

SAFFORD UNIFIED SCHOOL DISTRICT

Athletic Clearance Information 2020-2021

These forms are for all students attending Safford Middle School or Safford High School to participate in interscholastic athletics. You will need to have the following items on file:

- ❖ Athletic Clearance Information
 - Emergency Information
 - Consent of ImPACT Concussion Management Program
 - Consent for Emergency Care/Medical Consent/Release Forms
 - Health Insurance Information
 - SUSD Random Drug and Alcohol Testing Consent
- ❖ Preparticipation Physical Evaluation (AIA Form 15.7A & 15.7B)
- ❖ AIA MTBI/Concussion Acknowledgement Form (AIA Form 15.7C)
- ❖ AIA Concussion Education Class Brainbook (one time only)
- ❖ Baseline neurocognitive assessment (ImPACT testing for contact sports)
- ❖ Pay participation fee prior to the start of sport

Student Full Name: _____ Grade(2020-2021): _____

Gender(please circle) Male Female Age: _____ Date of Birth: _____

Did you attend Safford Middle School last year? YES NO

If No*, name of school last attended: _____

City: _____ State: _____

**If you are a transfer student, please see the athletic director as soon as possible.*

Please list the sports you plan to participate in for the 2020-2021 school year.

1. _____
2. _____
3. _____
4. _____

EMERGENCY INFORMATION (Primary)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father/Guardian Name: _____ Mother/Guardian Name _____

Home Phone: _____ Home Phone: _____

Work Phone : _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Family Physician: _____ Phone: _____

Be sure to read the forms carefully, double check and make certain the forms are filled out completely and signed by the parent and the student. ***Incomplete forms and/or illegible responses will result in student's ineligibility.*** Parents: It is rare that we lose or misplace these forms: you may want to keep a copy for your records. Return all forms when completed to Safford Middle School main office.

SAFFORD UNIFIED SCHOOL DISTRICT ATHLETIC DEPARTMENT

Student Name: _____ Grade: _____ Date of Birth: _____

INSURANCE INFORMATION (*Required)
NAME OF COMPANY: _____
POLICY/ID # _____ PLAN: _____
POLICY HOLDER'S NAME: _____

Emergency Contact (Secondary)

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phone Number: _____ Phone Number: _____

Medical Conditions: Please list any medical information concerning the above named student athlete, including current medications. _____

Allergies: Please list any allergies of the above named student athlete. _____

ATHLETIC DEPARTMENT BY-LAWS Acknowledgement Statement

Athletic department by-laws can be found on the SHS athletic department website under downloads. We have reviewed, understand, and agree to abide by the Athletic Department By-Laws.

BASELINE CONCUSSION TESTING

Safford High is taking a proactive approach in managing the cognitive function of our student athletes by partnering with ImPACT and using its Computerized Neurocognitive Test as part of a concussion management program. The purpose of ImPACT is to establish and store a Baseline of cognitive function. In the event your child sustains a suspected head injury or other mild traumatic brain injury (MTBI), the Baseline results can be compared with your child's performance on the After Injury test. This comparison helps to indicate any change in cognition and is an important tool in the overall concussion management program. By granting consent, you certify that you reviewed the ImPACT Terms of Use and Privacy Policy. I hereby grant consent to the registration of my child on impacttest.com and to the administration and supervision of the test by SHS and hereby accept the terms of use and privacy policy on behalf of myself and my child. Please read the ImPact Waiver Consent Form attached for more information

MANDATORY INFORMED CONSENT

We give our son/daughter permission to participate in interscholastic athletics. We realize such activity involves potential for injury, which is inherent in all sports and activities. We understand there is a meeting where specific risks will be presented. We understand that if we have questions pertaining to the risk, we will address them to the coach, athletic director, or athletic trainer. We realize that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules injuries are still a possibility. We understand that these injuries range from minor to severe; on rare occasions, the injuries may be so severe as to result in total disability, paralysis, quadriplegia or even death. We understand and acknowledge these risks. We understand the specific risks associated with the sport or activities in my child's health, if pertinent information needs to be communicated for appropriate medical care, or if there are any limitations to my child's activities. We accept the risks as a condition of my child's participation in sports and activities.

