2. Have you ever had surgery of any kind (e.g., tonsillectomy).		
3. Are you presently taking any medications or pills?		
4. Do you have any allergies (medicine, bees, or other insects)?		
5. Have you ever passed out during exercise?		
6. Have you ever been dizzy during or after exercise?		
7. Have you ever had chest pain during or after exercise?		
8. Have you ever had high blood pressure?		
9. Have you ever been told you have a heart murmur?		
10. Have you ever had racing of your heart?		
11. Has anyone in your family died of heart problems before 50?.		
12. Do you have any skin problems? (itching, rashes, acne)		
13. Have you ever had a head injury?		
14. Have you ever been knocked out or unconscious?		
15. Have you ever had a seizure or suffer from epilepsy?		
16. Have you ever had a stinger, burner or pinched nerve?		
17. Have you ever had heat related problems?		
18. Have you ever been dizzy or passed out in the heat?.		
19. Do you cough heavily, or breath heavily during activity?		
20. Do you use any special equipment (e.g., knee brace)?		
21. Have you had any problems with your eyes or vision?.		
22. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones?		
23. Are you missing one of any paired organs (e.g., eyes)		
24. Have you ever been diagnosed with any form of asthma?		
25. Are you using an inhaler for asthma?		
26. Are you diabetic?		
27. Do you administer insulin to yourself?		
28. Are you presently using tobacco in any form?		
29. Do you have a history of sickle-cell anemia in your family?		
30. Have you had any other medical problems?		
31. Have you had a medical problem or injury within the last year?		
32. Can you swim?		
33. When was your last tetanus shot?		

Please explain any YES answers from questions 1-31:

PART III - PHYSICAL EXAMINATION

This part must be completed by an authorized health care provider named in Bylaw 2.

PATIENT NAME: _____
 HEIGHT: _____ WEIGHT _____ BP _____ / _____ PULSE _____
 VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back			
Knee			
Ankle			
Foot			
Dental			
Other			

After having reviewed the data above and the student's medical history, I make the following recommendations on participation in athletics:

1. Cleared _____
 2. Cleared after additional evaluation for _____
 3. Restricted from participating in the sports of _____
 4. Cleared only to participate in the sports of _____
- Recommendations/Restriction (attach additional if necessary) _____

In accordance with KHSAA Bylaws, I have examined the physical condition of the student and find the said student to be physically fit to practice for and participate in interscholastic athletic contests.

Authorized Signature _____ Date: _____	Provider's Name (please print)	
	Address:	
	City/State/Zip	
	Phone	

This Physical Examination is valid for one year from date administered should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

PART IV – CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

*The student and parents/guardian must read this statement carefully and sign where required. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws 1 through 33 by distribution at <http://www.khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility in Bylaw 6, otherwise known as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photography) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such image or other report may be used without permission or compensation.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of my rights under the Family Educational Rights and Privacy Act. I further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information. I also agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individual and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

PART V - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM

This part must be completed by student and custodial parent / guardian). This form must be reproduced in order for a copy to travel with respective athlete.

STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 2)

Insurance Carrier

Policy Number

EMERGENCY CONTACT INFORMATION

Name (please print)

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone

Cell Phone

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number

Birth Date

*The student and parents/guardian must read this statement carefully and sign where required. This form **must** be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*

KENTON COUNTY SCHOOLS
ATHLETICS, CHEERLEADING, OR BAND PARTICPATION
RELEASE OF LIABILITY FORM

Board policy requires that students participating on a school sponsored team, cheerleading squad, or in the band, must have medical insurance. Students will not be allowed to participate in practices, tryouts, or games until proof of insurance is provided to the school. Families are encouraged to review their current health insurance policy to assure that the coverage is adequate. Students without insurance must purchase the insurance plan offered through the school before they will be permitted to participate.

In addition to providing medical insurance, parents/guardians must also assume responsibility for any other expenses that may result from an accident or injury during extracurricular activities. Other expenses may include ambulance fees, medical plan co-payment, or insurance deductible fees. THE Kentucky High School Athletic Association (KHSAA) catastrophic insurance plan will continue to cover students in situations where medical expenses exceed \$25,000.00.

