

SCIENCE HILL HIGH SCHOOL
SPORTS MEDICINE DEPARTMENT

Dear Parents,

Please keep the first 3 pages of this packet for your records. Also, please fill out the fourth page front and back completely and with the most up to date information for our records. These 2 forms are for emergency information as well as the concussion form. Be sure to have your signature and your child's in the appropriate places on both sides. The fifth page is the anti-bullying, harassment, and hazing form. Please read the front page and fill out and sign in the appropriate places on the back. Return the last 2 pages to your appropriate head coach, or the athletic training department.

The Johnson City School System provides a secondary insurance policy covering athletic injuries (accidents). Please be sure that all school related injuries are reported in a timely fashion to the Athletic Trainers and head coaches of your child's sport. All injury claims will require you to file with your primary insurance first, and then the school form can be completed and file for the supplemental school insurance. Please retain the 3rd page of this packet, as the **athletic accident coverage form** is explained on that form. Additionally, the back page of the insurance form will have more information for additional insurance coverage that we would recommend consider purchasing.

Any time your child is injured, they need to come to the training room for an initial evaluation and to begin treatment for their injury if necessary. All injured athletes are expected to report to the training room at 7am for treatment when school is in session and there sport season is in-season. These treatments and evaluations are an essential part of your child's athletic participation. If your child is out of season, we prefer they come in after school for rehab and treatment on a schedule set up by the athletic training department.

Thank you very much for reading and completing the form in this parent packet. We look forward to working with your child during the upcoming school year. If at any time you have questions or concerns please feel free to contact us.

Mark McDonald, ATC/L

Audrey Stanley, ATC/L

mcdonaldm@jcschools.org

stanleya@jcschools.org

423-232-2158

JOHNSON CITY SCHOOLS ATHLETIC INSURANCE

Dear Parents/Guardians:

The Johnson City Schools has a continuing concern about the increasing cost of medical care as it relates to the high risk area of interscholastic sports. As a result on this concern, all students participating in interscholastic sports are covered by a plan of supplemental athletic accident coverage.

This program is intended to supplement your family or employer group coverage or plan. It is **NOT** designed to replace your present coverage. Please review the information contained on this sheet. It is intended to be a brief description of the coverage and is not the policy. The policy is held by the school.

The coverage is for medical bill only resulting from ACCIDENTS only that take place during the official play and practice-of-interscholastic-sports. An accident is defined as an unexpected, sudden and definable event which is the direct cause of a bodily injury, independent of any illness or congenital predisposition. Conditions which result from participation in interscholastic sports do not necessarily constitute an accident, illness, disease, degeneration and conditions caused by continued stress to a particular area of the body, an existing conditions, aggravated or exacerbated by an accident may not be covered.

The plan is excess coverage and payment is made only after payment has been made by the primary carrier. If you are a member of an HMO/PPO, the proper procedures outlined by that plan must be followed before this coverage has any liability.

Treatment by a licensed practitioner of medicine must begin within **90 days** of the accident. Only expenses incurred within **52 weeks** of the date of the original accident are considered. All bills and insurance information must be submitted within **15 months** of the date of the original accident. Benefits are determined by the REASONABLE AND NECESSARY charges for the geographic region. Benefits are limited and may result in unpaid balances after the claim has been processed. Any unpaid balance is the responsibility of the student/athlete's family.

If a claim is otherwise payable and it is denied by your family or employer group coverage or plan because your deductible has not been met, this coverage will apply.

If your son or daughter should be injured in our interscholastic sports program, report the accident to the Head Coach and Athletic Trainer immediately and obtain an insurance claim form. Follow the instructions on the claim form. The claims are processed by First Agency Inc. of Kalamazoo, MI. If you should have any questions about the claim filing procedure, please call them at 1-269-381-6630.

THE FOLLOWING ITEMS ARE NOT COVERED:

1. Suicide or a suicide attempt while sane: or self-destruction or an attempt to self-destroy while sane.
2. Riding in a vehicle or device for aerial navigation, except as a passenger in a scheduled aircraft used for transportation or passengers.
3. Loss covered by other valid and collectible insurance or plan.
4. Hernia, in any form.
5. Sickness or disease in any form.
6. Fighting, unless as an innocent victim.
7. Expense incurred for the use of orthotics unless used exclusively to promote healing
8. Use of electric, bio-mechanical devices.
9. Non-prescription drugs.

