

KENOSHA UNIFIED SCHOOL DISTRICT

PARENT-ATHLETE ACTIVITIES CODE AND WIAA RULES OF ELIGIBILITY SIGN-OFF FORM

This form must be completed and submitted to the Athletic Director prior to a student being declared eligible for practice and competition.

WE, THE PARENTS OF _____, HAVE READ,

Please Print

UNDERSTAND, AND HAVE DISCUSSED THE ACTIVITIES CODE OF CONDUCT AND THE WIAA RULES OF ELIBIBILITY WITH OUR SON/DAUGHTER. WE FURTHER AGREE TO PERMIT OUR SON/DAUGHTER TO PARTICIPATE IN ACCORDANCE WITH THE CONDITIONS SET FORTH IN THE ACTIVITIES CODE OF CONDUCT. WE FUTHER CERTIFY THAT IF WE DID NOT UNDERSTAND ANY OF THE INFORMATION IN BOTH DOCUMENTS, WE HAVE SOUGHT AND RECEIVED AN EXPLANATION OF THE INFORMATION PRIOR TO SIGNING THIS STATEMENT.

Student's Signature (Required)

Grade

Parent's Signature (Only one Parent's signature required)

Date

COACHES/ADVISORS MUST RETAIN A SIGNED COPY OF THIS FORM IN THEIR FILES FOR EACH STUDENT INVOLVED IN THEIR ACTIVITY

One agreement must be signed each year for all student participation in Categories 1, 2, and 3 activities. Please list the activities your son/daughter will be involved in during the present school year.

Sports	Activities

KENOSHA UNIFIED SCHOOL DISTRICT

Athletic Permission Form

Student Name: _____ Grade Level: _____

Address: _____ Zip Code: _____ Birth Date: _____

Telephone: () _____ Cell Phone: () _____

School _____

Health Insurance Carrier: _____ Policy Number: _____

Permission to Participate

I hereby give my permission for the above-named student to practice, compete, and represent the school in WIAA regulated interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician or advanced practice nurse prescriber. This letter shall be provided to each student when they sign up to participate in a sport. No athlete will be permitted to participate until this form is signed and on file with building athletic director. Plus, this form serves as a notification of parental (guardian) permission to participate in the sport of:

_____.

Responsibility to Return All School-Issued Uniforms/Equipment

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to him/her. I understand that my son/daughter is responsible for any uniform or equipment that is assigned specifically to him/her, and agree to reimburse the school the actual replacement value of the uniforms/equipment in the event that they are lost or stolen. I understand that failure to reimburse KUSD in a timely fashion could affect my son/daughter's athletic ability.

Permission for Emergency Medical Care and Conveyance

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the coaching staff, athletic trainer, the team physician or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur from such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that KUSD will assume no liability for the cost of said conveyance or treatment.

Informed Consent

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

Insurance Waiver

I certify that I have adequate insurance coverage on student named above to cover medical expenses in the event of an athletic-related accident or injury.

Signature

By signing this form, I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above-named student to participate in the KUSD Athletic Program.

Parent/Guardian Signature	Date	Student-Athlete Signature	Date
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High School Athletic Eligibility Information Bulletin

To: Student-Athletes and Their Parents

From: Wisconsin Interscholastic Athletic Association and Kenosha Unified School District

Your high school is a member of the Wisconsin Interscholastic Athletic Association. The following rules and regulations are developed by the member schools of the WIAA and govern the participation by boys and girls in school athletics and in some instances, impact upon sports activities outside the school.

This information bulletin is a **summary** of the WIAA OFFICIAL HANDBOOK as it pertains to those rules and regulations. Both student-athletes and their parents should have an understanding of these requirements. Equally important is that student-athletes and/or parents talk to their principal or athletic director if they have any question about these regulations. For additional information on Rules of Eligibility see the WIAA Handbook, or visit the WIAA website at www.wiaawi.org.

This bulletin does not discuss specific penalties for all violations. The reason is that penalties vary depending upon the nature of the violation. In addition, schools often have established penalties or periods of ineligibility, which are greater than the minimum prescribed by WIAA rules.

There also are exceptions and other permissive provisions in some rules. Student-athletes and their parents should discuss all athletic eligibility related situations with the school principal or athletic director who, if necessary, will get a decision, interpretation, or opinion from the WIAA office.

Student-athletes, as well as parents are asked to read this bulletin, then sign it and have their signature statement (attached) on file at their school prior to practicing and competing.

