



**PIAA COMPREHENSIVE INITIAL
PRE-PARTICIPATION PHYSICAL EVALUATION**



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned into the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than May 1st and shall be effective, regardless of when performed during a school year, until the latter of the next April 30th or the conclusion of the spring sports season.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ___/___/___ Age of Student on Last Birthday: ___ Grade for Current School Year: ___

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

Parent/Guardian E-mail Address: _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware _____

Student's Prescription Medications and conditions of which they are being prescribed _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date ____ / ____ / ____

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____ / ____ / ____

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____ / ____ / ____

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature _____ Date ____ / ____ / ____

F. **Confidentiality:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent's/Guardian's Signature _____ Date ____ / ____ / ____

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

What are the risks of practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

Act 73 – Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

Signature of Student-Athlete

Print Student-Athlete's Name

Date ____/____/____

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date ____/____/____

SECTION 5: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply):</p> <p><input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur</p> <p><input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan Syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:</p> <p>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:</p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td><td>Forearm</td><td>Hand/ Fingers</td><td>Chest</td> </tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/ Toes</td> </tr> </table> </div> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	<p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>CONCUSSION OR TRAUMATIC BRAIN INJURY</p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MENSTRUAL QUESTIONS- IF APPLICABLE</p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. When was your last menstrual period? _____</p>
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes										

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

**SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____ / _____ (_____ / _____ , _____ / _____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ _____ L 20/ _____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation
Cardiopulmonary		<input type="checkbox"/> Physical stigmata of Marfan syndrome
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

CLEARED **CLEARED** with recommendation(s) for further evaluation or treatment for: _____

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION CONTACT NON-CONTACT STRENUOUS MODERATELY STRENUOUS NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone (_____) _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE ____/____/____

B.E.A. Athletic Department
Injury, Return to Participation and Concussion Policies
Signature Page

I hereby acknowledge that I have read and understand the BEASD Injury, Return to Participation, and Concussion policies and will adhere to sharing in the responsibility of injury management and prevention for our student-athletes by following appropriate safety protocols and communicating and reporting all injuries to the licensed athletic training staff in a timely and efficient manner.

Signature of Parent/Guardian

____/____/____
Date

Signature of Student-Athlete

____/____/____
Date

**Must be returned to Athletic Department before the
student will be allowed to participate.**

Bald Eagle Area School District

WAIVER FORM

This is to certify that my son/daughter, _____, a student at the BALD EAGLE AREA SCHOOL DISTRICT, who is participating in the _____ program at the school, is covered with medical insurance (Sport or Activity) under my personal policy at my place of employment.

Therefore, I request that he/she be excused from the requirement of the school district carrying school insurance as a condition of participating in _____ (Sport or Activity)

I hereby waive any claim against the school district from failure of the school district to cover him/her with such medical insurance, and assume all liability, therefore.

(Parents Signature)

CERTIFICATE

This is to certify that _____ son/daughter of
(Student's Name)

_____, is covered with medical insurance for the **2022-2023**
(Parents/Guardians Name)

school year.

(Insurance Company)

(Employer)

******If you do not currently have medical insurance for your child, please sign the line below.**

BALD EAGLE AREA SCHOOL DISTRICT

“CODE OF CONDUCT” VERIFICATION FORM

We acknowledge that we have received and understand the Code of Conduct for
The Bald Eagle Area School District Students participating in the Athletic
Program.

