

# NARROWS ATHLETICS



## PHYSICAL FORMS

All forms **MUST** be signed and returned to the office or your head coach **BEFORE** an athlete can try out or participate in any extracurricular athletic activity. There are **NO** exceptions to this rule.



# Narrow Athletics Participation Packet

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**\*\* forms that MUST BE SIGN AND FILLED OUT before participation \*\***

Dear Narrows Parents, Coaches, and Athletes,

This letter contains information regarding injury treatment services available to all Narrows High School and Middle School athletes. Timely treatment of sports injuries can help put athletes back in the game. Please make use of the services provided for Green Wave athletes.

Narrows has a certified athletic trainer available to evaluate, treat, and rehabilitate injuries sustained by athletes in practices and at games. The athletic trainer is present at the athletic fields each weekday afternoon until the end of the last home practice or event of the evening. Coverage also includes all “away” varsity football games. Treatment measures may include, but are not limited to, bracing, taping, modified participation, rehabilitation exercises, icing, and stretching. Minor injuries may not need to be seen by a physician, but when it is necessary, the athletic trainer can help parents and athletes decide on the appropriate type of provider to see (e.g. emergency, orthopedic, family physician).

Most often, the appropriate provider for sports injuries is an orthopedic physician—a doctor who focuses on treating injuries to muscles, ligaments, and bones. Dr. Jonathan Maher, with Carilion Clinic Orthopedics, is the preferred orthopedic surgeon and team physician for Narrows athletics. Visiting Dr. Maher does not mean an athlete needs surgery, but that Dr. Maher is capable of providing treatments for any orthopedic injury, up to and including surgery when necessary. When calling Carilion, make sure to mention that the appointment is being made for a Narrows athlete, and request to see Dr. Maher. You will be given an appointment to be seen the same day or the next office day by Dr. Maher or his physician’s assistant, Corey Smock. Carilion Clinic offices in both Blacksburg and Radford can treat sprains, strains, and fractures. Both clinics can also take x-rays, provide splints to protect injuries, and fit athletes for specialty braces to increase comfort while playing. Do not hesitate to call 9-1-1 for emergency situations, but if an injury does not threaten life or limb, please contact the athletic trainer to determine if an emergency room visit is necessary or a clinical visit is necessary.

Seeking care immediately after an injury occurs helps get athletes back in the game at full strength. The Carilion Clinic Orthopedics team looks forward to serving you and your athlete this year. Please call with any questions.

Carilion Clinic Orthopedics of the New River Valley  
Blacksburg – (540) 961-8060  
Radford – (540) 731-2436

## STUDENT-ATHLETE CONCUSSIONS DURING EXTRACURRICULAR ACTIVITIES

### Definitions

**Concussion:** a brain injury that is characterized by an onset of impairment of cognitive and/or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head (i.e., a helmet to the head, being knocked to the ground). A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

**Licensed Health Care Provider:** a physician, physician assistant, osteopath or athletic trainer licensed by the Virginia Board of Medicine; a neuropsychologist licensed by the Board of Psychology; or a nurse practitioner licensed by the Virginia State Board of Nursing.

**Return-to-Learn:** instructional modifications that support a controlled, progressive increase in cognitive activities while the student recovers from a brain injury allowing the student-athlete to participate in classroom activities and learn without worsening symptoms and potentially delaying healing.

**Return to Play:** to participate in a non-medically supervised practice, game, or athletic competition.

### I. Giles County Public Schools Concussion Management Team

a. The Giles County Public Schools Concussion Management Team (“CMT”) shall be appointed by the Superintendent and shall consist of a school administrator, an athletic administrator, a licensed health care provider, a coach, a parent or guardian of a studentathlete, a student athlete, and any such other person or persons the Superintendent determines will assist the CMT in its actions.

b. The CMT shall develop concussion training materials for school personnel, volunteers, student-athletes, and parents of student-athletes. Those materials may address the proper fitting and maintenance of helmets. The CMT shall also develop concussion reporting, management, and review protocols for the school division. The CMT shall maintain a record of all incidents where a student-athlete has been removed from a game, competition, or practice because he or she has been suspected of sustaining a concussion.

c. The CMT shall meet at least once per semester and shall evaluate the division’s training materials, concussion reporting, management, and review protocols annually.

