



## NORTHSORE HIGH SCHOOL ATHLETIC DEPARTMENT

Dear Parent/Guardian:

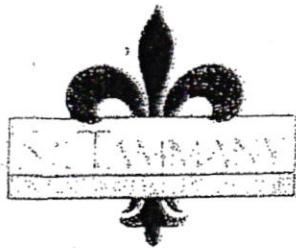
We are very pleased to have your son/daughter as one of our Northshore Athletes. As is the case with any extra-curricular activity, there are forms to be filled out. In athletics there are required forms from the Louisiana High School Athletic Association as well as St. Tammany Parish. These must be complete with all necessary signatures, parent and student. If your son/daughter is a first time participant, a copy of their birth certificate is required. Those who have previously participated in NHS Athletics have a birth certificate on file.

Thank you for the opportunity to work with your son/daughter and your cooperation in completing these forms.

Sincerely,

A handwritten signature in black ink, appearing to read "DANNY DAVIS". The signature is fluid and cursive, with a large, sweeping initial 'D' and 'A'.

Danny Davis  
NHS Athletic Director



W. L. "Trey" Folse, III  
Superintendent

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10	Ronald "Ron" Bettencourt
11	Robert R. "Bob" Womack
12	James "Ronnie" Fanks, Sr.
14	Ray A. Alfred
15	Mary K. Bellisario

Dear Parent/Guardian:

The St. Tammany Parish School Board, its employees, agents and insurer's have no liability, and accept no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams and activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation of risk injury and risk of incurring medical expenses associated with the participation by the student.

The St. Tammany Parish School Board does not provide a base accident-medical expenses insurance plan for students, however, the School Board does provide a \$25,000.00 deductible catastrophic policy for all interscholastic athletes, including interscholastic football and cheerleaders and participants of non-sport extra curricular activities. Details regarding provisions of this plan are available through the School Board office. If you have a son or daughter participating in interscholastic sports or cheerleading, we recommend you investigate the following:

1. Check with your own health insurance carrier to determine the nature and extent of coverage available to you due to athletic injury.
2. If athletic injuries are not covered or only partially covered through your current health plan, consider purchasing a rider to that plan.
3. Contact the School's Athletic Department for information regarding an insurance plan designed for students that is offered at the beginning of the school year or throughout the year upon your request.

Sincerely,

W.L. "Trey" Folse, III  
Superintendent

*Learning to Last a Lifetime.®*

## **St Tammany Parish School Board Substance Abuse Testing and Referral Program for High School Athletes**

### **I. Policy for Random Substance Abuse Testing of St. Tammany Parish School Board High School Students Participating in Interscholastic Sports**

All high school athletes, male and female, shall be subject to mandatory illegal substance testing by urinalysis, hair sample and/or any other method approved at the sole discretion of the St. Tammany Parish School Board ("The Board"). This policy calls for random selection and testing of all of the interscholastic athletes in St. Tammany Parish High Schools. The procedure for random illegal substance testing of athletes is accomplished in conjunction with an independent substance-testing Vendor selected by the St. Tammany Parish School Board. The School Principal and/or the Athletic Director of each high school, in conjunction with the Vendor, will determine the date and the individual athletes that will be tested on a given date.

The Vendor is provided by the School Principal and/or the Athletic Director of each high school a list of eligible in-season high school student athletes and in turn randomly selects all of the students for illegal substance testing at regular intervals. The Vendor will train or send qualified collectors to the school who will oversee the collection of all specimens as outlined in this document. The Vendor or St. Tammany Parish School Board will provide Medical Review Officer (MRO) services for interpretation and verification of results. Results are reported to the School Principal by the MRO. Specimens are collected as split specimens.