_____ for the _____ season.
Sport name

Signature of Parent / Guardian Date

Signature of Student athlete Date

CODE OF CONDUCT FOR BALD EAGLE AREA SCHOOL DISTRICT

STUDENTS PARTICIPATING IN THE ATHLETIC PROGRAM

- I. Athletic activities are an extension of the educational experience that a school may choose to offer. Therefore, participation is voluntary and is a privilege. Those who choose or are chosen, as a matter of due process, must be aware of the Code of Conduct for the Bald Eagle Area School District athletic programs and each participant is expected to operate within the framework of these rules and regulations.
 - II. The following conduct shall constitute grounds for exclusion from practices and participation in interscholastic competition during that season when such occurs on or off school property.
 - A. The use of violence, force, coercion, threat, intimidation, or similar conduct in a manner that constitutes a substantial interference with school purposes.
 - B. Willfully causing or attempting to cause damage to school property, stealing or attempting to steal private or school property.
 - C. Causing or attempting to cause physical injury to a school employee or to any students. Physical injury caused by accident, self-defense, or other action undertaken on the reasonable belief it was necessary to protect some other person shall not constitute a violation of this clause.
 - D. Threatening or intimidating a student for the purpose of, or with the intent of, obtaining money or anything of value from such student.
 - E. Carrying dangerous weapons including, but not limited to, firearms, knives, razors, slingshots, metal knuckles or dangerous instruments within the confines of a school building or on school property or outside school premises in the course of a school sponsored activity and/or explosives including, but not limited to, fireworks within the confines of a school building or on school property or outside the school premises in the course of a school sponsored activity.
 - F. Any violation of the Bald Eagle Area School District Drug Awareness Policy:

The policy of the Bald Eagle School District prohibits any student to possess, use, sell, deliver, or to give to another person, or to have consumed any narcotic, dangerous drug, marijuana, alcoholic beverage, or any pill, capsule powder, liquid, inhalant, facsimile, drug paraphernalia, or other substance of whatever form or texture, which may adversely affect the health, safety, or welfare of any student, including but not limited to stimulants or depressants, during school or after school hours and on or off school property. **This policy also covers attending any underage parties where any of the above-mentioned items are present even if there is no use of the above-mentioned items.** Any student who violates the above Bald Eagle Area District Policy and/or state policy shall be subject to disciplinary action in accordance with the procedures in the Student Handbook and/or the Athletic Handbook.
 - G. The carrying, smoking or use of tobacco in school buildings, on buses, in bus loading areas, on school owned/leased property or in the course of any school sponsored activity.
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- H. The use of anabolic steroids, except for a valid medical purpose, by any pupil involved in school-related athletics. Bodybuilding, muscle enhancement, increasing muscle bulk or strength or the enhancement of athletic ability are not valid medical purposes. Use of anabolic steroids shall be addressed specifically in Article V.
- I. Use of prescription or non-prescription medications in violation of the Bald Eagle Area School District Policy on medication.
- J. Continual abusive language, or obscene gestures, or willful indecent exposure.
- K. All other reasonable rules or regulations adopted by the coach shall be followed. All student athletes will be notified of such rules along with the "Code of Conduct" from the Athletic Handbook in writing. A copy of the coach's rules and regulations along with a copy of the "Code of Conduct" will be presented to the student athletes and their parents/guardians. The parents/guardians and the student athletes will be required to sign an acknowledgement form. The signed acknowledgement form will be kept on file in the athletic office. Student athletes shall not be permitted to practice or compete for an athletic team until this signed document is on file. The Athletic Director and Principal must approve the coach's rules and regulations before being presented to the participants and their parents/guardians. A copy will be kept on file in the athletic office.

III. The consequences are as follows for Violations of Section II items F and G:

- A. At the discretion of the varsity head coach, the first offense of any of these items may result in the student athlete being suspended from participation (competition) for a period of fifty percent (50%) of the contests based on the regular season of that activity. If there is not fifty percent (50%) of that season remaining, the percentage of the suspension not served shall be recalculated and applied towards the next season or activity in which the student participates. Additionally, the student must participate in the BEST program. The student may be required to participate in drug/ alcohol program with a certified drug and alcohol instructor. Failure to comply with the instructor's recommendations could result in a dismissal from the activity. The varsity head coach may also use his discretion to remove a player from his team. In all cases the parents/guardian will be notified with due process provided.
- B. The second offense of any of these items will result in the student athlete being suspended from participation (competition) for a period of fifty percent (50%) of the contests based on the regular season of the activity. If there is not fifty percent (50%) of that season remaining, the percentage of the suspension not served shall be recalculated and applied toward the next season or activity in which the student participates. The student will be required to participate in a drug/alcohol program with a certified drug and alcohol instructor. Failure to comply with the instructor's recommendations could result in a dismissal from the activity. The varsity head coach may also use his/her discretion to remove the athlete from his/her team. In all cases the parents/guardian will be notified with due process provided.
- C. The third offense of these items would result in the student athlete being suspended from participation, practice, and competition in all athletics for one (1) calendar year

