

CLARKE COUNTY HIGH SCHOOL EMERGENCY CARE INFORMATION

*In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.*

STUDENT NAME Last _____ First _____ Middle _____	School _____ Date of Birth ____/____/____ Sex: Male or Female SS # _____ Grade _____
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FATHER	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

MOTHER	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

LEGAL GUARDIAN	ADDRESS	TELEPHONE
Last _____	_____	Home _____
First _____	_____	Work _____
Middle _____	_____	Cell _____

Student resides with FATHER MOTHER BOTH LEGAL GUARDIAN

LIST 2 PERSONS WE SHOULD CALL IN AN EMERGENCY IF THE PARENT(S)/GUARDIAN CANNOT BE REACHED:

1. _____	<i>Name</i>	<i>Relationship</i>	<i>Telephone</i>
2. _____	<i>Name</i>	<i>Relationship</i>	<i>Telephone</i>

ADDITIONAL INFORMATION

Name of Student's Physician _____	Physician's Telephone # _____
Name of Health Insurance Company _____	Policy/Group/Employee Number or HMO # _____ Insurance Company's Telephone # _____

MEDICAL INFORMATION (Check all that are applicable)

<input type="checkbox"/> Allergies, Be Specific _____ <input type="checkbox"/> Foods _____ <input type="checkbox"/> Medicine _____ <input type="checkbox"/> Bee or Insect Allergy _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Digestive, Be Specific _____ <input type="checkbox"/> Hearing _____	<input type="checkbox"/> Heart Problems, Be Specific _____ <input type="checkbox"/> Hemophilia _____ <input type="checkbox"/> Physical Disability, Be Specific _____ <input type="checkbox"/> Respiratory Disability, Be Specific _____ <input type="checkbox"/> Seizures _____ <input type="checkbox"/> Other, Please List _____
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List all medical conditions for which your child receives continual care: _____

List all medications and dosages your child receives on a continual basis: _____

The school has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, where the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well-being of my child. YES NO

Student Information Release

The school has my permission to use my child's name, stats, athletic team information and photo on the school website, emails or information submitted to the press. Please answer yes or no and sign below. YES NO

By signing below, I certify that the above information is correct.

Signature of Parent/Legal Guardian: _____ Date: _____

CLARKE COUNTY HIGH SCHOOL

ATHLETIC HANDBOOK

2014 - 2015

This Athletic Handbook was created to inform parents, coaches, and athletes of all procedures, policies, rules, and expectations for all athletic programs at Clarke County High School.

All parents and athletes must sign the form below acknowledging that you have received, understand, and will abide by all regulations set forth in this handbook. All handbook procedures become effective on the first day of tryouts.

To try to reduce paper usage in the athletic department, we encourage everyone to download the handbook from our athletic webpage www.clarkecountyathletics.org.

Return the signed form to your coach. If you don't have access to the student athletic handbook online, please contact the athletic department to receive a hard copy.

I have read, understand and agree to abide by the terms and conditions of the Clarke County High School Athletic Handbook for the 2014 - 2015 school year.

Parent Name (Print) _____

Parent Signature _____ Date Signed _____

Athlete Name (Print) _____

Athlete Signature _____ Date Signed _____



Clarke County School Board
317 West Main Street
Berryville, Virginia 22611

DRUG SCREENING CONSENT FORM

I, _____, knowingly and willingly authorize the
Student's Name

Clarke County 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 Clarke County School District, through its agents (the Superintendent and/or Superintendent's Designees) and to my parents and/or guardians.

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 Clarke County School System.

I further understand and agree that the Clarke County School System is not assuming any medical obligations but is merely acting to help promote my health, safety and welfare and to achieve a safe athletic environment.