## II. Required Concussion Training for School Personnel and Volunteers:

a. Every Coach, Assistant Coach, School Staff, Adult Volunteer, or other person serving in a coaching or advisory role over student-athletes during games, competitions, or practices shall receive training in the signs and symptoms of sports-related concussions, strategies to reduce the risk of concussions, how to seek proper medical treatment for concussions, and the process by which a concussed student-athlete may safely return to practice or competition. Each school and the CMT shall maintain a written record of the names and dates of completion for all persons completing the school's concussion training.

b. Each school shall ensure that no person is allowed to coach or advise a student-athlete in any practice, game, or competition who has not completed the school's concussion training within the previous twelve months.

## III. Distribution of Training Materials to Student-Athletes and Parent/Guardian:

a. Prior to participating in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review concussion training materials developed by the CMT and sign a statement acknowledging receipt of such information. The concussion training materials shall describe the short-and long-term health effects of concussions.

b. The signed statements acknowledging the receipt of concussion training materials shall be valid for one calendar year and will satisfy the concussion training requirements for all of a student-athlete's extracurricular physical activities for a calendar year.

## IV. Removal from Extracurricular Physical Activities

a. A student-athlete suspected by a student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice, game, or competition shall be removed from the activity immediately, evaluated, and if necessary referred for further treatment. A student-athlete who has been removed from play, evaluated, and suspected to have sustained a concussion or brain injury shall not return to play that same day.

b. In determining whether a student-athlete removed from play is suspected of having sustained a concussion, an appropriate licensed health care provider or other properly trained individual, shall evaluate the student-athlete at the time of removal utilizing a standardized concussion sideline assessment instrument (e.g., Sideline Concussion Assessment Tool (SCAT-II, SCAT III, ChildSCAT3)), the Standardized Assessment of Concussion (SAC), or the Balance Error Scoring System (BESS)).

c. The determination of whether a student-athlete removed from play is suspected of having sustained a concussion shall be the sole determination of the licensed health care provider or other properly trained individual conducting the concussion sideline assessment. Such determination is final and may not be overruled by another licensed health care provider or other properly trained individual, coach, assistant coach, school staff, or other person serving in a coaching or advisory role, the student-athlete, or the parent or guardian of the student-athlete.

d. The coach of a student-athlete may elect not to return the student-athlete to play, even if after the concussion sideline assessment it is determined that the student-athlete is no longer suspected of having sustained a concussion.

#### V. Return To Play Protocol

a. No student-athlete shall be allowed to return to extracurricular physical activities, which includes the student-athlete's practices, games, or competitions, until the student presents a written medical release from the student-athlete's licensed health care provider. The written medical release shall certify that (i) the provider is aware of the current medical guidance on concussion evaluation and management; (ii) the student-athlete no longer exhibits signs symptoms or behaviors consistent with a concussion at rest or with exertion; and (iii) that the student-athlete has successfully completed a progressive return to sports participation program. The length of progressive return to sports participation program shall be determined by the student-athlete's licensed health care provider but shall last a minimum of five calendar days.

b. The coach of a student-athlete may elect not to allow a student-athlete to return to extracurricular physical activities, even after the production of written medical release from the student-athlete's licensed health care provider, if the coach observes signs and symptoms of sports-related concussions. If the student-athlete's coach makes such a decision, the coach shall communicate the observations and concerns to the studentathlete's parent or guardian within one day of the decision not to allow such studentathlete to return to extracurricular physical activities.

#### VI. Return to Learn Protocol

a. School personnel shall be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving. GILES COUNTY PUBLIC SCHOOLS © 5/16 VSBA File: JJAC Page 4

b. School personnel shall accommodate the gradual return to full participation in academic activities by a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom.

#### VII. Helmet Replacement and Reconditioning

a. All helmets used in school physical activities must conform to the National Operations Committee on Standards for Athletic Equipment (NOCSAE) and certified as conforming by the manufacturer at the time of purchase.

b. Reconditioned helmets that have been purchased must be recertified as conforming to the NOCSAE by the reconditioner.

#### VIII. Athletic Activities Conducted by Non-School Organizations on School Property

The school division will provide this policy and the Board of Education's Guidelines for Policies on Concussions in Student-Athletes to organizations sponsoring athletic activity for student-athletes on

school property. The school division requires that these organizations will provide training to their coaches and comply with this policy or Guidelines and provide documentation stating that all coaches have been trained.

