Omaha Public Schools Middle Level Activities Contract

Academic

1. At the start of each season and/or co-curricular activity, students' academic standing will be considered.
2. Grades will be evaluated weekly for all students involved in each sport.
3. If a student is in failing status for a class, the student will be mandated to receive academic intervention/support.
4. If the same student enters a second consecutive week in failing status, for the same class, the student will not be able to participate in competitions until the grade is in passing status.
5. If, after the two weeks of failing status and academic improvements have not been made, the student athlete may be dropped from the sport/activity.

Attendance

1. All student participants should be in attendance for the entire school day, on the day of a competition. Any student absent for any portion of the competition day must have contact from a parent/guardian explaining the cause of the absence, so that the absence can be documented correctly within Infinite Campus.
2. Students who are truant from school, or "skip" a class on the day of a competition, may be ineligible to compete/participate that day. Students with excessive tardies to school may be ineligible to compete/participate in activities at the discretion of the building administration.

Citizenship and Behavior

1. Student participants who are suspended from school are ineligible to attend practice or participate in competition/events on the dates of the suspension.
2. Student participants assigned to the Student Success Center (S.S.C.) or to Suspension After School (S.A.S.) may be ineligible to practice and/or compete on the date(s) of their S.S.C. or S.A.S. assignment(s).
3. Cooperation with staff members and the positive representation of Davis Middle School is essential. Students may be removed from any level of co-curricular activities if they fail to exhibit acceptable behavior.

Physical Exam, Insurance Coverage, Parent/Student Agreement

1. A physical examination is required for all students participating in practices and competition related to school athletics. The physical card provided by the Omaha Public Schools is recommended, however, it is not the only acceptable form. The signature of a licensed physician stating that a student is allowed to participate in a school competitive sports program is sufficient.
2. **Student must have insurance coverage to participate in inter-school athletics.**
   ___I shall participate in the Athletic Benefit Injury Plan. Forms are available at the school.
   ___I have accident injury coverage.
   - **Insurance Company_____**
   - **Policy Number _____**
   - **Preferred Primary Care/Practice & Phone #_____**

I give my permission for the below named student to represent Davis Middle School and to practice, and/or participate in contests at the home school and accompany this team/group to other metro schools. I authorize the school to obtain, through a physician of its choice, any emergency medical care that may be reasonably necessary for this student in the course of the activity or travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the below named student in the course of such activity or travel.

Student Name: _____

(Please Print)

Parent/Guardian Signature_____ Phone _____ Date_____

Address_____ City/State/Zip_____

Emergency Phone Number (between 3:00 and 6:00 p.m.) _____

Student Signature _____ Phone _____ Date _____

OMAHA PUBLIC SCHOOLS HEAD INJURY/CONCUSSION ACKNOWLEDGEMENT FORM

I understand there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided with the *Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet* and understand the importance of reporting a head injury and/or concussion to parents, coaches and athletic training staff.

After reading the *Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet,* I am aware of the following information:

• A concussion is a brain injury, which I am responsible for reporting;

• A concussion can affect one's ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance;

• A student athlete will not be allowed to return to a game or practice until cleared by a physician or the OPS Athletic Training Staff;

• Following a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if the individual returns to play before symptoms have resolved;

• In certain instances, repeat concussion can cause permanent brain damage, even death; and

• At any point following a suspected concussion, any of the following individuals reserves the right to voice concern for the safety of a student athlete and prohibit he or she from returning to play: *physician, coach, student athlete, athletic trainer, parent*.

By signing below, I understand the importance of the statements above and have asked any, and all questions regarding the above statements. I further understand that I will not be allowed to participate in OPS athletics until this form is signed by a parent/guardian.

I hereby attest that I have read, fully understand, and will abide by the above statements.

Student Athlete Name(Print) _____

Student Athlete Signature _____ ***Date*** _____

Parent/Guardian Signature _____ ***Date*** _____

Parent Completion

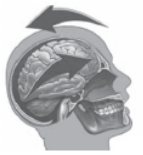
OPS Pre-Participation Physical Exam
Supplemental Questions

Cardiovascular Health	Yes	NO
1. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ___ High blood pressure ___A heart murmur ___High cholesterol ___ A Heart infection ___Kawasaki Disease Other:_____		
2. Do you get light headed or feel more short of breath than expected during exercise?		
3. Do you get more tired or short of breath more quickly than your friends during exercise?		
4. Has any family member or relative died of heart problems or had an unexpected or unexplained death before age 50 (including drowning, unexplained car accident, or Sudden Infant Death Syndrome)?		
5. Does anyone in your family have hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, Long QT Syndrome, Short QT Syndrome, Brugada Syndrome, a catecholaminergic polymorphic ventricular tachycardia?		
6. Does anyone in your family have a heart problem, pace maker, or implanted defibrillator?		
7. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
Bone and Joint Health		
8. Do you have any bone, muscle, or joint injury that bothers you?		
9. Do any of your joints become painful, swollen, feel warm, or look red?		
10. Do you have any history of juvenile arthritis or connective tissue disease?		
General Medical		
11. Have you had a herpes or MRSA skin infection?		
12. Have you had any eye injuries?		