_____ <i>Student Signature</i>	_____ <i>Date</i>	_____ <i>Social Security #</i>
_____ <i>Parent/Guardian Signature</i>	_____ <i>Date</i>	
_____ <i>School Representative Signature</i>	_____ <i>Date</i>	
_____ <i>School</i>		



CODE OF CONDUCT AND ELIGIBILITY REQUIREMENTS FOR STUDENT-ATHLETES OF CLARKE COUNTY PUBLIC SCHOOLS

1. It is a privilege, not a right, to participate on an interscholastic team. Therefore, this privilege can be revoked for improper conduct of a student at school or in the community. Any appeal of the revocation of this privilege may be made through the Athletic Director's office.
2. The student-athlete shall be a regular bona-fide student in good standing of the school, which he/she represents.
3. A student-athlete who is apprehended by a school official for possession of or smoking, dipping, and/or chewing tobacco products will be removed from the team for the remainder of the season.
4. On the student-athlete's first offense, a student-athlete who is caught stealing will be dismissed from the team for the remainder of the athletic season.
5. The next item is independent from the drug-testing program's policies for a positive test. Make sure you understand that being found in possession of drugs/alcohol and testing positive on the drug test are different events and carry different penalties or conditions.
 - *THE CODE OF VIRGINIA STATES THAT POSSESSION OF ALCOHOL OR ILLEGAL DRUGS MAY RESULT IN EXPULSION FROM SCHOOL. ANY STUDENT FOUND IN POSSESSION OF ALCOHOL OR ILLEGAL SUBSTANCES WILL BE DISMISSED FROM THE TEAM. THAT STUDENT MUST MEET WITH THE PRINCIPAL AND ATHLETIC DIRECTOR BEFORE THEY ARE ELIGIBLE TO PLAY ANOTHER SPORT. ANY STUDENT INVOLVED IN THE SALE OR DISTRIBUTION OF ALCOHOL OR DRUGS ON SCHOOL PROPERTY OR AT A SCHOOL SPONSORED ACTIVITY WILL BE RECOMMENDED TO THE SCHOOL BOARD FOR DISCIPLINARY ACTIONS UP TO AND INCLUDING EXPULSION.*
6. In order to be eligible to try out for or to participate in any school-sponsored interscholastic athletic program, the student-athlete must agree to submit to a physical examination and random drug analysis. The physical exam must be conducted after May 1 for participation in athletics for the succeeding school year and must be completed before the student will be allowed to participate in any manner. All student-athletes must agree to the random drug testing throughout the season; a parent or guardian must also signify agreement with this policy in writing.
7. Every student-athlete will be encouraged to maintain a grade letter of "C" or better in every class during the season.
8. A student-athlete who is suspended to site(F&M Building) will receive the following consequences:
 - First Offense – A conference with the parent/guardian, coach and athletic director. The student-athlete will also receive a one game suspension upon return to the high school.
 - Second Offense – The student-athlete will be dismissed from the team. In order for the student-athlete to be eligible for another sport he/she must have a conference with the athletic director.
9. Student-athletes must obey all rules of the team, school, VHSL, City, State and Nation, being accountable for their actions during contests, at school or away from school, 7 days a week, 24 hours per day, while in their athletic season.
10. If a student-athlete is ejected from a contest by an official, the player will not participate in the next contest unless successfully appealed. Then the situation will be reviewed by the coach, the player, the athletic director, and the school administration prior to final action being taken by the administration. Action could range from no additional restrictions to suspension for the rest of the season.
11. **NO STUDENT-ATHLETE WILL BE ALLOWED TO TRY OUT FOR A TEAM UNTIL OUTSTANDING OBLIGATIONS ARE MET AND REQUIRED ATHLETIC FORMS ARE COMPLETED (CODE OF CONDUCT, DRUG TESTING, PHYSICAL EXAMINATION FORM, INSURANCE RELEASE, AND EMERGENCY RELEASE.)**

My signature verifies that I have read all relevant athletic policies of Clarke County Public Schools. I understand and accept the above criteria and the Code of Conduct for Athletes of Clarke County Schools as prerequisites to being allowed to participate on an athletic squad. If I am unclear about any policies, it is my responsibility to contact my coach or athletic director.

PARENT SIGNATURE/DATE _____
STUDENT SIGNATURE/DATE _____



CLARKE COUNTY PUBLIC SCHOOLS ATHLETICS

(Please fill out either the insurance waiver or insurance verification.)