These are WIAA eligibility rules:

AGE

A student shall be ineligible for interscholastic competition if he/she reaches his/her 19th birthday before August 1 of any given school year.

ACADEMICS

A student-athlete must meet school and DPI requirements defining a full-time student and have received no more than one failing grade (including incompletes) in the most recent school issued grade reporting period. Note: Some member schools adopt code and academic policies and other participation requirements which are more stringent than WIAA minimum requirements. In those instances the schools requirements prevail and must be applied as written.

ATTENDANCE

A student-athlete is eligible for interscholastic competition at a member school if he/she is carried on the attendance rolls as a duly enrolled full-time Grade 9, 10, 11 or 12 student in that member school. (Subject to satisfying all other eligibility requirements.)

Note: A full-time student is further defined as one where the member school is responsible for programming 100% of the student's school day. The student is eligible for like or similar awards, privileges and services as all the other students and meets all obligations and responsibilities as other students, without exception.

- A. A student must complete eligibility in the four consecutive years starting with Grade 9 and the three consecutive years starting with Grade 10, unless there are documented extenuating circumstances and a waiver has been provided.
- B. A student is ineligible if he/she has graduated from a school offering studies through Grade 12 or its equivalent.
- C. A student who graduated in May or June retains eligibility for (a) any portion of a spring athletic schedule not completed by the end of the academic year and (b) the school's summer athletic schedule.
- D. A student is ineligible if he/she has not been enrolled in some school by the 17th day of a semester or trimester, except upon request of a school in special cases involving sickness, accident, military service, social services assignment, e.g.
- E. A student-athlete may not participate in school sports in more than four different years, and a student-athlete may not participate in the same sport more than one season each school year.

DETERMINING RESIDENCE FOR PUBLIC SCHOOL STUDENTS

A full-time student, whether an adult or not, is eligible for varsity interscholastic competition only at the school within whose attendance boundaries his/her parents reside, within a given school district, with these additional provisions:

- A. Board of Education approved full-time student(s), paying their own tuition and residing full time with parents in their primary residence shall be afforded eligibility. Transfer students are subject to provisions outlined in the transfers section of this document and in the Senior High Handbook.
- B. The residence of a student's guardians shall determine eligibility in cases where both parents of a student are deceased. The execution of guardianship papers in situations where one or both parents are living does not by itself make a student eligible.
- C. In the event of a divorce or legal separation, whether pending or final, a student's residence at the beginning of the school year shall determine eligibility, except in situations involving transfer after the fourth consecutive semester following entry into grade 9. For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine 'beginning of school year.' Under this rule, a student who transfers after the beginning of the school year shall be ineligible at the new school unless

approval is granted by the Board of Control in accordance with the transfer and/or waiver provisions as described in the WIAA HS□Handbook.

- D. A student whose tuition is paid by the school within whose attendance boundaries parents reside or by the state and is enrolled in a district approved program may be eligible at either school (first priority to school of residence) but (a) may not participate at both schools in the same year and (b) academic ineligibility accompanies student upon transfer. Transfer restrictions may also apply.
- E. A student whose tuition is paid by the school within whose attendance boundaries parents reside or by the state or who is participating full time in a legislated open enrollment option must meet all statutory timeline requirements. This provision extends the opportunity to decline attendance at the new school and continue at his/her school of residence. If the student begins the school year at the new school and then transfers back to school of residence after attending one or more days of school or one or more athletic practices, he/she shall be subject to transfer provisions as outlined in the transfer Section of this document.
- F. A student may continue being eligible in the same school even though parent(s) and/or student move from within that school's attendance boundaries, provided enrollment is continuous (unbroken in that school).
- G. After a student-athlete has not participated and/or has had their eligibility restricted for one calendar year due to reasons relating to residence and/or transfer, he/she becomes eligible.
- H. A student-athlete will not be eligible if his/her attendance at a particular school resulted from undue influence (special consideration because of athletic ability) on the part of any person.
- I. A student-athlete who has been declared ineligible at a school for disciplinary reasons, academic reasons or due to another State Association's provision retains that ineligibility status if he/she transfers to another school.
- J. Except in situations involving transfer after a student's fourth consecutive semester, a full-time student whose residence in a given district and attendance at a member school does not conform with any of the provisions outlined above shall be eligible for non-varsity competition only, for one calendar year, unless a waiver is provided as outlined in the WIAA HS□Handbook under Waivers. Transfer students are subject to transfer provisions as outlined in the transfer section of this document and in the Senior High Handbook.