• • • Parent/Guardian Keep This Sheet • • •

Omaha Public Schools Sports Medicine Advisory Committee
Parent and Student Athlete Concussion Information and Fact Sheet

In the fall of 2008, the Certified Athletic Trainers and Physicians working with OPS began utilizing new guidelines to evaluate, assess, and manage concussions incurred by OPS student athletes. Since then the guidelines have been reviewed and updated annually to reflect emerging best practices in the recognition and management of concussions in youth sports.



Concussions may result from sudden trauma, such as sports injuries, that cause the brain to hit the inside of the skull.

Did You Know?

According to the Center for Disease Control and other publications:

- Each year 300,000 athletes suffer sports-related concussions.
- The national estimate for concussions in high school athletes is 136,000.
- In ages 15-24, sports are the 2nd leading cause of traumatic brain injury.
- Most studies done on concussions focus on the "mature" brain and thus, we cannot ignore the fact that the young brain is still developing and the effects of concussions are not fully understood.
- High school athletes who sustain a concussion demonstrate prolonged memory dysfunction compared with college athletes.
- A concussion is: "getting your bell rung," and "getting dinged."
- Failure to recognize and properly manage a concussion can lead to a catastrophic injury known as "second impact syndrome."
- Second impact syndrome can be catastrophic, even fatal.
- Second impact syndrome is preventable – if concussions are recognized and properly managed.
- On April 18, 2011, LB 260 – "The Concussion Awareness Act" was signed into law with the intent to protect the youth participating in athletics across the state from the dangers of concussions that are often unrecognized, undiagnosed, and/or mismanaged.

According to a study by McCrea published in 2004, ***The top reasons for athletes not reporting concussions were:***

1. Didn't think the concussion was serious.
2. Didn't want to leave the game.
3. Didn't realize a concussion was sustained.
4. Didn't want to let down their teammates.

Sources:

1. *Center for Disease Control, "Heads Up: Concussion in High School Sports." www.cdc.gov*
2. *Gessel, LM et al. Concussions Among US High School and College Athletes. Journal of Athletic Training. 2007: 43(4): 495-203*
3. *Guskiewicz, KM et al. NATA Position Statement: Management of Sports Related Concussions. Journal of Athletic Training. 2004: 39(3) 280-297*

WHAT DOES A CONCUSSION LOOK LIKE?

SIGNS:	*SYMPTOMS:*
1. Appears dazed or stunned	1. Headache or "pressure" in the head
2. Is confused about an assignment	2. Nausea
3. Forgets plays	3. Balance problems or dizziness
4. Moves clumsily or displays problems with balance and coordination	4. Double or fuzzy vision
5. Loses consciousness (even briefly)	5. Sensitivity to light or noise
6. Shows behavioral of personality changes	6. Feeling slowed down, foggy, or groggy
	7. Does not "feel right"

Guidelines For Concussion Management:

The Goals and Outcomes of the OPS Sports Medicine Advisory Committee on Concussion Management

GOAL	GOAL
To prevent increasing the severity of the injury.	To prevent re-injury through proper management.
Guideline	**Guideline**
All concussions will be assessed using guidelines established by the 2008 International Conference on Concussion in Sport. ***For complete details, please see your school's Certified Athletic Trainer.*** *BRAIN INJURIES (CONCUSSIONS) SHOULD NOT BE TAKEN LIGHTLY. ONLY THOUGH IMMEDIATE AND EARLY RECOGNITION AND PROPER MANAGEMENT, CAN WE PREVENT A POTENTIALLY LIFE ALTERING EVENT.*	1. A student athlete will be removed from a practice or game when he or she is reasonably suspected of sustaining a concussion or head injury; 2. The student athlete will be evaluated by qualified medical personnel; 3. The student athlete will not be allowed to return to play until he or she is asymtomatic and exhibit no nueropsychological or nuerocognitive deficits during follow-up ImPact Testing; and 4. The student athlete will not be allowed to return to practice or competition until he or she has been cleared by a physician or OPS Certified Athletic Trainer and has completed a medically supervised stepwise return to play progression. ***For complete details, please see your school's Certified Athletic Trainer.***

If your son or daughter has sustained a concussion:

1. Seek medical attention (physician, ER, athletic trainer)
2. Keep them out of play
3. Tell all athletic trainers and coaches about any previous or current concussions

Source: Center for Desease Control (www.cdc.gov)

Resources for information on concussions and this policy may be found:

1. Center for Desease Control **www.cdc.gov**
2. Omaha Public Schools website **www.ops.org**
3. National Athletic Trainers Association **www.nata.org**
4. National Federation of State High Schools Association **www.nfhs.org**

~ What to Do if You Suspect Your Child Has Suffered a Concussion ~

A student athlete should be taken to the emergency (ER) department if any of the following signs or symptoms are present.

