

Lafourche Parish School Board

Athletic Participation Packet 2016-2017



The following forms should be issued and completed by all Lafourche Parish Student-Athletes:

Form	Middle School	High School
LHSAA Medical History Evaluation	X	X
Parent or Guardian Consent, Indemnity and Insurance Election	X	X
Emergency Information	X	X
Risk Acknowledgement	X	X
Drug Screening Consent	X	X
LHSAA Substance Abuse Agreement		X
LHSAA Athletic Participation/ Parental Permission		X
Concussion Statement	X	X
The Risk of Concussion and Head Injury	X	X
Quitting a Sport	X	X
Sports Participation Agreement Summary	X	X

LHSAA MEDICAL HISTORY EVALUATION

Middle & High School

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____ S
Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

ATHLETE'S ORTHOP AEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	<input type="checkbox"/>	<input type="checkbox"/>	Previous Surgeries:	_____	<input type="checkbox"/>	<input type="checkbox"/>		

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosi
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs)
<input type="checkbox"/>	<input type="checkbox"/>	Medications						

Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. Yes No
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. Yes No
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. Yes No
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). Yes No

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: _____

OPTIONAL EXAMS:

VISION:
L: _____ R: _____ Corrected: _____
DENTAL:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

- ☐ Student is cleared
☐ Cleared after further evaluation and treatment for: _____
☐ Not cleared for: contact non-contact

Printed Name of MD, DO, APRN or PA _____

Signature of MD, DO, APRN or PA _____

Date of Medical Examination _____

**Parent or Guardian Consent, Indemnity and
Insurance Election Form**

Date

Student's Name _____ **Grade** _____

Name of School _____

Athletic Activities: _____

Consent and Indemnity

The undersigned parent(s) or legal guardian(s), as the case may be, of the student named above hereby consent to his or her participation in the interscholastic athletic activities conducted by the public schools of Lafourche Parish, and recognize and acknowledge that injuries may occur to the student as a result of participation in those activities. By consenting to the student's participation in such activities, the undersigned parent(s) or legal guardian(s) hereby agree to hold harmless the Lafourche Parish School Board, its members, employees, agents, assigns and insurers from and against all liability for any accidents involving the student while participating in such athletic activities and any injuries suffered by the student during, or as a result of, such participation. The undersigned parent(s) or legal guardian(s) hereby also authorize team physicians to treat the student in the event of an injury requiring emergency treatment. It is understood that this authorization is not intended to, and does not, modify the foregoing indemnity provision in any manner whatsoever.

INSURANCE ELECTION

(Please initial the appropriate provision.)

_____ As parent(s) or legal guardian(s) of the student named above, we acknowledge that insurance against loss caused by injury to our child while participating in the athletic activities described above is available for purchase from _____. We agree to purchase such insurance prior to the student's participation in such activities, and we agree to submit all claims for injuries incurred by the student during such participation to that insurance company. We understand and agree that the Lafourche Parish School Board, its members, employees, agents, assigns, or insurers shall not be responsible for payment of any bills not covered by such insurance.

_____ As parent(s) or legal guardian(s) of the student named above, we acknowledge that insurance against loss caused by injury to that student while participating in the activities described above is available for purchase from _____. We do not wish to purchase that insurance. We understand and agree that we will be fully and personally responsible for payment of any and/or all bills incurred by us as a result of any injury suffered by the student while participating in such activities. We further understand and agree that the Lafourche Parish School Board, its members, employees, agents, and/or assigns shall not be responsible for payment of any such bills.