❖ Please check below indicating that the following items were received.

- A copy of Voluntary Student Accident Insurance (supplementary insurance) was received. This insurance must be purchased in the event you do not have insurance for your child or supplementary insurance can be purchased through this policy to cover expenses not covered by the child's policy.
- Information from the Council on Disease Control (CDC) Heads-up concussion fact sheet for athletes was received.
- Information from the Council on Disease Control (CDC) Heads-up concussion fact sheet for parents was received.

Student's Full Name _____
Parent/Guardian Signature _____

Activity or Sport _____
Date _____

- If the student is an athlete or cheerleader, this waiver is to be attached to the KHSAA form on information of the last physical examination and proof of insurance. It should be turned in to the athletic director's office at the school where it will be kept on file for future reference. If the student is a band student, proof of insurance and this waiver must be kept in the band director's office.

HEALTH CONDITIONS REQUIRING EMERGENCY MEDICATION ADMINISTRATION

School: Dixie Heights High School Student Name: _____ Grade: _____

Does your child have any of the medical conditions listed below that may require the administration of one of the **listed** emergency medications during the school day?

Diabetes (Glucagon) yes no

Seizures (Diastat) yes no

Allergies (Epipen) yes no

If you provide this medication for your child with a signed *Medication Authorization Form*, it will be kept locked in the nurse’s office for use during normal school hours. This medication will not be used for transportation or extracurricular activities.

ADDITIONAL QUESTIONS IF YOU HAVE CHECKED YES ABOVE:

If your child rides the bus, do you want this medication administered during transportation?
 YES NO

Do you want this medication administered during extracurricular activities?
 YES NO

List extracurricular activities in which your child plans to participate this year:

If the answer to either of the last two questions is **yes**, **you will need to provide your child with an additional dose of their emergency medication** that they can carry with them. Please check with your school nurse for additional medical documentation that will be needed. The school nurse will also train the appropriate staff in the administration of this emergency medication.

My child will be carrying their own emergency medication with them.
 YES NO

If the answer is **no** and you do not want your child to carry their emergency medication with them during transport or extracurricular activities, the school nurse will still provide information on your child’s medical condition to appropriate personnel and in an emergency, the parent and/or 911 will be called.

It is the parent’s responsibility to keep the school nurse updated on any change in your child’s medical condition, administration of emergency medications and any additions to your child’s extracurricular activities outside of normal school hours.

Parent Signature _____

Date _____ Parent Phone _____

KENTON COUNTY SCHOOL DISTRICT ADMINISTRATION OF MEDICATION PERMISSION FORM

SCHOOL: Dixie Heights **PHONE:** (859) 426-4911 **FAX:** (859) 426-4918

Dear Parent/Guardian,

If medication administration is required during the school day, whether prescription or non-prescription, this form must be completed and signed by both a physician and parent. For any questions, please contact the school nurse.

All medications are kept in the first aid room and must be in the original container with label affixed. For prescription medication, your student's name must be on the label and the label must match the directions on this form. The initial dose of a medication cannot be administered at school. Pursuant to *KRS 158.834 and KRS 158.836*, the Board of Education policy permits a responsible, trained student to carry and/or self administer medication for asthma (inhaler), severe allergic reaction (Epi-pen), seizures (Diastat) or diabetes (Glucagon) on his/her person for immediate use in a life threatening situation with a written physician's order, parent request, school nurse and principal approvals. We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

A new form is required for any changes in medication orders. This form may be faxed to the school to the number listed above.

The duration of this form is for one school year only.

Name: _____ **Date of Birth:** _____ **Grade:** _____ **ALLERGIES:** _____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER

1. Medication: _____ Dosage: _____ Directions: _____
Administration Time: Lunch or _____ Route: _____ Diagnosis/Condition: _____ Possible Side Effects: _____
Duration: Start _____ Stop _____

****In the case of an inhaler, Epipen, Diastat or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may CARRY and/or SELF ADMINSTER this medication. (Physician's Initial) Yes**

2. Medication: _____ Dosage: _____ Directions: _____
Administration Time: Lunch or _____ Route: _____ Diagnosis/Condition: _____ Possible Side Effects: _____
Duration: Start _____ Stop _____