DETERMINING RESIDENCE FOR NONPUBLIC SCHOOL STUDENTS

A full-time student, whether an adult or not, is eligible for varsity interscholastic competition only if the student is residing full time with parents in their primary residence with these additional provisions:

- A. In the event of a divorce or legal separation, whether pending or final, a student's residence at the beginning of the school year shall determine eligibility except in situations involving transfer after a student's fourth consecutive semester. For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine 'beginning of school year'. Under this rule, a student who transfers after the beginning of the school year shall be ineligible at the new school unless approval is granted by the Board of Control in accordance with the waiver provisions as described in the WIAA HS□Handbook under Waivers. Transfer restrictions may also apply.
- B. Residing full time with guardians shall determine eligibility in cases where both parents of a student are deceased. The execution of guardianship papers in situations where one or both parents are living does not by itself make a student eligible.
- C. A student may continue being eligible in the same school even though parent(s) and/or student move from within that school's traditional attendance area, provided enrollment is continuous (unbroken in that school).
- D. Except in situations involving mid-year transfer and/or transfer after the fourth consecutive semester students attending member residential schools shall be eligible at the member school provided they reside at the school or reside full time with parents in their primary residence.
- E. Except in situations involving transfer after a student's fourth consecutive semester, a full-time student attending a nonpublic school but not residing in accordance with any of the provisions outlined above shall be eligible for non-varsity competition only, for one calendar year, unless a waiver is provided as outlined in the WIAA HS□Handbook under Waivers.

TRANSFERS

A full-time student may be afforded up to eight consecutive semesters of interscholastic eligibility upon entry into Grade 9. **Transferring schools at any time may result in restrictions being imposed on eligibility or in some cases a denial of eligibility.** For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine 'beginning of school year.' These additional provisions relate to transfer cases:

- A. A student who transfers from any school into a member school after the fourth consecutive semester following entry into Grade 9 shall be ineligible for practice and competition for one calendar year, unless the transfer is made necessary by a total change in residence by parent(s). The calendar year (365 days) will be determined from a student's first day of attendance at the new school.
- B. Open enrolled and/or tuition paying students entering 9th and/or 10th grade at the beginning of the school year and who are within the first four consecutive semesters of high school will be afforded unrestricted eligibility provided all other rules governing student eligibility are met.
- C. Open enrolled and/or tuition paying students entering 11th and/or 12th grade as transfer students are ineligible to practice and/or compete for one calendar year.
- D. 9th grade students who transfer after the beginning of the school year and with written consent from both schools directly involved may be provided non-varsity opportunities for the remainder of the school year. Restrictions are removed upon entering 10th grade.
- E. 10th grade students who transfer after the beginning of the school year and with written consent from both schools directly involved may be provided non-varsity opportunities for one calendar year (365 days beginning with first day of attendance at the new school).
- F. In the event of divorce or legal separation, whether pending or final, residence at the beginning of the school year shall determine eligibility for students entering 9th and/or 10th grade. In situations involving transfer after the fourth consecutive semester following entry into grade 9 the student is ineligible to practice and compete for one calendar year.

- G. District policies with respect to intra-district transfer do not supercede WIAA transfer rules in situations involving post-4th semester transfers. Intra-district transfers occurring after the fourth consecutive semester following entry into grade 9 result in the student being ineligible for practice and competition for one calendar year (365 days beginning with first day of attendance at the new school).
- H. Unless transfer, including an accompanying change of parent's residence, is effective at the outset of a semester, a student cannot establish eligibility at his/her new school until the fifth calendar day of such transfer.
- I. If within the first four consecutive semesters following entry into grade 9, a student who transfers more than once in any given school year shall be ineligible for all interscholastic competition for the remainder of that current school year and will be eligible for non-varsity opportunities only for the balance of the calendar year. In situations involving transfer after the fourth consecutive semester following entry into grade 9 the student is ineligible to practice and compete for one calendar year.
- J. A student may not have eligibility in more than one member school at the same time. A parent or parents who move from a primary residence within one school's attendance boundaries, to a secondary residence within another school's attendance boundaries, may be required by the Board of Control to provide evidence of a total move.
- K. A student who transfers from any school, whether or not a member school, with a status of ineligibility for disciplinary reasons, academic reasons and/or as a result of another State Association's regulation or sanction, retains such status at his/her new school for the same period as decreed by the former school.
- L. No eligibility will be granted for a student whose residence within a school's attendance boundaries, with or without parents, or whose attendance at a school has been the result of undue influence (special consideration due to athletic ability or potential) on the part of any person, whether or not connected with the school.