NO STUDENT WILL BE PERMITTED TO BEGIN PARTICIPATION IN ORGANIZED INTERSCHOLASTIC ATHLETIC ACTIVITIES UNTIL THIS FORM HAS BEEN COMPLETED AND SIGNED BY THE APPROPRIATE PARENT(S) OR LEGAL GUARDIAN(S). IF THE PARENTS ARE NOT DIVORCED, ONLY THE FATHER MUST SIGN. IF THE FATHER IS UNABLE TO SIGN, THEN THE MOTHER MAY SIGN AS THE TACIT AGENT OF THE FATHER. IF THE PARENTS ARE DIVORCED, ALL PARENTS HAVING CUSTODY OF THE STUDENT MUST SIGN. IF THERE IS ONLY ONE LIVING PARENT OR GUARDIAN, THAT PARENT OR GUARDIAN MUST SIGN.

WITNESSES:

_____ (Parent or Legal Guardian)

_____ (Parent or Legal Guardian)

Emergency Information

Athletic Department
Emergency Information and Parent Consent

General Information:

Athlete's Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____

Parent's Name: _____ Home Phone No.: _____

Parent's Employer: _____ Work Phone No.: _____

Insurance Company: _____ Policy # _____

In an emergency, if the parents cannot be reached, notify:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Health Information:

Family Doctor: _____ Phone No.: _____

Family Dentist: _____ Phone No.: _____

Known Allergies: _____

Current Medications: _____

Answer YES or NO to the following: (If yes, please explain on back of sheet)

Asthma: _____ Inhaler: _____ Concussion: _____

Diabetic: _____ Skin Problems: _____ Seizure: _____

Consent Forms:

In an emergency, I give permission for the coach, athletic trainer and/or team physician to use their judgment in securing medical care and/or an ambulance.

Also, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student; in the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury. I understand that an attempt will be made by attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

Parent/Guardian Signature _____ Date _____

I give permission for the school athletic trainer (coach) to speak with physician(s) regarding my child's health status as it pertains to athletic participation.

Parent/Guardian Signature _____ Date _____

I give permission for coaches, athletic director, principal, and guidance counselors to give copies of my child's transcript to college coaches and/or college recruiters.

Parent/Guardian Signature _____ Date _____

● **Risk Acknowledgment**

Lafourche Parish Athletics

I am aware that trying out, practicing, playing or any form of participation in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**.

I understand that there are risks of injuries in any sport, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, 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, health and well-being.

I also understand that the dangers and risks of engaging in any sport may result not only in serious injury, but in a serious impairment of future abilities of my child/ward to earn a living, and to engage in business, social and recreational activities and generally to enjoy life.

Because of the risks described above, I recognize the importance of my child/ward listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I also recognize the importance of my child/ward reading and adhering to all written instructions, written warnings regarding playing techniques, training methods, rules of the sport and other team rules. I therefore expressly agree to direct and to encourage my child/ward to obey all of the coach's instructions and warnings.

In consideration of the Lafourche Parish School Board permitting my child/ward to try-out, practice, play or in any other way participate for an athletic team, and to engage in all the activities related to the team, including practice, conditioning, playing, and traveling. **I hereby acknowledge that my child/ward assumes all the risks associated with such participation. My child/ward and I agree to waive all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, and for all members of my family, and to release exonerate, discharge and hold harmless the above named school board, school, their trustees, officers, agents, servants, employees, successors, and assigns, their athletic staff, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners of the healing arts from any liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result in or connection with his or her participation in any activity related to the Lafourche Parish sport's program.**

I understand that the Cautionary Statements for each sport is found in the athletic participation handbook.

Baseball/Softball-Basketball-Cross Country-Football-Golf-Soccer-Swimming-Tennis-Track & Field-Volleyball-Weight Lifting/Power Lifting

Parent's Signature

Athlete's Signature

Date

Drug Screening Policy and Consent

Effective August 2013, Policy IDFAA – Drug Screening of Student Athletes, will be implemented. This complete policy can be found on the Lafourche Parish School Board website in the Policy Manual under the “about us” tab. The following is an excerpt from Policy IDFAA:

Based on the process outlined below and based upon the availability of funding, all student-athletes of each sport may be required to submit to a drug screening on a date set by the Athletic Director, Principal, Head coach, and Drug Screening Company prior to the first contest of that season. In addition to the initial screening of all student-athletes, additional random testing shall be administered throughout the season. The frequency of the additional random tests will be determined by the School Principal, Athletic Director and Head Coach of that sport based on the following guidelines and procedures: As frequent as once each week of the season, but no less than once each month of the season, the names of the athletes shall be placed in a "pool" from which a representative of the contracted laboratory, with the supervision of two representatives of the Lafourche Parish School Board, draws the names of up to 15% but not less than 5% of the athletes for random testing.