#### **A. Statement of Need and Purpose**

It is the policy of the St. Tammany Parish School Board to take all extra precautions to assure that all students will be afforded every reasonable safety measure while participating in high school athletics. Extra-curricular activity, through participation in athletics, is not a required part of the educational process, and thus is not mandated by The Board. Through participation in athletics, students using illegal substances pose a threat to their own health and safety, as well as to that of other students. The purpose of this program is (1) to provide for the health and safety of all High School Student Athletes; (2) to undermine the effects of peer pressure by providing a legitimate reason for Student Athletes to refuse to use illegal substances; and (3) to encourage High School Student Athletes who use illegal substances to participate in drug treatment programs. The program is non-punitive. It is designed to create a safe, drug free environment for high school student athletes and assist them in getting help when needed. For the purpose of this Policy, the term "Student Athletes" shall be as defined from time to time by The Board and/or the Louisiana High School Athletic Association.

#### **B. Supporting Data**

Random illegal substance testing of a public high school interscholastic athlete is legal as determined by the United States Supreme Court in the case of Vernonia School District 47J v. Acton, 115 S. Ct. 2386 (1995).

### **C. Definitions**

**Vendor**-The entity selected by the St. Tammany Parish School Board, at its sole discretion, to carry out this policy and procedure to test high school athletes participating in interscholastic sports.

**Athletic Director**-The individual hired and/or appointed by the respective high schools and/or the St. Tammany Parish School Board to oversee all athletic programs of the respective high schools.

**School Principal**-The Principal of the high school at which the student athlete participates in interscholastic sports.

**LHSAA**- Louisiana High School Athletic Association.

**Medical Review Officer (MRO)**-A licensed physician trained and certified in the process and interpretation of illegal substance testing results.

**Illegal Substance**-A drug classified by the Drug Enforcement Administration (DEA) as being available only by prescription from a physician or classified as being controlled and having no therapeutic use.

**Banned Substance**-A substance defined by St. Tammany Parish School Board policy as being banned from use by students.

**Student Athlete**- A qualified student participating on a sanctioned athletic team as defined by the Louisiana High School Athletic Association.

**Adulterant/Adulteration**-Any attempt to alter the outcome of an illegal substance test by adding a substance to the sample, attempting to switch the sample, or otherwise interfere with the detection of illegal or banned substances in the sample.

**Athletic Year**-The athletic year begins the date of the first official physical examination, if any, for that sport, and continues for 365 days thereafter. Otherwise, the athletic year begins one (1) week prior to the first practice session for that sport, and continues for 365 days thereafter.

### **D. Procedures for Student Athletes**

#### **(1) Informed Consent for Testing**

Student athletes and their parent(s)/guardian(s)/custodian(s) will complete and sign a Student Athlete Contract and Authorization/Consent form and a LHSAA Substance Abuse/Misuse Contract and Consent Form, as provided by the Board and the LHSAA. No student may participate in competition until these forms are properly executed and on file with the School Principal and/or the Athletic Director of the respective high school.

**(2) Illegal Substance Testing Frequency**

At the beginning of each sport season, as determined by the School Principal, the Athletic Director, and/or the Louisiana High School Athletic Association, or when a student moves in the St. Tammany Parish School Board district and joins a sport, all athletes wishing to participate in sports may be subject to testing for illegal or banned substances as specified in paragraph I. below. All eligible student athletes may be randomly tested on up to a weekly basis anytime during the athletic year. Any student who refuses to submit to drug testing will not be allowed to practice or participate in athletics at any high school under the control of the St. Tammany Parish School Board.

**(3) Sample Collection**

Samples will be collected as determined by the Vendor. Any eligible student athlete selected randomly for illegal substance testing who is not in school on the day of the testing will be tested at the next available testing time. Likewise, any student unable to produce an adequate specimen during the collection period will be subject to re-testing at the next selected testing date. Students not able to provide an adequate specimen at the next testing time will be viewed as refusing to test. Arrangements may be made for special collections at a Vendor collection site with prior approval of the School Principal and/or Athletic Director of each school.

**E. Confidentiality of Results**

All illegal substance tests are considered confidential information and will be handled accordingly. Those persons having results reported to them, as set forth in this Policy, must sign a Confidentiality Statement.

**F. Vendor Requirements**

The Vendor must be able to provide services in accordance with this Policy, should utilize testing methods which are generally accepted in the scientific community as being reliable, and should have experience in toxicology testing as well as chain-of-custody procedures. The Vendor must be able to test for drug classes or substances as specified by The Board and/or the LHSAA. The vendor must report, in a confidential manner, in writing, drug screens as negative or positive, and must report all positive findings in a confidential manner to the School Principal and/or the Athletic Director of the student athlete's high school and to the Superintendent or his designee.