PHYSICAL EXAMINATION and PARENT'S PERMISSION

A student-athlete whether an adult or not, must have written permission of parents to participate in school athletics and he/she must have a physical examination (signed by a licensed physician or advanced practice nurse prescriber) every other school year.

A physical examination taken April 1 and thereafter is valid for the following two school years. Physical examination taken before April 1 is valid only for remainder of that school year and the following school year.

TRAINING and CONDUCT

A student-athlete must follow his/her school's code of conduct (training rules) on a year-round basis.

- A. A student-athlete who violates his/her school's code of conduct during the season of a sport (start of practice to final game) must be suspended from competition for a period of time specified in the code (minimum of one meet) if the violation involves (a) possession and/or use of alcohol, (b) possession and/or use of tobacco, including chewing tobacco and (c) use, possession, buying or selling of controlled substances, street drugs and performance enhancing substances (PES).
- B. The member school will determine minimum penalties for violation of any other provisions of its code of conduct, including out of season offenses and for any other unacceptable conduct contrary to the ideals, principals and standards of the school and this Association including but not limited to criminal behavior.
- C. A student-athlete who violates his/her school's code of conduct at times other than during the actual season of a sport must be disciplined by the school, the nature of such discipline to be determined by the school as indicated in its code of conduct.
- D. A student-athlete who violates any part of the school or WIAA's code of conduct resulting in suspension of WIAA-sponsored tournament competition must be immediately declared ineligible for the remainder of tournament series in that sport.
- E. A student-athlete, disqualified from a contest for flagrant or unsportsmanlike conduct, is also suspended from the next competitive event.
- F. A school must provide an opportunity for the student to be heard prior to a penalty being enforced. If a student appeals a suspension, according to the schools appeal procedure, the student is ineligible during the appeal process.

AMATEUR STATUS

A student-athlete must be an amateur in all recognized sports of this association in order to compete in any WIAA sport.

- A. A student-athlete may not accept, receive or direct to another, reimbursement in any form of cash or merchandise such as shirts, jackets, sweaters, sweatshirts, jerseys, warm-ups, equipment, balls, duffle bags, backpacks, watches, rings, billfolds, coupons, gift certificates, regardless of their value for athletic accomplishments, such as being on a winning team, being selected for the school varsity team, or being a place winner in an individual tournament, e.g.
- B. A student-athlete may receive awards for school achievement which are symbolic (non utilitarian) in nature – badges, certificates, trophies, medals, banners, ribbons, pictures, plaques, event T-shirts, event hats, game balls, unattached emblems, letters, season highlight DVD or video, e.g.
- C. A student-athlete may not receive compensation or benefit, directly or indirectly, for the use of name, picture, and/or personal appearance, as an athlete. This includes receiving free and/or reduced rates on equipment, apparel, camps/clinics/instruction and competitive opportunities that are not identical for all other participants.
- D. A student-athlete may not be identified as an athlete, provide endorsement as an athlete or appear as an athlete in the promotion of a commercial/advertisement and/or profit-making event, item, plan, or service.
- E. A student-athlete may not participate in school athletics or in sports activities outside the school under a name other than his/her own name.

SPORTS ACTIVITIES OUTSIDE OF SCHOOL

A student-athlete in a given sport may not compete in that same sport outside of school either as a team member or an individual or independent entry during the same time he/she is participating with the school team.

- A. WIAA rules do not prevent athletes from practicing with nonschool teams or from receiving private skills instruction during the school season. However, they may not participate in any nonschool games, including scrimmages against other teams.