I, _____, knowingly and
Student's Name

willingly authorize the Lafourche Parish School District to conduct a specific test on a urine specimen which I provide to ascertain whether or not there is evidence of my use of drugs and/or alcohol. I also agree to release information concerning the results of such a test to the Lafourche Parish School District, through its agents (the Superintendent and/or Assistant Superintendent) and to my parents and/or guardian (tutor/tutrix).

If I am, or have been, taking prescription medication, I agree that I shall provide verification of the prescription medication (either by a copy of the prescription or a doctor's authorization) upon request. My refusal could be a factor in determining my privilege to participate in school athletics.

I am aware and agree that this requested information concerning prescription medication shall be provided to the system's appointed medical review officer for review.

I am further aware and agree that the consent form shall be binding for as long as I avail myself of the privilege of participating in athletics in the Lafourche Parish School System.

I further understand and agree that the Lafourche Parish School System is not assuming any medical obligations but is merely acting to help achieve a safe athletic environment.

Student Signature

Date

School ID No.

Parent or Guardian Signature

Date

School Representative Signature/Title

Date

School

Concussion: Statement of Student-Athlete Responsibility and Parent Awareness

Louisiana Youth Concussion Act 314

What is a Concussion?

A concussion is a brain injury caused by a blow to the head, face or elsewhere on the body with a force transmitted to the brain. Concussions can result from hitting a hard surface such as the ground floor, from players colliding with each other or from being hit by a ball, bat or other sporting equipment.

Facts about Concussions

1. A concussion is a serious brain injury
2. Concussions can occur without a loss of consciousness or other obvious signs
3. Concussions can occur from blows to the body as well as to the head
4. Concussions can occur in any sport
5. Athletes can still get a concussion even if they are wearing a helmet
6. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

Signs and Symptoms of Concussion can Include:

Headache or "pressure" in head	Nausea or vomiting
Balance or blurry vision	Double vision
Sensitivity to light or noise	Feeling sluggish, hazy, foggy or groggy
Confusion	
Sensation that one does not "feel right"	

For more information:

cdc.gov/concussion

Why knowing you have a Concussion is Important

Most concussions resolve but some concussions can lead to chronic symptoms such as headache, decreased memory, sleeping problems, or personality changes. Rest, avoiding another blow to the head, and following the advice of your medical staff are critical in helping you recover as fast and as safely as possible. Sustaining another concussion prior to recovery from the first increases your chance of long term symptoms. There have been reports of death with a second concussion in younger athletes. It is very important for you to report any concussion symptoms as described above to your athletic trainer, coach or physician at the time of the injury. This includes alerting the medical staff to symptoms in your teammates if you notice these.

Statement of Student Athletic Responsibility

I accept responsibility for reporting all injuries and illnesses to the athletic trainer and/or coach. I will report any signs and symptoms of a Concussion. I have read and understand the above information on concussions. I will inform the athletic trainer and/or coach immediately if I experience any of these symptoms or witness a teammate with these symptoms.

Athlete Name (Print)

Athlete Signature

Date

As the parent of the above mentioned student, I am also aware of the issues concerning concussions as mentioned in this document and agree to adhere to these guidelines.

Parent Name (Print)

Parent Signature

Date

Athlete and Parent Notification: The Nature and Risk of Concussion and Head Injury

ACT 314 of the 2011 Louisiana legislative session requires all athletes and their parents/legal guardians to receive documented education on concussion and head injury prior to participation in athletic activities. The law applies to all private and public organized youth athletic activities where participants are between the ages of 7 – 19, and includes all elementary, middle, junior, and senior high schools.

