

Lake County High School



Activity/Athletic Required Forms

Updated 4/19/2017

Lake County Emergency Consent Form

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Home Address: _____

Mailing Address: _____

Home Phone #: _____ Work Phone #: _____

EMERGENCY PHONE # (If not at home or work): _____

Insurance Company: _____

Policy Number: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Medical Complications: _____

I, _____, parent of _____ in consideration of my child's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of the Lake County School District interscholastic activities program, and hereby waive on behalf of myself and the above named child any liability of the school district, any of its agents or employees, arising out of such medical treatment.

I am aware that my student will be allowed to participate in any extracurricular activity without current insurance on file with the school district.

- _____ My student is covered through our current insurance plan.
- _____ My student is currently NOT covered by a health insurance plan.
- _____ My student has purchased the school insurance plan.

Parent/Guardian Signature: _____

Date: _____

****Please Note: The school insurance plan can be purchased by obtaining the form from the high school office.**

PHYSICIAN EXAMS AND INSURANCE REQUIREMENTS

All student-athletes participating in extracurricular activities must have a current physical examination and insurance on file with the Lake County Athletic/Activities Department. Insurance may be purchase through the school district. Contact the front office of the Middle or High School for insurance information. **NO STUDENT-ATHLETES WILL BE ALLOWED TO PRACTICE OR PARTICIPATE WITHOUT A CURRENT PHYSICAL EXAMINATION AND INSURANCE ON FILE.**

PLEASE USE THE FORM ON THE LAST PAGE TO BRING TO YOUR DOCTOR'S OFFICE OR CLINIC.

CODE OF ETHICS STUDENT PLEDGE

*If I am selected to represent the Lake County Schools Activities/Athletics Program, I will sincerely endeavor to contribute my best to the success of that program. I understand that I represent my family, school, and community. I understand that my participation in the Lake County Activities program is not a right, **but a privilege**. It is important that I present a positive image and serve as role models for others. Therefore, I agree to abide by the provisions of the following "Code of Conduct". I am also aware that if I do not live up to this agreement. I must accept the consequences for my behavior, which may include dismissal from the activities program(s). I realize that if school policies are violated; the procedure and penalties of those policies will be enforced in addition to those described in the following rules of conduct for participants.*

*At any time, from the first day of summer vacation, to the last day of school or a calendar year (grades 7– 12), that I am on contract with the school, I shall not possess, use, consume, sell distribute or be under the influence of any beverage containing alcohol, controlled substance, imitation controlled substance, steroids, drug paraphernalia, or any substance defined by law as an illegal drug. **It is not a violation of the policy for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor. However, it is a violation to use any drug for a purpose other than its prescribed use.** In an effort to develop consistency and uniformity within this program, the following substance abuse policy will be enforced. A student will be in violation of this policy if the violation is substantiated verbally and/or in writing by:*

- 1. A law enforcement official*
- 2. A medical official*
- 3. A faculty member*
- 4. A school administrator*
- 5. The parent of that student/athlete*
- 6. The confession of that student/athlete with parent/guardian present*
- 7. A coach/sponsor*

Note: Hearsay and/or anonymous sources will not be used to substantiate violations of this policy.

Student Name (please print): _____

Student's Signature _____

Date Signed _____ Grade Level _____

**CODE OF ETHICAL BEHAVIOR AGREEMENT
FOR PARTICIPATION IN DISTRICT ACTIVITIES PROGRAM
(Grades 6-12)**

Student Agreement

If I am selected to represent the Lake County Schools Activities program. I will sincerely endeavor to contribute my best to the success of that program. I understand that I represent my family, school and community. I understand that my participation in the Lake County Schools Activities program is not a right, but a privilege. It is important that I present a positive image and serve as a role model for others. Therefore, I agree to abide by the provisions of the "Code of Conduct" and the Lake County School District Athletic/Activities Policy and agree to all of its terms and conditions. I am also aware that if I do not live up to this agreement, I must accept the consequences for my behavior, which may include dismissal from the activities programs (s). I realize that if school policies are violated, the procedure and penalties of those policies will be enforced. By signing this document, I acknowledge that I have read and understand the document:

Student Name (please print): _____

Student's Signature _____

Date Signed _____ Grade Level _____

Parental/Guardian Agreement

By signing this document, I acknowledge that I have read the Lake County Athletic/Activities Handbook, and I understand the possible consequences if my child violates this policy.