Adopted: June 30, 2011

Revised: June 30, 2014

Revised: June 30, 2015

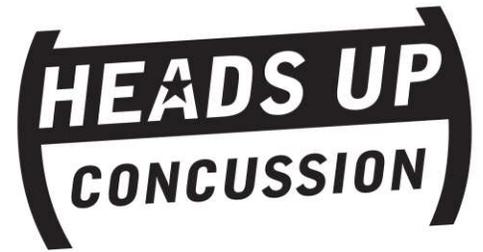
Revised: June 30, 2016

Legal Ref.: Code of Virginia, 1950 as amended, §§ 22.1-271.5, 22.1-271.6

Virginia Board of Education Guidelines for Policies on Concussions in StudentAthletes (Adopted January 22, 2015).

Cross Refs.: KG Community Use of School Facilities KGB Public Conduct on School Property

# A Fact Sheet for HIGH SCHOOL PARENTS



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

### Symptoms Reported by Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

## GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

**Concussions affect each teen differently.** While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## Plan ahead.

What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your teen's health care provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

➤ **Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.**

Revised 12/2015



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

Dear Parent/Guardian:

As you are aware, physical activity such as high school athletics, carries a risk of injury. The purpose of this letter and the enclosed packet is to explain the Giles County Public Schools concussion policy and to educate parents on the short-term and long-term effects of concussions. Additionally, this letter will contain Giles County Public Schools' policy on measures that will be taken before concussed athletes are able to return to any game.

The coaching staffs at all Giles County Schools have received training in the signs and symptoms of sports-related concussions, strategies to reduce the risk of concussions, how to seek proper medical treatment for concussions, and the process by which a concussed student-athlete may safely return to practice or competition.

If a coach suspects that any student-athlete has received a concussion, the player will be removed from the activity immediately, evaluated, and if necessary, referred for further treatment. A student-athlete who has been removed from play due to a suspected concussion shall not return to play that same day.

In determining whether a student removed from play is suspected of having sustained a concussion, an appropriately licensed healthcare provider or other properly trained individual shall evaluate the student-athlete at the time of removal, utilizing a standardized concussion sideline assessment instrument.

The determination of whether a student-athlete removed from play is suspected of having sustained a concussion shall be the sole determination of the licensed healthcare provider or other properly trained individual conducting the concussion sideline assessment. Such determination is final and may not be overruled by another licensed healthcare provider or other properly trained individual, coach, assistant coach, school staff, or other person serving in an advisory role, the student-athlete, or the parent or guardian of the student-athlete.

The coach of a student-athlete may elect not to return the student-athlete to play even if after the concussion sideline assessment it is determined that the student-athlete is no longer suspected of having sustained a concussion.

No student-athlete determined to have a concussion shall be allowed to return to extracurricular activities, which includes the student-athlete's practices, games, or competitions, until the student presents a written medical release from the student-athlete's licensed healthcare provider.

The coach of a student-athlete may elect not to allow a student-athlete to return to extracurricular physical activities, even after the production of a written medical release from the student-athlete's licensed healthcare provider, if the coach observes signs and symptoms of sports-related concussion.

In order to help you better understand the symptoms and signs of a concussed student-athlete, an information sheet has been provided in the packet. Please read carefully so that you will know if any concerns arise that require you to speak to your healthcare provider.

By signing below, you acknowledge that you have read Giles County Schools' policy on concussed student-athletes and will abide by the guidelines set therein. Students will not be eligible to participate in a practice or game until this signed document has been returned to the coach of the respective sport.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

NARROWS HIGH SCHOOL  
ATHLETIC PARTICIPATION CODE

All students that participate in a varsity, junior varsity, or middle school sport at Narrows High School must meet and abide by the requirements of the following agencies as set forth in the current student handbooks of the sanctioning bodies: Virginia High School League, Region C, Pioneer District, presiding officials' association, Narrows High School administration, and the coaching staff of the specific sport.

PLAYER AGREEMENT

As a participant in Narrows High School Athletics, I agree to abide by the following rules and regulations. I will conduct myself in a manner that is beneficial to me and my school during all athletic activities.