What is a Concussion?

A concussion is a traumatic brain injury. It can be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. The traumatic brain injuries can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any one of the signs or symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, remove your child from activity and seek medical attention right away.

Symptoms experienced by the athlete may include one or more of the following:

Headaches, “pressure in head,” nausea or vomiting, neck pain, balance problems or dizziness, blurred, double, or fuzzy vision, sensitivity to light or noise, feeling sluggish or slowed down, feeling foggy or groggy, drowsiness, change in sleep patterns, amnesia, “doesn’t feel right,” fatigue or low energy, sadness, nervousness or anxiety, irritability, more emotional, confusion, concentration or memory problems (forgetting game plays), repeating the same question/comment

Signs observed by teammates, parents and coaches include one or more of the following: appears dazed, vacant facial expression, confused about assignment, forgets plays, is unsure of game, score, or opponent, moves clumsily or displays lack of coordination, answers questions slowly, slurred speech, shows behavior or personality changes, can’t recall events prior to hit, can’t recall events after hit, seizures or convulsions, any change in typical behavior or personality, loses consciousness

RED FLAGS: Call your doctor or take your child to the emergency department if any of the following signs or symptoms develop after a suspected concussion or head injury:

headaches that worsen, seizures, neck pain, looking very drowsy and cannot be awakened, repeated vomiting, slurred speech, cannot recognize people or places, increasing confusion, weakness or numbness in arms or legs, unusual behavior changes, increasing irritability, loss of consciousness

What should happen if an athlete appears to have sustained a concussion?

1. The child should be removed from activity immediately.
2. Seek medical attention for the child right away.
3. Do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed.
- 4.

Physical rest is part of the recovery from a concussion.

Limit your child’s physical activity by not allowing any participation in physical exertion while recovering from a concussion. Adequate rest, including getting plenty of sleep, is important. Daytime rest breaks or naps may be needed. Good nutrition and hydration are also helpful to the healing process.

Cognitive rest is part of the recovery from a concussion. Activities that require a lot of thinking or concentration can make a concussion worse. Cognitive rest means the child should refrain from all activities that involve mental exertion, such as working on a computer, watching television, using a cell phone, reading, playing video games, text messaging, and listening to loud music. Any of these activities may exacerbate symptoms and could delay recovery.

What about classwork after my child has received a concussion?

A student athlete who has sustained a concussion may look “normal,” but by definition the brain may not be working properly. The child, quite simply, is not “faking it.” A concussion may result in impaired attention, difficulties with concentrating for prolonged periods of time and memory problems. If prolonged classroom exposure causes a student’s condition to worsen (i.e., increased headache, increased fatigue, decreased ability to concentrate, sensitivity to noise or light), then we will work with you and your child’s physician to modify their academic environment and expectations until the concussion is resolved. Often students want to quickly take the hardest tests or get the most difficult work “out of the way,” but that approach can actually worsen symptoms and prolong recovery. If the child is allowed to attend school, participation in physical education will not be allowed until written clearance and the graduated return to activity is complete.

What can happen if my child returns to activity too soon (before a concussion is fully healed)?

There is a condition known as “second impact syndrome” that occurs when a second concussion is received before the first concussion is fully healed. The result of second impact syndrome can be immediate and irreversible catastrophic brain swelling or death. It is also important to know that repeated mild brain injuries occurring over an extended period of time (months or years), even when the brain is fully healed between events, can result in cumulative neurologic and cognitive deficits. Always keep your health care providers informed of your child’s concussion history.

What is required for my child to be allowed to return to sports following a concussion or head injury?

By law a youth athlete who has been removed from play for concussion must receive written clearance for return to play. We require that this clearance be received from a physician that has that has received training in neuropsychology or concussion evaluation and management. Additionally, high school athletes participating in LHSAA sports should note that there is a specific form the LHSAA requires for concussion clearance.