Parent's Name (please print) _____

Parent's Signature _____

Date Signed: _____

CODE OF ETHICS –PARENTS PLEDGE

As a parent I agree to the following:

- To remain in the spectator area during competitions.
- To not advise the coach on how to do the job.
- Refrain from coaching any student during the contest.
- Refrain from make insulting comments to the players, parents, officials, or coaches of either team
- Refrain from drinking alcohol at a contest or coming to a contest after having been drinking.
- Cheer for my team.
- Show interest, enthusiasm, and support for mine student and other students as well.
- Be in control of my emotions.
- Help when I am asked by a coach or administrator.
- Be a good role model and thank coaches, officials, administrators, and other workers who conducted the event.

Parental/Guardian Agreement

By signing this document, I acknowledge that I have read the Code of Ethics – Parents Pledge, Game Management & Sportsmanship Expectation Guide and I agree to follow the items outlined above. **I understand that there will be consequences for both me and possibly my child if I violate this pledge.**

Parent's Names (please print) _____

Parent's Signatures _____

Date Signed: _____

WARNING TO STUDENTS AND PARENTS

SERIOUS, CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION.

By its very nature, competitive athletics may put students in situations in which SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists.

By choosing to participate, you, the student, acknowledge that such risk exists.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school athletic director or principal for further information.

Instruction: Sign both copies, retain one for your records, and return the other to your school.

Student's Name _____ Sport(s) _____

This will acknowledge that we have read and understand the material contained in the NOTICE TO ATHLETES AND PARENTS OR GUARDIANS. _____

Signed _____
Parent or Guardian

Date _____

Signed _____
Student

Date _____

Public Media and Social Network Policy for Student-Athletes

Public Media: Public media refers to technologies used to communicate messages and whose mission is to serve or engage a public. Public media domains include print outlets, traditional broadcasts, and digital. When utilizing any public media outlets, student-athletes are expected to conduct themselves responsibly as members of their respective team, the Athletics Department, Lake County School District and the community.

Social Networks: Social network sites such as Facebook, Instagram, Twitter, and other digital platforms and distribution mechanisms facilitate student communicating with other students. Participation in such networks has both positive appeal and potentially negative consequences. It is important the Lake County student-athlete be aware of these consequences and exercise appropriate caution if they choose to participate.

Student-athletes are not restricted from using any on-line social network sites and digital platforms. However, users must understand that any content they make public via on-line social networks or digital platforms is expected to follow acceptable social behaviors and also to comply with federal government, state of Colorado, Lake County Schools, Frontier & Western Slope League and Colorado High School Activities Association (CHSAA) rules and regulations.

Facebook and similar directories are hosted outside of the Lake County Schools server. Violations of school policy (e.g. harassing language, university drug or alcohol policy violations, copyright infringement, etc.) or evidence of such violations in the content of on-line social networks or digital platforms are subject to investigation and sanction under the *Student Code of Conduct* and other Lake County School policies. They are also subject to the authority of law enforcement agencies.

It is incumbent upon student-athletes to be aware of university regulations. Ignorance of these regulations does not excuse student-athletes from adhering to them.

Guidelines for Student-Athletes

The school guidelines are intended to provide framework for student-athletes to conduct themselves safely and responsibly in an on-line environment. As a student-athlete at Lake County Schools you should:

1. Be careful with how much and what kind of identifying information you post on social networking sites. Virtually anyone with an email address can access your personal page. It is unwise to make available information such a fall date of birth, social security number, address, residence hall room number, phone number, cell phone numbers, class schedules, bank account information, or details about your daily routine. All of these can facilitate identity theft or stalking. Facebook and other sites provide numerous privacy setting for information contained in its pages; use these settings to protect private information. However, once posted, the information becomes property of the website.
2. Be aware that potential current and future employers often access information you place on on-line social networking sites. You should think about any information you post on Facebook or similar directories potentially providing an image of you to a prospective employer. The information is considered public information. Protect yourself by maintaining a self-image that you can be proud of years from now.

3. Be careful in responding to unsolicited e-mails asking for passwords or PIN numbers. Reputable businesses do not ask for this information in e-mails.
4. Do not have a false sense of security about your rights to freedom of speech. Understand that freedom of speech is not unlimited. The on-line social network sites are NOT a place where you can say and do whatever you want without repercussions.