- (1) This restriction applies to normal nonschool games as well as "gimmicks," such as reduced numbers competition (3-on-3 basketball, 6 player soccer, e.g.), specific skill contests (punt, pass, and kick, shooting contests, free throws, 3 point, e.g.), fun runs, etc.
 - (2) A student who was a member of a school team during the previous year may not delay reporting for the school team beyond the school's official opening day of practice in order to continue nonschool training and/or competition.
- B. During the school year before and/or after the school season of a sport, a student-athlete may participate in sport activities outside of school with these restrictions:
- (1) A student-athlete must not participate in nonschool programs, activities, camps, clinics and/or competition that is limited to individuals who are likely to be candidates for the school team in that sport in the following season.
 - (2) Nonschool activities in which students are engaged may not resemble in any way a school team practicing or competing out-of-season.
 - (3) Nonschool team rosters may not include more than the following number of participants from the same school: Volleyball, Hockey, Basketball - 3; Soccer - 6; Baseball, Softball - 5; and Football - 4
- C. In the summer nonschool roster restrictions are not in effect and members of a schools team may voluntarily assemble with their teammates (without school and/or school coach involvement) at their own discretion.
- D. A student-athlete or his/her parents must pay the fee for specialized training or instruction such as camps, clinics, and similar programs.
- E. A student-athlete may not be instructed except during the school season of a sport and approved summer contact days by the person who will be his/her coach in that sport in the following school season. The sports of baseball, cross country, golf, gymnastics, softball, swimming, tennis, track & field, and wrestling are exempt from this rule, BUT only (a) during the summer months and (b) if the program involved is not limited to individuals who are likely to be candidates for the school team in that sport in the following season.
- F. A student-athlete must not participate in an all-star game or similar contest except for summertime activities (a) within the same league or program (e.g., softball game between divisions of same league) or (b) in which a team is selected to represent a league in post-season play (e.g., Babe Ruth league team). Some post-season all-star opportunities may be permitted for 12th graders who have completed high school eligibility in a particular sport. Check with your Athletic Director to be certain.

Detach and Return to Athletic Director

**PARENT-ATHLETE RULES OF ELIGIBILITY
SIGN-OFF FORM**

I certify that I have read, understand, and agree to abide by all of the information contained in this bulletin. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

School Name

Parent/Guardian's Signature

Date

Student-Athlete's Signature

Date

This form must be completed and submitted to the Athletic Director prior to a student being declared eligible to practice and compete.

KUSD Athletics Waiver and Release of Claims

By signing below, I, the undersigned, expressly agree and understand that my child: _____ is participating in Kenosha Unified School District (KUSD) extracurricular activities at his/her own risk. I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). Further, I acknowledge that COVID-19 cases have been confirmed in Kenosha County, Wisconsin and surrounding counties. In accordance with guidance issued by the WHO, the United States Centers for Disease Control and Prevention (CDC), and the Wisconsin Department of Health Services (WDHS), for slowing the transmission of COVID-19, I hereby agree, represent, and warrant that my child shall not enter District property and engage in the foregoing activities within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. I agree that I am aware of the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) and agree to check this list prior to signing this waiver. I hereby agree, represent, and warrant my child will not enter District property and participate in the foregoing activities if he/she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspect or diagnosed/confirmed case of COVID-19.

Kenosha Unified School District has taken reasonable steps to implement recommended guidance and protocols issued by Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the restrictions set forth above. I understand the inherent dangers for exposure to COVID-19 and other injuries while engaged in the foregoing activities on District property, which could result in quarantine requirements, serious illness, disability, and/or death and hereby assumes full responsibility for, and risk of, illness, bodily injury, or death. Having read and understood the above warning, I recognize the importance of reviewing and following the guidance issued by the WHO, CDC, and WDHS, as well as the District's policies and procedures related to same. By signing this agreement, I agree to be responsible for my child's personal safety and hygiene while engaged in the foregoing activities on District property and abide by District rules and procedures related to social distancing

and use of personal protective equipment (PPE), including, but not limited to face masks or shields.

Having read the above warning and having understood the dangers and potential risks involved with participating in the foregoing activities, I give my consent as the parent/legal guardian of my child, to participate in the foregoing recreational activities. I further agree to hold the Kenosha Unified School District, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's engagement in the aforementioned activities on District property. Further, I agree to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of my child's activities on District's property.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Parent/Guardian Signature Date

Student Signature Date

Parent/Guardian Name (Printed)

Student Name (Printed)

Kenosha Unified School District

In accordance with Wisconsin's Sidelined For safety Act 172, we the undersigned acknowledge having received education about the signs, symptoms, and risks of sport related concussion. We understand that students are prohibited from any participation until this form is completed and returned to the school's Athletic Office.

I acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion and agree to abide by all KUSD concussion protocols.

printed name of student/athlete

signature

date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and agree to abide by all KUSD concussion protocols.

printed name of parent/guardian

signature

date

Kenosha Unified School District

What is a Concussion and How Does It Occur?