from the date of the last offense. The student must also participate in the BEST program and in a drug/alcohol program with a certified drug and alcohol instructor the same as after the second offense. In all cases the parents/guardian will be notified with due process provided.

- D. The fourth offense of these items will result in the student athlete being barred from all athletic participation, practice, and competition for a period of two (2) years in the Bald Eagle Area School District. In all cases the parents/guardian will be notified with due process provided.

- IV. **Any student who is assigned to serve detention will be ineligible to participate in any athletic or extracurricular activities on the day of the detention. Any student who receives a suspension (of any type) will be ineligible to play or practice in any scheduled athletic or extracurricular activities for the timeframe reflected in the punishment. In the case of suspension from school, the student will not be permitted to attend any district event until the expiration of the suspension.**

Understanding the Appeal Process:

The appeal process is a process in which allows a person to appeal the action being taken against his/her. The most important item of the appeal process is making sure that you follow the correct steps in your appeal process. Most appeals should be settled at the lowest possible step in the appeal process if possible. The following is a flow chart to follow beginning with the student athlete. If you are not a student athlete, go to the next step in the appeal process. Please see that you meet with these people to try and resolve any issues before going to the next person in the appeal process. By following this order, you will insure that each person has the opportunity to resolve the issue at hand at the lowest possible point in the appeal process.

Varsity Head Coach
Athletic Director
Principal
Superintendent
Board of School Directors

- V. In case of alleged infraction of the rules and regulations, the participant may be suspended from practices and participation in interscholastic competition. In these cases, the due process procedures will be followed.
 - A. If an alleged infraction/violation occurs, the coach should notify the Athletic Director and/or Principal (in absence of the Athletic Director) and conduct a prompt and thorough investigation of the alleged conduct or violation and determine if a suspension is necessary.
 - B. If after the above investigation, a determination is made to suspend the participant, the suspension shall take place immediately. The varsity head coach shall give written notice to the athlete, stating the reasons for the suspension to the participant and the athlete's parents/guardian and the Athletic Director. The Athletic Director will notify the Principal of the suspension. If logistically possible, after a period of one calendar week, an athlete must be reinstated or removed from the team. At this time, the varsity head coach should notify both the Athletic Director and the student's parents/guardian of his action to remove or return the athlete from the team.
 - C. If the varsity head coach feels the action warrants removal from the team, he/she will meet with the Principal and Athletic Director to review the reasons for the recommended removal. During this period of time, the student shall continue to be suspended from practices and competition.

Before, any removal shall take effect, the participant and his parents/ guardians shall be given written notice of the charges and recommended action. The parents/guardian and student will be afforded the opportunity to request meeting with the Athletic Director. The request for a meeting with the Athletic Director must be made within five (5) days after receiving the written notification of the removal.

- D. If the Athletic Director's decision is not satisfactory to the participant and the parents/guardian, a meeting may be requested before the Principal. The Principal, after being notified that a meeting has been requested with him/her, will notify the student, the student's parents/guardian, and the head coach of the time and date of the meeting.
- E. If the Principal's decision is not satisfactory to the participant and the parents/guardian, a meeting request may be sent to the Superintendent of Schools. A meeting shall be held within ten days of the request and a notice of the time and place of the meeting will be given to the student, the parents/guardian, and the appropriate staff members within five days of receiving the request.
- F. If the Superintendent's decision is not satisfactory, a participant and the parents/guardian may request to meet with the School Board.
- G. Once the removal process has been initiated, the athlete will not be permitted any participation in that sport unless the recommendation for removal is revised at some level.