- Headaches that worsen
- Seizures
- Looks very drowsy and cannot be awakened
- Repeated vomiting
- Slurred speech
- Cannot recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms or legs
- Neck pain
- Unusual behavior change
- Any loss of consciouness
- Any symptoms that worsen or do not improve over time
- Increase in the number of symptoms
- Symptoms which begin to interfere with the student's daily activities

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ **Sex** _____ **Age** _____ **Date of Birth** _____

Grade _____ **School** _____ **Sport(s)** _____

Address _____ **Phone** _____

Personal physician _____

In case of emergency, contact

Name _____ **Relationship** _____ **Phone (H)** _____ **(W)** _____

Explain "YES" answers below. Circle questions you do not know the answers to.

	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?	☐	☐
2. Do you have an ongoing medical condition? (like diabetes or asthma)	☐	☐
3. Are you currently taking any prescriptions or nonprescription (over-the-counter) medicines or pills?	☐	☐
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	☐	☐
5. Have you ever passed out or nearly passed out DURING exercise?	☐	☐
6. Have you ever passed out or nearly passed out AFTER exercise?	☐	☐
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	☐	☐
8. Does your heart race or skip beats during exercise?	☐	☐
9. Has a doctor ever told you that you have (check all that apply): ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection		
10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)	☐	☐
11. Has anyone in your family died for no apparent reason?	☐	☐
12. Does anyone in your family have a heart problem?	☐	☐
13. Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
14. Does anyone in your family have Marfan syndrome?	☐	☐
15. Have you ever spent the night in a hospital?	☐	☐
16. Have you ever had surgery?	☐	☐
17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below.	☐	☐
18. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below.	☐	☐
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below.	☐	☐

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Foot/toes	Ankle

20. Have you ever had a stress fracture?	☐	☐
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	☐	☐
22. Do you regularly use a brace or assistive device?	☐	☐
23. Has a doctor ever told you that you have asthma or allergies?	☐	☐
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
25. Is there anyone in your family who has asthma?	☐	☐
26. Have you ever used an inhaler or taken asthma medicine?	☐	☐
27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	☐	☐
28. Have you had infectious mononucleosus (mono) within the last month?	☐	☐
29. Do you have any rashes, pressure sores, or other skin problems?	☐	☐
30. Have you had a herpes skin infection?	☐	☐
31. Have you ever had a head injury or concussion?	☐	☐
32. Have you been hit in the head and been confused or lost your memory?	☐	☐
33. Have you ever had a seizure?	☐	☐
34. Do you have headaches with exercise?	☐	☐
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	☐	☐
36. Have you ever been unable to move your arms or legs after being hit or falling?	☐	☐
37. When exercising in the heat, do you have severe muscle cramps or become ill?	☐	☐
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	☐	☐
39. Have you had any problems with your eyes or vision?	☐	☐
40. Do you wear glasses or contact lenses?	☐	☐
41. Do you wear protective eyewear, such as goggles or a face shield?	☐	☐
42. Are you happy with your weight?	☐	☐
43. Are you trying to gain or lose weight?	☐	☐
44. Has anyone recommended that you change your weight or eating habits?	☐	☐
45. Do you limit or carefully control what you eat?	☐	☐
46. Do you have any concerns that you would like to discuss with a doctor?	☐	☐
FEMALES ONLY		
47. Have you ever had a menstrual period?	☐	☐
48. How old were you when you had your first menstrual period? _____		
49. How many periods have you had in the last year? _____		

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 _____

I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for purposes of participation in athletics and activities.

Parent or Legal guardian signature _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name_____ Date of birth _____

Height _____ Weight _____Pulse_____BP_____/_____ (_____/_____ , _____ / _____)

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/ears/nose/throat/pupils			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

Preparticipation Physical Evaluation

CLEARANCE FORM

Name_____ Sex_____ Age_____ Date of birth _____

☐ Cleared without restriction ☐ Cleared, with recommendatiions for further evaluation or treatment for: _____

_____

_____

_____

☐ Not cleared for ☐ All sports ☐ Certain sports: _____ Reason:_____

Recommendations: _____

_____

Name of physician (print/type)_____ Date_____

Address _____ Phone _____

Signature of physician _____, MD or DO