**** In the case of an inhaler, Epipen, Diastat or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may CARRY and/or SELF ADMINSTER this medication. (Physician's Initial) Yes**

3. Medication: _____ Dosage: _____ Directions: _____
Administration Time: Lunch or _____ Route: _____ Diagnosis/Condition: _____ Possible Side Effects: _____
Duration: Start _____ Stop _____

**** In the case of an inhaler, Epipen, Diastat or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may CARRY and/or SELF ADMINSTER this medication. (Physician's Initial) Yes**

******PARENT/GUARDIAN AUTHORIZATION FOR SELF CARRY/SELF ADMINISTER ONLY******

I request that my child, named above, be permitted to: _____ carry _____ self-administer the above **emergency medication**. I take responsibility for this permission. I understand the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use.

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

During school hours, I understand teachers, assistants, nurses or other trained school personnel may be administering these medications according to the specified physician's order and district policy. Schools have established individual procedures for where and when the students receive their daily medications. The student has the ultimate responsibility of reporting daily for their medication.

No medications will be sent home with students. All unused medications not picked up from the school by a parent within 5 days will be discarded.

I give permission for the storage and administration of this medication by trained school personnel accompanying my student on a field trip or school related function in Kentucky and/or other states. In the case of field trips or school related functions, slight adaptations to the time the medication is administered may also be necessary. Unless indicated otherwise, student may self administer medication with school trained personnel supervision while on a field trip.

I hereby release the Kenton County Board of Education and its employees from any claims or liabilities connected with their reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

Parent's Signature

Parent's Phone

Date

Physician's Signature

Physician's Phone

Date

Print Physician's Name

Physician's Address

Date

Principal's Signature (For self-carry only)

School Nurses Signature

Date

DIXIE HEIGHTS ATHLETIC HANDBOOK
DRUG USE PREVENTION POLICY

The Dixie Heights Athletic Handbook is a guide for players and parents and can be found at dixieheightsathletics.com under Important Links. The Handbook contains our Drug and Alcohol Prevention Policy.

The General Assembly of the Commonwealth of Kentucky has deemed that usage by a minor (those under age of 21) of alcohol, tobacco, and non-prescription narcotics is illegal. However, we recognize that students make poor decisions and not permitting them to learn from their mistakes would go against the very mission this school is dedicated to doing. Keeping the school mission in mind, the following sanctions will be imposed on any athlete violating the athletic program tobacco, alcohol, or drug policy:

1st OFFENSE: Loss of 10% of season with assessment before reinstatement. Student is permitted to practice.

2nd OFFENSE: Loss of 50% of season with assessment before reinstatement. Student is permitted to practice and will be referred to school guidance office for counseling.

3rd OFFENSE: Student will be dismissed from team for remainder of season and will not be permitted to participate in any other sport during that school year.

***Students may also face disciplinary action from K.C.B.E. and the Dixie Heights Administration which may include dismissal from team, if warranted. ***

I have read and understand the Dixie Heights High School Athletic Handbook.

Parent/Guardian: _____ **Date:** _____

Athlete: _____ **Date:** _____

FACT SHEET FOR PARENTS

WHAT IS A CONCUSSION? A concussion is a 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?

Signs Observed by Parents or Guardians *If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Forgets an instruction
- Moves clumsily
- Loses consciousness (even briefly)
- Can’t recall events prior to hit or fall
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Answers questions slowly
- Shows behavior or personality changes
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Balance problems or dizziness
- Sensitivity to light • Sensitivity to noise
- Concentration or memory problems
- Does not “feel right”
- Nausea or vomiting
- Double or blurry vision
- Feeling sluggish, hazy, foggy, or groggy
- Confusion

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION? Every sport is different, but there are steps your children can take to protect themselves from concussion.

- 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 (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

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

- 1. 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 sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don’t let your child return to play 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 second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child’s coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach

FACT SHEET FOR ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

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

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I 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.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be: > The right equipment for the game, position, or activity > Worn correctly and fit well > Used every time you play

For more information and to order additional materials **free-of-charge**, visit: www.cdc.gov/ConcussionInYouthSports

For more detailed information on concussion and traumatic brain injury, visit: www.cdc.gov/injury