VI. Consequences for use of Anabolic Steroids.

Athletes caught using anabolic steroids will incur the following disciplinary action under state regulations:

- 1st violation* – Suspension from athletics for the remainder of the season.
- 2nd violation* – Suspension from school athletics for the remainder of the season and for the following season.
- 3rd violation* – Permanent suspension from school athletics.

ATTENDANCE

To be eligible to participate in any interscholastic contest, a pupil must be enrolled in a district secondary school or a charter school.

Extracurricular Participation

Any secondary student who reports to school after 9:48 a.m. may not take part in any assemblies, field trips, athletic events, athletic, or activity practices without a doctor's excuse. The only exception to this rule would be for attendance at the funeral of a family member, or if he/she presents a doctor's excuse, or a pre-approved absence.

PIAA: Article III, Section 2.

A pupil who has been absent from school during a semester for a total of twenty or more school days is not eligible to participate in any athletic contest until he or she has been in attendance for a total of sixty days following the twentieth day of absence, except where there is a consecutive absence of five or more school days, due to confining injury, death in the immediate family as defined in Section 1154 of the Public School Code of 1949, as amended, court subpoena, quarantine, or to attend religious activity/function which the church requires its members to attend, or an absence of five or more school days due to the same confining illness, such absence may be waived from the application of this rule by the District Committee. **Attendance at summer school does not count toward the sixty days required. When computing total days absent during a semester, days absent during a period of suspension shall count as a part of the twenty days absence total.**

ACADEMIC ELIGIBILITY

Participants in athletics must be passing 4 credits. This determination will be made at one-week intervals on every Friday. This will be cumulative from the beginning of the marking period. The student will be ineligible from Sunday through the following Saturday.

To be eligible for interscholastic athletics, a pupil must have passed at least four full-credit subjects, or the equivalent, during the previous grading period. If four full-credit subjects, or the equivalent, have not been passed, the student will be ineligible for a period of 10 school days.

All other PIAA regulations concerning eligibility shall govern the Bald Eagle Area School District student athletes. Student athletes who are declared ineligible shall be excluded from participating in games with their athletic team during the time of their ineligibility.

When it is necessary for students to miss classes for practices, games, or other school activities, it is the responsibility of the student to consult with teachers prior to the absence. Arrangements to complete work that will be missed during these absences should be made in advance.

Communication

Parents/Guardians

Student-Athletes

and

Licensed Athletic Training Staff

X. Communication with parents/guardians regarding injuries

A. Parent/Guardian Contact Regarding Injuries

Parents and/or guardians will be contacted in the event of a medical emergency or significant injury that requires further referral to a licensed physician. But you are encouraged to call or email the LAT staff regarding any concerns or injury progress for the student-athlete. Our contact information is provided below.

B. Student-Athletes and Parent responsibilities with injury management

- in accordance with the BEA Injury Policy, BEA Return to Participation Policy, and BEA Concussion Management Plan:
 1. **All athletes/coaches must continue to report all injuries to the Licensed Athletic Training Staff in accordance with the BEA Return to Play Policy** when they happen on a daily basis. This helps us triage the injury in a more efficient manner so that we can return the athlete back to the field/court faster. It also helps the athlete/parent an opportunity to get the best medical care ASAP to get them back to play.
 2. **All Injured student-athletes must follow up and be cleared for return to participation in accordance with the BEA Return to Participation Policy. Any athlete recommended by the LAT staff to be seen for an injury by a physician, must follow up with a physician and secure a written release prior to return to participation.**

An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician:

1. Will not dress in uniform or participate in any way for any competition or event.
2. Will not suit up for practice or workouts

They may not return to these activities in any shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician.

3. **If your son/daughter is travelling and is injured at an away event/contest, please contact the LAT staff via phone call, text and/or email to provide the necessary information to follow up with the athlete that evening or the next day at Drayer or high school in the afternoon.** This helps us triage the injury in a more efficient manner so that we can return the athlete back to the field/court faster. The BEA LAT staff can also provide you the option to contact a physician of your choice and facilitate the appointment for you.