Why should my child participate in a gradual return to play plan?

Activity levels that progress too quickly might cause concussion symptoms to return. After written clearance is received from the physician, the school may require athletes to complete a graduated progression under the supervision of a certified athletic trainer that includes:

Day 1. rest until asymptomatic (physical and mental rest)

Day 2. light aerobic exercise (example: stationary cycle or walking laps for 30 minutes)

Day 3. sport-specific exercises at moderate effort for less than 1 hour (example: moderate jog, moderate footwork drills, shooting drills)

Day 4. non-contact training drills at full effort for less than 1 ½ hours (example: sprinting/running, full speed drills in non-contact situation, light resistance training)

Day 5. full contact training after medical clearance (this must be a practice situation and not competition)

Day 6. return to competition (game play) Note: each “Day” is 24 hours (no accelerated days).

Careful attention to symptoms, thinking, and concentration is needed at each stage of activity. If any concussion signs or symptoms do recur, the activity will be stopped and the athlete returned to level one to restart the progression.

If any of the foregoing is not completely understood and you have questions, please contact the school administrator or athletic director for further information.

We have read and understand the information above and I give permission to my son/daughter,

_____ to participate in athletics at _____ School.

Parent/Guardian Signature

Date

Print Name

Athlete’s Signature

Date

Print Name

Quitting a Sport

Introduction

The Lafourche Parish School Board is opposed to quitting, regardless of each persons physical abilities. We are committed to the idea that every player in our athletic programs makes an important contribution to the team's success and that when a player quits, he/she deprives the team of that contribution.

Policy

If a player decides to quit, however, we ask that he/she meets first with the head coach to discuss his/her decision. After the meeting, appropriate action will be taken.

Reinstatement

Players who quit a sport will be allowed to petition for reinstatement; such reinstatement will be determined by the head coach and athletic director. The reinstatement process will include the athlete meeting with both the head coach and athletic director. After this meeting, the head coach and athletic director will make a decision, as to whether or not, to allow a player to return as a member of the team. Parents and athletes must understand that if a player violated the Code of Conduct prior to or during the quitting process, the athlete will be held accountable to the Athletic Handbook Policies provided he/she is reinstated. Also, the decision made by the head coach and athletic director is FINAL.

A Final Word

Every player on a Lafourche Parish team is very important to us. We believe that our job involves more than developing a winning program. Therefore, we encourage every player to remain as a contributing member of the team and to talk to coaches before making a decision to quit.

I have read and understand the policy and procedures for Quitting A Sport. I also understand that if I have any questions concerning the policy or procedures, I must contact the athletic director before my child tries out or participates in a sport.

Parent's Signature

Athlete's Signature

Date

Sports Participation Agreement Summary

_____ I have carefully read the athletic participation handbook and will abide by all its rules and regulations and have completed all sections within this agreement to participate in interscholastic sports.

_____ I have truthfully and comprehensively supplied all of the information covering student athlete and parent/guardian information. I have truthfully and comprehensively completed the emergency contact information.

_____ I have carefully read the risks and dangers of all interscholastic sports participation. I understand the serious nature of those risks. I voluntarily assume all such risks, and I hereby waive all claims of any nature related to athletic participation.

_____ I have also carefully read and signed all necessary forms regarding the student-athlete's athletic participation. The necessary forms are:

Form	Middle School	High School
LHSAA Medical History Evaluation	X	X
Parent or Guardian Consent, Indemnity and Insurance Election	X	X
Emergency Information	X	X
Risk Acknowledgement	X	X
Drug Screening Consent	X	X
LHSAA Substance Abuse Agreement		X
LHSAA Athletic Participation/ Parental Permission		X
Concussion Statement	X	X
The Risk of Concussion and Head Injury	X	X
Quitting a Sport	X	X

I fully understand and voluntarily agree to the terms therein.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date: _____