PLEASE SEE BACK

Parents,

Based upon the ever increasing cost of insurance and the amounts covered by our secondary athletic insurance policy, I highly recommend that you consider purchasing an additional supplemental policy. Our coaches will hand out information on how to obtain an additional policy. If you have further questions please contact

Athletic Director Keith Turner turnerk@jcschools.org

Head Athletic Trainer Mark McDonald. mcdonaldm@jcschools.org

THIS PAGE FOR REFERENCE

Thank you.

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

**Read and keep this page.
Sign and return the signature page.**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

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

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

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

** Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information			
Last Name _____	First Name _____	MI _____	
Sex: [] Male [] Female	Grade _____	Age _____	DOB ____/____/____
Allergies _____			
Medications _____			
Insurance _____	Policy Number _____		
Group Number _____	Insurance Phone Number _____		

Emergency Contact Information		
Home Address _____	(City) _____	(Zip) _____
Home Phone _____	Mother's Cell _____	Father's Cell _____
Mother's Name _____	Work Phone _____	
Father's Name _____	Work Phone _____	
Another Person to Contact _____		
Phone Number _____	Relationship _____	

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete Signature of Parent/Guardian Date

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. 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?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

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

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

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

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, 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 SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete

Print Student-Athlete's Name Date

Signature of Parent/Guardian

Print Parent/Guardian's Name Date

ANTI- BULLYING, HARASSMENT, AND HAZING PLEDGE FOR STUDENTS & PARENTS

Science Hill High School is committed to providing a safe, respectful, and positive Educational experience for all its students. Behaviors that are potentially demeaning, abusive, illegal, or harmful to students are strictly prohibited at any time, both on and off school grounds, and will not be tolerated in any form.

BULLYING & HARASSMENT

Bullying or harassment include any physical act, gesture, or use of verbal, written or electronically communicated expression with the reasonable intention to cause any of the following:

- Physical or emotional harm to another student
- Damage to another student's property
- Intimidate or threaten the safety of another student
- Substantially interfere with a student's education or operation of the school

HAZING

Hazing is any activity involving someone joining or participating in a group that humiliates, degrades, abuses, or risks personal harm, regardless of the individual's willingness to participate. Hazing activities and behaviors include, but are not limited to:

- Humiliation tactics
- Forced social isolation
- Physical brutality such as whipping, beating, striking, branding, shocking, or placing a harmful substance on or in the body
- Verbal or emotional abuse
- Sexual abuse or misconduct
- Sleep deprivation, exposure to the elements, and confinement in a small space, or any other activity that may adversely affect the mental or physical health of the victim
- Abuse of tobacco, alcohol, drugs, or other prohibited substances
- Forced or excessive consumption of food, liquids, alcoholic beverages, drugs, or any other substance
- Any activity that induces, causes, or requires a student to perform a duty or task that is illegal

Hazing is abuse of power and unacceptable in any form or degree. Even seemingly harmless "Traditions" or pranks can potentially go wrong, and often escalate to riskier behaviors or activities.

BULLYING, HARASSMENT, & HAZING ARE STRICTLY PROHIBITED

Bullying, harassment, and hazing are disruptive to learning and extremely dangerous, often resulting in devastating and unintended consequences for perpetrators, victims, families, schools, and the entire community. Any activities or behaviors associated with bullying, harassment, or hazing are strictly prohibited in any form.

DISCIPLINARY MEASURES

Violations of the school's code of conduct, anti-hazing policy, and/or this pledge will be disciplined accordingly.

MY PLEDGE

I, _____, pledge to take a stand against bullying, harassment,

(NAME OF STUDENT)

and hazing. I recognize that I am entitled to an education in a safe and respectful environment, and that any action or behavior that threatens my safety and well-being, as well as the safety and well-being of my fellow students, is unacceptable and strictly prohibited.

If I am a victim of bullying, harassment, or hazing, or if I witness or become aware of any bullying, harassment, or hazing, I will notify a parent, teacher, coach, or school staff member as soon as possible.

I understand that every allegation of bullying, harassment, or hazing will be taken seriously and thoroughly investigated. I am also aware that knowingly making false allegations is a serious offense and a violation of this pledge.

I have read this pledge and hereby agree to follow the standards set forth.

(SIGNATURE OF STUDENT)

(DATE)

I have read this pledge and hereby agree to set an example of the standards set forth.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)