Prohibited Conduct: Student-athletes are highly visible representatives of the school and are expected to uphold the values and responsibilities of the school while meeting all requirements set forth by the Frontier/Tri-Peaks League, CHSAA, and the Lake County athletics program. The Lake County Department of Athletics prohibits malicious and reckless behavior when utilizing public media outlets. It is important that student-athletes recognize the power of public media domains and the potentially negative image that they can portray about student-athletes, coaches, the athletic program and institution.

Sanctions: Any inappropriate activity or language in violation of the above prohibitions, including first time offenses, is subject to investigation and possible sanction by Lake County Schools and/or the Athletics Department, as well as civil authorities. Sanctions imposed by the Director of Athletics may include, but are not limited to, the following:

- Written notification from the Director of Athletics or assignee to the student-athlete outlining the policy and requiring that the unacceptable content be removed or the social network profile deactivated.
- Temporary suspension from the team until prescribed conditions is met.
- Suspension from the team for a prescribed period.
- Indefinite suspension from the team.
- Dismissal from the team.

Agreement

I understand and agree that I am required to know, understand and follow the standards contained in the Lake County School District Athletics Public Media and Social Network Policy for Student-Athletes. In addition, I understand and agree that I am responsible for knowing, understanding, and following the rules, policies, and procedure contained in the complete Lake County Student Handbook.

Signature

Printed Name

Sport

Date



PHYSICAL EXAMINATION AND PARENT PERMIT FOR ATHLETIC PARTICIPATION - PART I

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school sports (except as listed on back).

Student's birth date _____ Exp. Date (good for 365 days) _____

PARENT OR GUARDIAN PERMIT

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC INJURY.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM. By signing this form it allows my students medical information to be shared with appropriate medical staff when necessary in compliance with HIPPA (Health Insurance Portability and Accountability Act) Regulations.**

I hereby give my consent for _____ to compete in athletics for High School in Colorado High School Activities Association approved sports, except as listed on back, and I have read and understand the general guidelines for eligibility as outlined in the Competitor's Brochure.

Parent or Guardian Signature _____ Date _____

I have read, understand and agree to the General Eligibility Guidelines as outlined in the Competitor's Brochure.

Student Signature _____ Date _____

No student shall represent their school in interschool athletics until there is on file with the superintendent or principal a statement signed by his parent or legal guardian and a signed physical certifying that he/she has passed an adequate physical examination within the past year, that in the opinion of the examining physician, physician's assistant, nurse practitioner or a certified/registered chiropractor, he/she is physically fit to participate in high school athletics; and that he/she has the consent of his/her parents or legal guardian to participate.

NOTE: It is strongly recommended by the Colorado Department of Health that individuals participating in athletic events have current tetanus boosters. Tetanus boosters are recommended every 10 years throughout life. Boosters are recommended at the time of injury if more than five years have elapsed since the last booster.

If significant intervening illnesses and/or injuries have occurred, a more complete physical examination should be conducted. The physical examination form must be signed by a practicing physician, physician assistant, or nurse practitioner.

If a student athlete has been injured in practice and/or competition, the nature of which required medical attention, the student athlete should not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician.

NOTE: The CHSAA urges an adequate physical examination be given when a student athlete changes levels of competition, i.e. Little League to Middle School, Middle School to High School.

PHYSICIAN SIGNATURE REQUIRED ON BACK

PART II -- MEDICAL HISTORY

This form must be completed and signed, prior to the physical examination, for review by examining physician. Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.