CONSENT FOR MEDICAL CARE

I, the undersigned parent/guardian of the student named above, hereby give and grant unto any medical doctor, hospital, or athletic trainer my consent and authorization to render aid, treatment or care to said student, as in judgement of doctor, medical personnel, or hospital what may be required, on an emergency basis, in the event said student should be ill or stricken ill while participation in or traveling to or from an interscholastic activity sponsored by or sanctioned by the Arizona Interscholastic Association, Inc, of which Safford Schools is a member. It is hereby understood that the consent and authorization hereby given and granted is continuing, and are intended by me to extend throughout the current school year. We, hereby, give consent for the designated school personnel, athletic trainer, or coach to issue first aid, to use his/her judgment in activating the emergency medical system, and we hereby grant permission for the athletic trainer to treat my son/daughter.

AUTHORIZATION/CONSENT to RELEASE PRIVILEGED HEALTHCARE INFORMATION

I/We hereby authorize the release of privileged medical/healthcare-related information to the Safford High School athletic training staff as may be needed to provide ongoing care of my child's injuries. I/We also authorize Safford High School athletic training staff to release medically privileged information about my child to other healthcare providers involved with the care and treatment of my child, and to any and all third-party payers in order to secure payment of healthcare-related services.

CONSENT FOR EMERGENCY CARE

Be it known that I, the undersigned parent/guardian of the student named above hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in judgment of of said doctor or hospital may be required on an emergency basis, in the event said students should be ill or stricken ill while participating in or traveling to or from an interscholastic activity sponsored by or sanctioned by the Arizona Interscholastic Association, Inc of which Safford Schools is a member. It is hereby understood that the consent and authorization hereby given and granted is continuing, and are intended by me to extend throughout the current school year.

We the undersigned certifies that (1) I have read the foregoing and understand its contents (2) I am the student-athletic/patient and/or legal representative of the student and authorized to sign on the student's behalf, (3) I received a copy of this document upon request, and (4) I accept all terms contained in this agreement/consent form/waiver/medical records release.

Student Signature

Date

Parent Signature

Date

**DRUG USE IN SCHOOL ACTIVITIES
(Random Drug and Alcohol Testing)
CONSENT FORM**

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I acknowledge that I have received and have read a copy of the District's Random Drug and Alcohol Testing policy and regulations. I agree to accept and abide by the standards, policies, rules and regulation of the District's Random Drug and Alcohol Testing policy and regulations.

I request that _____ be allowed to participate in the school-sponsored extracurricular activity subject to the District's Random Drug and Alcohol Testing policy and regulations. I agree that the above-mentioned student be subject to the District's Random Drug and Alcohol Testing program for the duration of the activity.

I accept the methods of the collection process, testing procedures, and sample analysis, and all other aspects of the District's Random Drug and Alcohol Testing program. I authorize the District to conduct a test on a urine and/or saliva specimen which I provide on-site to test for alcohol and drug. I agree that to remain eligible to participate in a school-sponsored extracurricular activity the above-named student is subject to retesting during the duration of the activity.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all state and federal privacy statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

The parent must sign this request if the student is under eighteen (18) years of age. Only the student need sign if eighteen (18) years of age or over.

Parent/Guardian Signature

Date

Student Signature

Date

I have decided not to allow, _____, to participate in any school-sponsored extracurricular activity sponsored by the District for the remainder of this school year.

I understand that participation in the school-sponsored extracurricular activity at a later date will require submission to the District's Random Drug and Alcohol Testing policy and regulations.

The parent must sign this request if the student is under eighteen (18) years of age.

Parent/Guardian Signature

Date

Student Signature

Date

Arizona Interscholastic Association, Inc. Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and

Acknowledgement Form I, _____ (student), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the school staff (e.g., coaches, team physicians, athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My institution has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the school staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spiritline and wrestling.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____ Date: _____

Parent or legal guardian must print and sign name below and indicate date signed:

Print Name: _____ Signature: _____ Date: _____