A concussion is a brain injury which interferes with normal brain function. This affects the way an individual thinks, acts, behaves, and the physical skills needed to function on a daily basis. Each concussion is unique to each person, but there are some common signs and symptoms to be aware of to determine if an individual has a concussion.

A concussion can be caused by a bump, blot, jolt or fall to the head or body. When the head or body is bumped, hit, etc. the force of that movement causes the brain to hit the sides of the skull or move and/or twist while inside the skull. These movements change the way the physiology of the brain normally works. Even a mild blow to the head of body can cause the brain to shift or move in the skull, thus injuring the brain.

What are the Signs and Symptoms of a Concussion?

Once a concussion is sustained, more signs and symptoms can develop in the next 24 hours, even in the next week. The severity and side effects of this brain injury will vary depending on the individual. Concussion symptoms may appear mild, but can lead to lifelong problems mentally, physically and psychologically if not managed correctly. A person can have signs and symptoms of a concussion without the loss of consciousness. Symptoms of a concussion can last for less than 1 day or up to 3 weeks or more.

Most of the time, images taken with a CT, MRI or CAT scan appear normal and do not show the physiologic changes that occur to the brain with a concussion. Image studies are done to rule out other head injuries, such as skull fractures.

Signs and Symptoms of a Concussion

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty Thinking Clearly	Head ache	Irritability	Sleeping more than usual
Feeling Slowed Down or Foggy	Fuzzy or Blurred Vision	Sadness or More Emotional	Sleeping Less than usual
Difficulty Concentrating or Focusing	Nausea or Vomiting	Nervousness	Trouble Falling Sleep
Amnesia	Dizziness	Anxiety	Can't Stay Asleep
Difficulty Remembering New or Old Information	Sensitivity to Light or Noise	Slow to Respond or Easily Confused	
	Feeling Tired, Having No Energy	Dazed or Stunned in appearance	
	Decreased Balance and/or Coordination		

What to do if Someone has a Concussion

If the concussion occurs during an athletic activity, then the individual should be immediately pulled out of play. Staying in the activity with a concussion will make it worse. The rule of thumb if a concussion is suspected is "When in doubt, sit them out". Staying in an activity with a concussion will prolong symptoms and recovery time and set the individual up for a more serious brain injury such as death, second impact syndrome or post-concussive syndrome.

If it is suspected that an individual has a concussion, he/she should be removed from any and all activity and evaluated by a medical professional trained in concussion management. Early evaluation and detection of a concussion can speed the recovery process by ensuring proper management of a concussion. ***WI State Law and Kenosha Unified School District require an immediate removal from activity and medical evaluation of an individual suspected of having a head injury.***

Return to Play from Concussions

WI State Law and Kenosha Unified School District require medical clearance by a physician, physician's assistant or nurse practitioner trained in concussion management before an individual can return to play. Kenosha Unified School District also requires an individual complete a Gradual Return to Play Progression (as outlined below) before the individual may return to play. This is a standard of care for concussions and other head injuries in the medical field.

Once an individual is sign and symptoms-free for at least 24 hours and a medical professional trained in concussion management has evaluated and cleared the person, a stepwise return to play progression can be started. Similar to recovering from a bad ankle sprain, gradually introducing activity which increases heart rate to the brain ensure that the brain is able to tolerate the increased activity. If at any point in time during the stepwise progression the person has a return of symptoms, the person should stop the activity and contact the medical professional. It has been shown that by completing a stepwise, gradual return to play progression the likelihood of sustaining another concussion decreases. By performing a gradual return to play progression, the person is preventing further injury to his/her brain.

Following written release by a physician and sign and symptom free for at least 24 hours, students will be required to complete the "Return to Play Progression" under the supervision of a medical professional prior to return to normal unrestricted activities.

Returning to play before an individual is sign and symptom free can result in Post-Concussive Syndrome, 2nd Impact Syndrome, or possibly Death. Returning too soon from a concussion can also leave an individual more susceptible to further concussions. Please make sure the return to play progression is performed under the direction of a medical provider trained in concussion management.

Wisconsin's Sidelined for Safety Act 172

Under this act, at the beginning of the season individuals and parents/guardians of individuals participating in a youth activity or organized athletic activity need to be provided with concussion and head injury information if they wish to participate in that youth athletic activity. "No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian."

Also covered in this act; "An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury." If an individual is removed from the activity, he/she "may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider."