4. **If an athlete is seen by a physician for an injury, they must secure a written release from the physician prior to return to play.** That note should be provided directly to the Licensed Athletic Training staff and we will provide a copy to the head coach after receiving it from you and your student-athlete. If a note is not provided to the athlete/parent by the physician office, the LAT staff can contact the physician and get verbal confirmation (If the physician office is open) and secure a written release via fax or email within 24 hours.
5. **All student-athlete's suspected of having a concussion must be reported to the licensed athletic training staff immediately.** (In accordance with Pennsylvania State Law and the Safety in Youth Sports Act)

C. Student-Athlete Responsibilities

Student-Athletes have the responsibility:

1. To tell athletic training staff immediately about an injury and follow up appropriately that day or the following day to be evaluated appropriately.
2. To ask questions and seek clarification if you do not understand the explanation of your diagnosis, treatment, prognosis or any instructions.
3. To provide accurate information about your present illness and past medical history for your appropriate medical care.
4. To follow instructions concerning follow-up visits, recommendations, and other essential issues related to your care and course of treatment for an injury/condition.
5. For treating Sports Medicine staff and personnel in a respectful manner.
6. To arrive as scheduled for care and treatments appointments and to notify the Athletic Training Department in advance in case of canceled appointments.
7. For following all rules and regulations that are posted within the Athletic Training Room.
8. For following through on your agreed plan of care.
9. For considering and respecting the rights of others and for being courteous.

D. General Student-Athlete Return to Participation Following Injury

Following an injury, a student-athlete that is not cleared for participation in writing, via daily injury report or written note, cannot return to participation in practice or events until authorized to do so.

The decision regarding the availability of a student-athlete to participate in practice or competition will be the sole responsibility of the licensed athletic training staff and the attending physician. This has been outlined in the BEA Return to Participation Policy.

Return to Participation will include:

Full Range of Motion of Injured Joint

Full Strength of Injured Joint

Functional Assessment/Sport Specific testing

E. General Concussion Management (Revised 12/2022)

All suspected injuries along with concussions must be reported to the licensed athletic training staff immediately.

- **Any athlete that has been evaluated by the licensed athletic training staff and deemed to have symptoms of a concussion**, will have to follow up with their attending physician.
- **Step by step plan** (In accordance with BEA Concussion Management Plan/ State Guidelines via Safety in Youth Sports Act)
 - a. **The athlete will be removed from play** (Practice and/or event)
 - b. **Evaluated for symptoms of a concussion**→ The Initial Evaluation is performed via SCAT 5 (Determines assessment of concussion)
 - c. **After determining the Assessment** – Based on SCAT 5 results/Symptoms Athlete will be Referred to Physician- Within 24-48 hrs.
 - d. Parent or Guardian will be provided take home information sheet.
 - e. **After appointment is scheduled**- Physician will be provided with a copy of: (Via Fax or Secure Email)
 - a. SCAT 5 Initial Evaluation
 - b. CVS (Concussion Vital Signs) Baseline
 - c. Initial SAC and Neurological Evaluation Sheet
 - d. Copy of Phasic RTP
 - f. **A daily symptom sheet will be performed until athlete is asymptomatic**
Athlete will also perform vestibular rehab with the until they become asymptomatic.
 - g. **Once symptoms have resolved and athlete is symptom-free**→
The athlete will begin the 5-Phase RTP Program that same day.
- If athlete exhibits any symptoms during any phase, they will stop phase, and will revert back to the previous phase in the step process.
 - a. **At the end of Phase 4 of the Phasic RTP**- A Post-test on the CVS Module will be performed prior to being cleared by the attending physician. Post-test will be performed. Athlete must test on the CVS to within 5% of Baseline or better.
 - b. **If the Athlete passes the CVS Post-test at the appropriate level**, they may continue on to Phase 5 of the Phasic Return Program to finish up the protocol. **They must pass the CVS test prior to completing Phase 5.**
 - c. **After Passing Concussion Vital Signs Post Concussion test to level of baseline** →
Complete 5-Phase Return to play Program →The document will be sent back to the Physician via fax or secure email to them for final signature and release to return to activity. Physician may warrant a follow up if he/she deems necessary in order to allow for final clearance.
 - d. **If the Athlete passes the CVS Post-test at the appropriate level**, they may continue on to Phase 5 of the Phasic Return Program.
 - e. **After completion of Phase 5**, and completion of a full contact/full practice session, the athlete may return to full participation without restriction. The completed Phasic Program Sheet will then be forwarded to the Attending Physician for final clearance.