INSURANCE WAIVER

We, the parents or guardians of _____ do hereby
STUDENT'S NAME

acknowledge that an insurance policy is not in force for our son/daughter that will pay the medical or surgical expense that results from any injury, major or minor, that the above named student/athlete may receive as a result of practicing or performing in athletics in the Clarke County Public School system.

Since we, the parents or guardians of the above named student/athlete do not have an insurance policy which will provide adequate financial coverage for any type injury or whatever might result therefrom, we, the parents or guardians agree to release the Clarke County School System or any part thereof, from any obligation as pertains to financial responsibility in these matters for the _____ school year or any period of time thereafter.

DATE

SIGNATURE OF PARENT OR GUARDIAN



INSURANCE VERIFICATION

We, the parents or guardians of _____ have insurance with
STUDENT'S NAME

Name of Insurance Company *Policy Number*

that will pay the medical or surgical expenses that result from any injury, major or minor, that the above-named student may receive as a result of practicing or performing in athletics in the Clarke County Public School system. This insurance will also cover the above-named student-athlete while traveling to or from practice sessions or scheduled performances.

Since we, the parents or guardians of the above-named student have an insurance policy which will provide adequate financial coverage for any type injury or injuries or whatever might result therefrom, we the parents or guardians agree to release the Clarke County School System or any part thereof, from any obligation as pertains to financial responsibility in these matters for the _____ school year or any period of the thereafter.

DATE

SIGNATURE OF PARENT OR GUARDIAN



**CLARKE COUNTY HIGH SCHOOL
ATHLETIC DEPARTMENT**

627 Mosby Boulevard
Berryville, Virginia 22611
540/955-6130 540/955-6139 FAX
www.clarkecountyathletics.org

Dear Parent/Guardian,

Valley Health has provided our high school with an opportunity to use an innovative program for our student-athletes. The program is called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing) and is a computerized exam that the athlete takes prior to the season. If the athlete is believed to have suffered a head injury, he or she re-takes the test to help determine a) the extent of the injury, b) the location of the injury, and c) when the injury has healed. The system is used throughout professional sports, has been mandated in the NHL, and is fast becoming the "gold standard" in recognizing and better managing concussion-type injuries. The University of Pittsburgh Medical Center's Sports Concussion Program is the founding group of this software (www.impacttest.com).

The test takes about 15-20 minutes. The program is basically set up as a "video-game" type format. What it is doing is giving the brain a preseason physical of its cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration. It is simple, and actually most who take it enjoy the challenge of the test. If a concussion is suspected, the test is re-taken, parents are notified, and the information is shared with your student's physician to help determine when return to play is appropriate and safe.

Mariecken Fowler, MD, board-certified neurologist of Winchester Neurological Consultants, and John Lewis, PsyD, neuropsychologist of Neuropsychology Associates of Winchester, have successfully completed the ImPACT™ Concussion Management Software Training Workshop and will be involved throughout the year in monitoring the program. This program does not replace the involvement of your family physician with your student's general healthcare. If there is evidence of cognitive dysfunction related to a concussion, a physician's release will be required before your student returns to play.

The administration, coaches, and athletic training staffs are trying to keep your child's health and safety at the forefront of the high school athletic experience. Please sign the section below and return it to the athletic department in order for your student to participate. If you have any questions regarding this program please feel free to contact me.

Sincerely,

Lindsay Griego MS, ATC
griegol@clarke.k12.va.us

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT™)

I have read the above information. My parent(s) and I agree to participate in the ImPACT™ Concussion Management Program.

(Please check one)

- Parent consents for student athlete to take the ImPACT™ test.
- Parent does not give consent, and athlete will not be tested.
- Athlete has had ImPACT™ baseline testing within the past two years at this school.

Printed Name of Athlete _____

Sport(s) in which Athlete Participates _____

Signature of Athlete _____ Date _____

Signature of Parent _____ Date _____

Home of Champions!