For the entire Act 172, please visit the Wisconsin Legislature site at <https://docs.legis.wisconsin.gov/2011/related/acts/172>

Information from this handout was taken from the following sites:

- Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/sports/index.html>)
- WI Sports Concussion Collaborative (<http://www.wisportsconcussion.org/>)
- WI Interscholastic Athletic Association (<http://wiaawi.org/index.php?id=430>)
- National Federation of State High School Associations (<http://www.nfhslearn.com/>)
- Milwaukee Journal Sentinel – Dr. Walters Interview (<http://www.jsonline.com/multimedia/video/?bctid=1465030068001>)

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <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 Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 		
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 		
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

Cleared without restriction Cleared, with the following qualifications: _____

Not cleared Pending further evaluation For all sports For certain sports: _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (Print/Type) _____

SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/APNP*: _____

Clinic Name _____

Address/Clinic _____ City _____ State _____ Zip Code _____

Telephone _____ Date of Examination _____

* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____ Telephone _____

Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Other Information (medication, etc.) _____

Immunizations Up to date (see attached documentation) Not up to date - specify _____

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Emergency/Health Form – Kenosha Unified School District

YR: _____ ID #: _____ BUS #: _____

Student Last Name	First Name	Middle Name	Birthdate	School	Grade	Parents Email	Cell Phone
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Student Address (check if new) <input type="checkbox"/>	City	State	Zip	Home Phone (check if unlisted) <input type="checkbox"/>	Family's Doctor Name	Doctor's Phone	Child's Dentist Name	Dentist's Phone
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Parent/Guardian Name	Address	City	Home Phone	Child Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed By	Work Phone	Shift Hours
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Parent/Guardian Name	Address	City	Home Phone	Child Lives With <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed By	Work Phone	Shift Hours
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Please list additional emergency contacts below in the order you wish them to be called:

Name	Address	Home Phone	Work Phone	Relationship to Student
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Name	Address	Home Phone	Work Phone	Relationship to Student
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Confidential Health Information If your child's doctor has told you your child has any of the problems noted below, please "X" all that apply and answer the questions related to the problem

- My child has no known health problems **MY CHILD'S HEALTH CONDITION IS POTENTIALLY LIFE THREATENING**
- Attention Deficit Disorder** with or without hyperactivity Does your child have a form of Autism? If yes, describe _____
- Allergies, Type:** Foods, list foods: _____
 Bees/Wasps/Other Insects Latex/Rubber Allergies to Medications: (list here) _____
 Other, please describe _____
- Asthma** or other breathing problems, describe: _____
- Cancer**, type: _____ Currently in: Treatment Remission
- Birth Defects**, list/explain: _____
- Blood Disorder** other than HIV/AIDS (i.e. Sickle Cell), describe: _____ Elevated Lead Level
- Diabetes** (check): **Type I** or **Type II** List types of insulin, dose and times taken on back
- Emotional/Psychological problems**, describe: _____
- Heart Condition**, describe: _____
- Organ Transplant**, list organ: _____
- Seizure Disorder**, describe type: _____ Date of last seizure: _____
- Swallowing, Stomach or Intestinal disorders:** _____
- Vision, Hearing or Speech problems**, describe: _____ Hearing Aids Ear Tubes Glasses
- Other**, describe: _____

**** LIST ALL MEDICATIONS AND/OR TREATMENTS ON THE BACK OF THIS FORM ****

If my child becomes ill at school and you cannot reach me by phone, the principal or his/her designee has permission to contact any of the emergency contacts listed above. You have our permission to contact the Student's Physician for consultation if needed. If a serious illness or accident occurs at school, I understand that my child will be sent by rescue squad to the emergency room. (All expenses charged by the hospital are responsibility of the Parent/Guardian.)

Signature of Parent/Legal Guardian: _____ **Date:** _____ **Language Used:** _____

Student Name: _____

MEDICATION (List names of all medications child takes, doses and times given):

Each medication given at school requires written parental consent. Each prescription medication requires a physician's written order and written parental consent. Medication forms may be obtained from the school office.

<u>MEDICATION (name)</u>	<u>DOSE</u>	<u>TIME or SITUATION (when given)</u>	<u>WHO ADMINISTERS (child/adult)</u>	<u>WHERE KEPT (home/school/backpack...)</u>
1 _____				
2 _____				
3 _____				
4 _____				
5 _____				
6 _____				
7 _____				