- h. **Athletes with minimal symptoms** (1-2 symptoms, with a symptom level of 1-2)
 - a. **Athlete will be removed from play** and re-evaluated in 24 hrs.
 - b. **Athlete will then perform CVS Testing** – They must pass this testing within 5% of their baseline or better.
 - c. **If they Fail Post-testing**, in relation to their baseline testing, they will have to go through the standard protocol.
 - d. **If they pass the CVS Testing to baseline or better**, and claim the absence of symptoms on that day, they will perform 20 min of continuous exercise.
 - e. **If they exhibit no symptoms after the 20 minutes of continuous exercise**, they will:
 - 1. RTP to light activity for 48 hrs
 - 2. Full participation after that period.

F. Physician referral options post-injury

In the event of an injury, the sports medicine staff can assist in making any and all necessary referrals for your student-athlete to the appropriate medical provider.

You can contact a member of the licensed athletic training staff and they can make that contact to that specific provider of your choice and set up your appointment. The only information they need to set it up for you is:

- 1. Athlete Name
 - 2. Parent/Guardian Name
 - 3. Your contact Phone Number
 - 4. Address
 - 5. Type of Medical Insurance
-
-

***Injury Management
Policies and Protocols***

Bald Eagle Area School District

2023-2024

Injury Policy

The Bald Eagle Area School District Licensed Athletic Training Staff, along with its sports medicine team members, strive to protect and return injured student-athletes to practice and competition as quickly and safely as possible.

The licensed athletic training staff possesses the knowledge and skills in providing injury recognition, injury prevention, emergency care, evaluation and assessment, immediate care, treatment, rehabilitation, and reconditioning for student athletes.

Sports participation in athletics involves an inherent risk for injury and the student-athlete and coaching staff must share in the responsibility of injury management and prevention through:

1. Following safety protocols
 2. Communicating and reporting injuries to the licensed athletic training staff in a timely and efficient manner.
 3. Following appropriate and approved guidelines, policies, and recommendations from the CDC, PA State, National Federation, PIAA, NATA, and BEA School District relating to Covid-19.
- **Any Student-Athlete participating and individuals Coaching school sponsored activities must adhere to this Policy**

Student-Athletes injured in Practice, Competition, Other Activity

1. **All injuries occurring during Bald Eagle Area sponsored activities, practice, home and away events, and other activities must be reported immediately to the Licensed Athletic Trainer(s) at the Bald Eagle Area School District.** The student-athlete must be evaluated by the licensed athletic training staff prior to returning to practice or competition.
2. **Following the evaluation for an injury**, medical referrals for further recommendation and evaluation by a licensed physician will be made when deemed necessary. Follow up re-evaluations will be performed the following practice or event day to determine the level or ability of the student-athlete's participation and or the need for that individual to seek further medical attention for that injury. The BEA LAT staff can assist you in making a physician appointment if needed as outlined in the policies and procedures manual. **An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician:**
 - a. *Will not dress in uniform or participate in any way for any competition or event.*
 - b. *Will not suit up for practice or workouts*

They may not return to these activities in any shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician.

1. **All Injuries occurring at away events- (Games/Matches/Meets/Tournaments/Competitions)** Must be reported within 24 hours of that away athletic event. It is the Head coach's responsibility to contact the licensed athletic training staff within that period of time via phone call, text, or email regarding that injury. The student-athlete will refrain from participating in practice or competition until after they have been evaluated and cleared to return to participation by the Bald Eagle Area LAT Staff. This is necessary to reduce the risk of further injury and liability for the LAT staff, coaching staff, and the district.