Practice and Game Behavior

1. I will be on time for all practices and games.
  - A. **Consequences: If I am late for practice, I will make up what I missed. If I am late for a game, any playing time may be reduced and/or I may be suspended from the next game.**
2. I will attend every practice and game, whether I am participating or not.
  - A. **Refer to Narrows High School's Coaches' Rules and Requirements.**
3. I will contact the head coach prior to practices or games if events beyond my control prevent me from attending.
  - A. **Refer to Narrows High School's Coaches' Rules and Requirements.**
4. I understand that I cannot attend practices or games on school days in which I have spent time in ISS.
  - A. **Refer to Narrows High School's Coaches' Rules and Requirements.**
5. I understand that I must attend the entire school day to be eligible to participate in practices or games unless I have a note from a doctor or court, or have gotten prior permission from the NHS athletic administration.
  - A. **Refer to Narrows High School's Coaches' Rules and Requirements.**
6. I understand that absences from any part of the school day are to be based on absolute necessity, and that any abuse of this WILL result in a loss of playing time.
  - A. **Refer to Narrows High School's Coaches' Rules and Requirements.**
7. I will not display any signs of disrespect, temper, sulking, arguing or inappropriate language at any time when I am affiliated with my team and coach. I will not criticize coaches or other players, including my teammates, during or outside of athletic activities. I will do those activities to which I have been assigned in practice and games without complaint.
  - A. If I violate this code, I will have a conference with the coaching staff and my parent or legal guardian will be contacted.
  - B. If I violate this code for a second time, my playing time will be reduced and/or I will be suspended from the game and/or removed from the team.\*
8. I will ride to and from all practices and games with the team. If unusual circumstances exist that prevent me from traveling with the team, I agree to abide by the following guidelines:
  - A. I will ride home from the games with parents only.
  - B. If I do not return to NHS with the team, I will provide written permission from my parents in advance.
  - C. Regardless of how late I get home from an away game, I will be at school **ON TIME** the next morning.
  - D. If I am late or absent from school without a note from a doctor or court, I will accept a playing time reduction in the next game.
9. I will keep my cell phone turned off at all times unless approved by the coach. I will not use my cell phone during a game or practice (Coaches' discretion).
10. If I am suspended from a game by VHSL, NHS will follow those rules.
11. If an athlete disrespects officials, opponents, teammates, fans, and/or coaches for which he or she is suspended, the athlete will be removed from the team and not allowed to participate in any activity until suspension is served for his/her sport.
12. If an athlete exceeds the number of unexcused absences due to suspension, he/she will be removed permanently from the team (Coaches' discretion).

\*All suspensions will be treated as unexcused absences. Please refer to *Narrows High School's Coaches Rules and Requirements*.

**Requirements:**

**Supervision and Risk**

1. Coaches assume responsibility for their players as long as they are on school grounds for an athletic activity or on a team trip. Coaches also establish times when students should and ***SHOULD NOT*** be on school grounds. Students in violation of these rules can expect to be disciplined.
2. I understand that participating in athletics carries an inherent risk of injury.

**Forfeiture of Awards**

1. If a student has paid for or deposited money toward the purchase of an awards jacket, sweater, or any other article of achievement, and the student disassociates themselves from the team sport or awarding organization, then the money and/or the award becomes the sole property of the awarding organization. The Principal may consider partial reimbursement for some items depending upon cost and the reason for the student no longer being on the team.

**Academic and Classroom Behavior**

- 1. I will conduct myself in the classroom in a manner that is acceptable to the NHS Administration and teachers.
- 2. I understand that I must pass 3 classes each semester to retain my eligibility.

**Social Behavior**

I will not use alcohol, tobacco, or other drugs.