| MEDICAL HISTORY OF STUDENT & FAMILY | | YES | NO | MEDICAL HISTORY OF STUDENT & FAMILY | | YES | NO |
|-------------------------------------|--|--------------------------|--------------------------|-------------------------------------|--|--------------------------|--------------------------|
| 1. | Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | 32. | Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | 33. | Have you ever had herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Are you currently taking any prescription or non-prescription (over the counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | 34. | Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Do you have allergies to medicines, pollens, foods or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | 35. | Date of last head injury or concussion: | | |
| 5. | Do you have prescriptions for use of epinephrine, adrenalin, inhaler, or other allergy medications? | <input type="checkbox"/> | <input type="checkbox"/> | 36. | Have you ever been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Have you ever passed out or nearly passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 37. | Have you ever been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Have you ever passed out or nearly passed out at any other time? | <input type="checkbox"/> | <input type="checkbox"/> | 38. | Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 39. | Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you ever had to stop running after ¼ to ½ mile for chest pain or shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> | 40. | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 41. | Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Has a doctor ever told you that you have (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 | | | 42. | When exercising in heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Has a doctor ever ordered a test for your heart? | <input type="checkbox"/> | <input type="checkbox"/> | 43. | Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Has anyone in your family died suddenly for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | 44. | Have you had any other blood disorders or anemia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | 45. | Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Has any family member or relative died of heart problems or sudden death before age 50? (This does not include accidental death.) | <input type="checkbox"/> | <input type="checkbox"/> | 46. | Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | 47. | Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | 48. | Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 49. | Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game? | <input type="checkbox"/> | <input type="checkbox"/> | 50. | Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Have you had any broken or fractured bones or dislocated joints? | <input type="checkbox"/> | <input type="checkbox"/> | 51. | Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | 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? | <input type="checkbox"/> | <input type="checkbox"/> | 52. | Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> | 53. | What is the date of your last Tetanus immunization? Date: _____ | | |
| 23. | Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem? | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES ONLY | | | |
| 24. | Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | 54. | Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Have you ever been diagnosed with asthma or other allergic disorders? | <input type="checkbox"/> | <input type="checkbox"/> | 55. | Age when you had your first menstrual period? | | |
| 26. | Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 56. | How many periods have you had in the last 12 months? | | |
| 27. | Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> | 57. | Do you take a calcium supplement? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> | Explain "Yes" answers here: | | | |
| 29. | Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 30. | Have you had infectious mononucleosis (mono) within the last three months? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 31. | Have you ever had mono or any illness lasting more than two weeks? | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

Parent/Guardian Signature: _____

Athlete's Signature: _____

PART III -- PHYSICAL EXAMINATION

NAME: _____ SCHOOL: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ AGE: _____ DOB: _____

*Tanner Stage or Maturation Index? (males only): _____ BP: _____

*Percent Body Fat: _____ Pulse: *(rest) _____

*Audiogram _____ *(Exercise) _____

* Vision: Corrected: (L) _____ (R) _____ (Both) _____ *(Recovery) _____

Uncorrected (L) _____ (R) _____ (Both) _____ *FEV or Peak Flow (rest) _____

| | N | Abnormal | | N | Abnormal |
|------------------------------|---|----------|---------------------------------------|---|----------|
| Eyes | | | Cervical Spine/neck | | |
| Ears | | | Back | | |
| Nose | | | Shoulders | | |
| Throat | | | Arm/elbow/wrist/hand | | |
| Teeth | | | Knees/hips | | |
| Skin | | | Ankle/feet | | |
| Lymphatic | | | Marfan Screen | | |
| Lungs | | | *Urine | | |
| Heart | | | *Hemoglobin or HCT and or Iron stores | | |
| Peripheral pulses | | | ^Echocardiogram | | |
| Abdomen | | | ^Neuropsyc Testing | | |
| Genitalia/hernia (male only) | | | ^Pelvic Examination | | |

***WHEN MEDICALLY INDICATED**

(Physician judgment based on history, exam, and knowledge of other recent physical and laboratory evaluations)

^WITH SPECIAL INDICATIONS

(These studies may be recommended to the athlete because of history or physical findings and may or may not be required before making participation decision.)

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

- CLEARED WITHOUT RESTRICTIONS**
- Cleared **AFTER** further evaluation or treatment for: _____
- Cleared for **Limited participation** (check and explain "reason" for all that apply):
 Not cleared for (specific sports): _____
 Cleared only for (specific sports): _____
Reason(s): _____
- NOT CLEARED FOR PARTICIPATION:** _____
Reason(s): _____
- Other Recommendations:
 Recommend monitoring during early conditioning because of weight/fitness/other
 Recommend restrictions or monitoring of weight loss or gain
 Other: Reasons: _____

MD/DO, PA, NP, DE-SPC#, Signature: _____

Date of Examination: _____ Date Signed: _____

NAME OF PHYSICIAN/PA/NURSE PRACTITIONER/CERTIFIED-REGISTERED CHIROPRACTOR and degree: (print):

Address: _____

City _____ State _____ Zip _____