2. **In the Event of a medical emergency from an injury occurring at away events- (Games/Matches/Meets/Tournaments/Competitions)**

The student-athlete should seek immediate medical attention and report that information regarding the injury within 24 hours of that away athletic event to the BEA LAT Staff. It is the Head coach's responsibility to contact the licensed athletic training staff within that period of time via phone call, text, or email regarding that injury. The student-athlete will refrain from participating in practice or competition until after they have been evaluated and cleared to return to participation by the Bald Eagle Area LAT Staff along with written clearance for return to play by their attending physician. This is necessary to reduce the risk of further injury and liability for the LAT staff, coaching staff, and the district.

3. **In participating in an away event, if an injury has been determined to not be of a serious nature and did not require immediate medical attention**, you may contact a member of the BEA LAT staff via phone call, text, or email to make arrangements to have the student-athlete evaluated in the clinic at Drayer Physical Therapy in the morning or at the athletic training room on that day.
4. **Failure to report injuries delays proper referral** to a physician and in providing the necessary follow up, care, and treatment for the injury.
5. **Failure to report also delays the proper return** of the athlete to participation, delay proper treatment of the injury or condition, and inconveniences the parents and athletes.
6. **Failure to report also creates liability** for the school district, its employees, the licensed athletic trainer(s), and the coaching staff.
7. **Failure to report Head Injuries**, sustained by a student-athlete in practice or competition, is in direct violation of SB 200 known as the Safety in Youth Sports Act. This law makes certain requirements of Pennsylvania Schools and the personnel who supervise the student-athletes who represent these schools, as well as the medical personnel who support them when there is an injury.

I hereby acknowledge and understand this policy and will adhere to sharing in the responsibility of injury management and prevention for our student-athletes by following appropriate safety protocols and communicating and reporting all injuries to the licensed athletic training staff in a timely and efficient manner.

Bald Eagle Area School District

2023-2024

Return to Participation Policy

Following a complete physical assessment for an injury:

1. The Licensed Athletic Trainer(s) LAT(s) in the Bald Eagle Area School District, may, at his or her discretion, return a student-athlete to practice or competition.
2. Following appropriate and approved guidelines, policies, and recommendations for return to play from the CDC, PA State, National Federation, PIAA, NATA, and BEA School District relating to Covid-19.
3. Return to participation is a progression that will be determined by the Licensed Athletic Training Staff, and the attending Physician (If the athlete has been seen by a Licensed Physician for Evaluation and Clearance for the injury).
4. If a student-athlete is not being seen by a licensed physician for a specific injury or pathology, the Bald Eagle Area Licensed Athletic Trainer(s) will determine when the athlete returns to practice or competition. **An injured athlete, deemed to be ineligible for participation in practice and or competition per the BEA Licensed Athletic Training Staff or attending physician:**
 - a. Will not dress in uniform or participate in any way for any competition or event.
 - b. Will not suit up for practice or workouts

They may not return to these activities in any shape or form, unless authorized to do so by the Licensed Athletic Training staff and/or attending physician.

Student-Athletes seen by an approved licensed medical professional:

Must secure a written release to return to athletic participation. This is the policy set forth in the Standard Operating Procedures from the Bald Eagle Area Team Physician. **The athlete must present a written release** from the attending physician to return to participation in practice or competition.

Approved Licensed Medical Professionals that could return an athlete to activity after being seen for an injury include: Medical Doctor (MD,DO)- May include any specialist with the credentials MD or DO

Dentist (DMD, Podiatrist (DPM)

We cannot accept and receive clearance for student-athletes to return to participation from a Chiropractor or Physical Therapist, since they are not under the discretion of our licensing board. Our Licensure is under the Pennsylvania Board of Medicine and Board of Osteopathic Medicine.

Pennsylvania Law requires Licensed Athletic Trainers to work under the direction of a Licensed Physician, licensed by the Pennsylvania Board of Medicine and Board of Osteopathic Medicine, and therefore **must secure a written release** from that provider if an athlete has been restricted from participation in athletic and physical activity.