*Narrows High School's Coaches' Rules and Requirements*

- 1) All athletes must meet
  - a) All VHSL Rules b) All Pioneer District Rules c) All NHS rules d) Coaches' Rules
- 2) Coaches' Rules and Requirements
  - a) The student must attend all practices and games. Each game and/or practice missed will result in one absence against the student. The student may be suspended or removed from the team upon receiving the fourth absence.\*
- 3) **School Day Attendance Rule: Student-athletes represent their teams, school, and community and are expected to abide by all rules including our attendance policy. Students who do not comply with our school attendance policy, including those who frequently check into school late and check out early, will lose playing time. Coaches are REQUIRED to check the daily attendance of their players and enforce this rule. Consideration may be given for medical or court appearances, for situations previously cleared by the athletic director. Students are expected to limit absences to only those conditions listed above. RETURNING LATE FROM AN AWAY GAME THE PREVIOUS NIGHT IS NEVER A REASON TO BE LATE FOR OR ABSENT FROM SCHOOL THE NEXT DAY! STUDENTS WHO ARE LATE OR ABSENT THE DAY AFTER A GAME, MUST HAVE A NOTE FROM A DOCTOR OR FROM COURT, OR THEY WILL RECEIVE A MANDATORY REDUCTION OF PLAYING TIME. ADDITIONALLY, STUDENTS SHOULD NOT CHECK OUT OF SCHOOL EARLY ON A GAME DAY UNLESS THEY HAVE A DOCTOR'S APPOINTMENT OR COURT DATE. Students are also expected to make up any missed assignments, including tests and quizzes, by the next school day. Moreover, it is the student's responsibility to communicate with their teachers to arrange times to make up missed assignments. Coaches are expected to follow up with students regarding their absences from school or class; and coaches should address attendance issues outside those circumstances listed above by decreasing individual playing time or other disciplinary measures. NARROWS HIGH SCHOOL ATHLETIC TEAMS WILL RELEASE ATHLETES EARLY FROM SCHOOL ONLY WHEN ABSOLUTELY NECESSARY. EXAMPLES OF SUCH INSTANCES INCLUDE WHEN WE ARE IN THE PLAYOFFS OR TOURNAMENTS OR MEETS AND TRAVELING DISTANCE FORCES US TO DO SO. ALL MEASURES TO AVOID THE LOSS OF INSTRUCTIONAL TIME WILL BE EXHAUSTED AS A PRIORITY.**
  - a) Coaches will tell athletes what time to be at the school for home or away games. The athlete is to return at the coach's designated time. Athletes who choose to stay will be unsupervised.\*
  - b) Each coach or sponsor will have additional requirements for missing practices or games.

\*Students receiving ISS, missing practices without an excused absence, and violating any other situation falling under sections a and b of these rules may be removed from the team upon missing their fourth practice or game. Any student missing practice due to After School Detention (ASD) will be responsible for making up anything missed during practice. ASD as well as Morning Detention will not count against the student as an occurrence.

I have read the above code of conduct and understand what is expected of my son/daughter as a member of a High School Athletic Team. I also understand that each individual coach and athletic program will have their own set of expectations and rules in addition to those listed above. Furthermore, I acknowledge that the violation of any of these rules will result in disciplinary action.

Signed \_\_\_\_\_ (Student)

I have read the above code of conduct and understand what is expected of my son/daughter as a member of a High School Athletic Team. I also understand that each individual coach and athletic program will have their own set of expectations and rules in addition to those listed above. Furthermore, I acknowledge that the violation of any of these rules will result in disciplinary action.

Signed \_\_\_\_\_ (Parent/Legal Guardian)

**PARENT/LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION**

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_  
CELL PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

(Revised 12/18)

### Student Athlete Drug Testing

The Giles County School Board believes that the use of alcohol or other drugs by students who participate in interscholastic athletics presents a hazard to the health, safety and welfare of the student athlete. Therefore, the use of such substances by student-athletes will not be permitted. The School Board encourages students to participate in school-sponsored interscholastic athletics but believes the opportunity to participate is not an absolute right but a privilege offered to eligible students on an equal opportunity basis. In order to be eligible to participate in any school sponsored interscholastic athletic program, the student must agree to submit to a physical examination, including drug analysis. Team members must agree to random drug testing throughout the season and off season practices; a parent or guardian must also signify agreement with this policy.

The purpose of this policy is to better assure the student's health and physical fitness to participate in athletics and not to provide a means which may be used to punish a student athlete through suspension from school or other disciplinary actions affection instruction. Substantiation of the use of illegal substances will temporarily or permanently render an athlete ineligible for interscholastic athletics. The status of ineligibility will be determined by the number of substantiated violations of the drug testing policy. Accordingly, the results of any drug test administered under this policy shall be used only for determination of eligibility for participation in interscholastic athletics.

The results of any test administered under the terms of this policy shall be kept confidential and disclosed only to the student athlete, his/her parents or guardians, and school officials designated by the superintendent. The results of the testing shall be used only as provided for in the accompanying regulation.