I hereby acknowledge and understand this policy and will adhere to sharing in the responsibility of injury management and prevention for our student-athletes by following appropriate safety protocols and communicating and reporting all injuries to the licensed athletic training staff in a timely and efficient manner.

Bald Eagle Area Concussion Management Plan

Return to Play Criteria(RTP) post initial injury

(Revised December 2022- Per Team Physician consultation and recommendations)

General Concussion Management

All suspected injuries along with concussions must be reported to the licensed athletic training staff immediately

- Any athlete that has been evaluated by the licensed athletic training staff and deemed to have symptoms of a concussion, will have to follow up with their attending physician.
- **Step by step plan** (In accordance with BEA Concussion Management Plan/ State Guidelines via Safety in Youth Sports Act)
 1. **The athlete will be removed from play** (Practice and/or event)
 2. **Evaluated for symptoms of a concussion** → The Initial Evaluation is performed via SCAT 5 (Determines assessment of concussion)
 3. **After determining the Assessment** – Based on SCAT 5 results/Symptoms
 4. Athlete will be Referred to Physician- Within 24-48 hrs.
 5. Parent or Guardian will be provided take home information sheet.
 6. **After appointment is scheduled**- Physician will be provided with a copy of: (Via Fax or Secure Email)
 - a. SCAT 5 Initial Evaluation
 - a. CVS (Concussion Vital Signs) Baseline
 - b. Initial SAC and Neurological Evaluation Sheet
 - c. Copy of Phasic RTP
 - i. **A daily symptom sheet will be performed until athlete is asymptomatic**
Athlete will also perform vestibular rehab with the until they become asymptomatic.
 - ii. **Once symptoms have resolved and athlete is symptom-free** →
The athlete will begin the 5-Phase RTP Program that same day.
- If athlete exhibits any symptoms during any phase, they will stop phase, and will revert back to the previous phase in the step process.
 - a. **At the end of Phase 4 of the Phasic RTP**- A Post-test on the CVS Module will be performed prior to being cleared by the attending physician. Post-test will be performed. Athlete must test on the CVS to within 5% of Baseline or better.
 - b. **If the Athlete passes the CVS Post-test at the appropriate level**, they may continue on to Phase 5 of the Phasic Return Program to finish up the protocol. **They must pass the CVS test prior to completing Phase 5.**

- c. After Passing Concussion Vital Signs Post Concussion test to level of baseline → Complete 5-Phase Return to play Program → The document will be sent back to the Physician via fax or secure email to them for final signature and release to return to activity. Physician may warrant a follow up if he/she deems necessary in order to allow for final clearance.
- d. If the Athlete passes the CVS Post-test at the appropriate level, they may continue on to Phase 5 of the Phasic Return Program.
- e. After completion of Phase 5, and completion of a full contact/full practice session, the athlete may return to full participation without restriction. The completed Phasic Program Sheet will then be forwarded to the Attending Physician for final clearance.
- f. Athletes with minimal symptoms (1-2 symptoms, with a symptom level of 1-2)
- g. Athlete will be removed from play and re-evaluated in 24 hrs.
- h. Athlete will then be screened through the SAC Initial Follow-up form that includes, Rhomberg, BESS, And VOMS/VOR Testing. If no symptoms are present after the screening, then the athlete will perform the Exertional RTP regimen.
- i. If they Fail the screening and or Exertional RTP Regimine, they will have to go through the standard protocol for RTP guidelines as outlined.
- j. If they exhibit no symptoms after the RTP Regimen of continuous exercise, they will:
 - RTP to light activity for 48 hrs
 - Full participation after that period.

Note- If in doubt, the student-athlete will be referred to a licensed physician and does not return to play until that physician gives a written release for return to sports and after completion of post injury Impact Testing at Baseline Level followed by the 5 Phase Testing Program for RTP post-concussion to be performed under the supervision of the licensed athletic trainer(s) in the Bald Eagle Area School District