Student athletes will remain subject to the policies, rules and regulations relating to the use, possession, sale and distribution of illegal substances, marijuana, steroids and alcohol.

Adopted: June 27, 2013

Revised: September 26, 2013

Revised: July 14, 2014 (Only REGULATION)

GILES COUNTY PUBLIC SCHOOLS

Athlete Drug Testing Consent Form

I understand fully that my performance as a student and the reputation of my school are dependent, in part, on my conduct as an individual. Additionally, I understand that remaining free of drugs and alcohol will increase my chance of success as a student, an athlete and as an individual, enabling me to perform at my best.

By checking "YES", I authorize the Giles County School Division to conduct a test on a specimen that I provide on-site to test for alcohol and drug use if my name is drawn from the random pool. Pursuant to the Random Student Drug and Alcohol Testing Policy, I also authorize the release of information concerning the results of such test (including refusal to test) to my parent (guardian). I understand that by checking "YES" and signing this form I may be randomly drug tested throughout the school year unless I withdraw my authorization through the Random Student Drug Testing Drop Form.

In addition, I (we) understand that in order to try out for or participate on any school sponsored athletic team, I must consent to participate in the drug testing program of the Giles County Public Schools. In the event that I test positive for drugs or alcohol as prohibited by the policy, I understand the consequences listed in policy JFCBA. This consent is valid only during the current school year.

PLEASE CHECK YOUR CHOICE     YES     NO

Student Athlete Printed Name \_\_\_\_\_

Student Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

School Representative Name \_\_\_\_\_

School Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

VIRGINIA HIGH SCHOOL LEAGUE, INC.  
 1642 State Farm Blvd., Charlottesville, Va. 22911

**ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM**

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year \_\_\_\_\_

**PART I- ATHLETIC PARTICIPATION**  
 (To be filled in and signed by the student)

Male \_\_\_\_\_  
 Female \_\_\_\_\_

**PRINT CLEARLY**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

**INDIVIDUALIZED ELIGIBILITY RULES**

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

→Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student’s primary care physician.

**PART II- MEDICAL HISTORY (Explain “YES” answers below)**

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.  
Explain “YES” answers below with number of the question. Circle questions you don’t know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1.	Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	25.	Are you missing a kidney, eye, testicle, spleen or other internal organ?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	26.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you currently taking any medications or supplements on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	27.	Have you ever become ill while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you have allergies to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	28.	When exercising in the heat, do you have severe muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	<input type="checkbox"/>	<input type="checkbox"/>	29.	Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever spent the night in the hospital? If yes, why? _____	<input type="checkbox"/>	<input type="checkbox"/>	30.	Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs <u>AFTER being hit or falling?</u>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	31.	Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>				32.	Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33.	Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you had or do you have any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>	36.	Do you wear protective eyewear like goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	37.	Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Are you trying to or has anyone recommended that you gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>				40.	Have you ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	41.	Are you on a special diet or do you avoid certain types of foods or food groups?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>	42.	Allergies to food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>	43.	Have you ever had a COVID-19 diagnosis? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
19.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>	44.	What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>FEMALES ONLY</b>						<b>YES</b>	<b>NO</b>
20.	Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Do you currently have a bone, muscle or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>	46.	Age when you had your first menstrual period: _____		
<b>MEDICAL QUESTIONS</b>				47.	Number of periods in the last 12 months: _____		
22.	Do you cough, wheeze or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	48.	When was your most recent menstrual period? _____		
23.	Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN “YES” ANSWERS BELOW</b>			
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				#	>>		
				#	>>		
List medications and nutritional supplements you are currently taking here:							

→ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ → Athlete’s Signature: \_\_\_\_\_

**PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)\*\*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:** \_\_\_\_\_
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:** \_\_\_\_\_  
Reason: \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** \_\_\_\_\_
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA)+ DATE\*\*: \_\_\_\_\_  
 EXAMINER'S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

**PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT**

(To be completed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:  
Name of medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855-242-8282.

**PART V- EMERGENCY PERMISSION FORM\***

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: \_\_\_\_\_

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? \_\_\_\_\_ LIST THE EMERGENCY MEDICATION: \_\_\_\_\_

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DOES THE STUDENT WEAR CONTACT LENSES? \_\_\_\_\_ DATE OF LAST Tdap OR Td (TETANUS) SHOT: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: \_\_\_\_\_

**Parent/Guardian signature**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.