The Vendor, testing laboratory or MRO may not release any statistics on the rate of positive drug tests to any person, organization, news publication or media without expressed written consent of the St. Tammany Parish School Board. However, the Vendor shall provide the St. Tammany Parish School Superintendent and the School Principal and/or the Athletic Director of each high school with a quarterly report showing number of tests performed, rate of positive and negative tests, and what substance(s) were found in the positive specimens.

## **G. Procedures in the Event of a Positive Result**

(1) Whenever a student athlete's test result indicates the presence of illegal drugs or banned substances, or the MRO rules the specimen adulterated, the following will occur:

- (a) The School Principal, or designee, within 24 hours, will notify the parent(s)/guardian(s)/custodian(s) first, then the student. A written notification from the School Principal, or designee, will be sent to the parent(s)/guardian(s)/custodian(s) by U.S. certified mail and regular first class mail. The School Principal will keep all test results for a period of four years.
- (b) The student will be notified and may be required to submit to additional tests for illegal substances, for up to three (3) months, which may be at the expense of the parent, guardian or custodian.
- (c) If the parent(s)/guardian(s)/custodian(s) or students wish to contest the results of the illegal substance test, the Vendor will arrange for the split portion of the specimen to be submitted to another laboratory approved by the St. Tammany Parish School Board for testing. This is to be done at the expense of the parent(s)/guardian(s)/custodian(s) or student. Such a request must be made to the School Principal in writing within five working days from first notification of positive test results either to the parent(s)/custodian(s) or student.
- (d) The MRO may use quantitative results to determine if positive results on repeat testing indicate recent use of illegal or banned substances or the natural decline of levels of the illegal or banned substance from the body. If the MRO feels the quantitative levels determined to be above established cutoffs do not reflect current use but natural decay, then a negative result may be reported.

(2) First Positive Result

For the first positive result, the student athlete will be given the option of:

- (a) Within five working days from the first notification of a positive result having an appointment with a Certified Chemical Dependency Counselor or at an agency certified by the State of Louisiana Department of Health and Human Resources for a chemical dependency assessment or with someone approved by the St. Tammany Parish School Board Superintendent, and then follow the recommendations of the counselor. (If treatment is recommended, it must be with a Certified Chemical Dependency Counselor or someone approved by the St. Tammany Parish School Board Superintendent). The student may also be required to submit to weekly, monthly, or any other additional illegal substance tests, for up to three (3) months. The parent(s)/guardian(s)/ custodian(s) is/are responsible for all expenses generated by the foregoing; or

(b) Denial of participation in interscholastic athletics for the remainder of the current season and the next athletic season.

(3) Second Positive Result

For the second positive result within any two consecutive calendar years, the student athlete will be permanently denied the privilege of participation in athletics in St. Tammany Parish School Board schools.

**H. Non-Punitive Nature of Policy**

No student athlete will be penalized academically for testing positive for illegal or banned substances. The results of illegal substance tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of the tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the St. Tammany Parish School Board will not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent, legal guardian, or custodian will be notified within 72 hours of receipt of such a subpoena by the St. Tammany Parish School Board, to the extent permitted by such subpoena or legal process.

**I. Illegal or Banned Substances**

For the purpose of this Policy, the drug classes, substances or their metabolites as listed in Title 40, Chapter 4, Part X of the Louisiana Revised Statutes as amended, marijuana, cocaine, opiate, phencyclidine, amphetamines, and any drug classes and substances set forth by The Board as banned substances are considered illegal or banned for purposes of St. Tammany Parish School Board Illegal Substance Testing and Referral Program for Athletes policy.

**J. Application**

For a St. Tammany Parish high school student to be able to participate in organized high school athletics governed by the LHSAA, he/she must agree to all policies and procedures stated above.

**END OF POLICY**

**I. Procedures for Random Illegal Substance Testing of St. Tammany Parish School Board High School Students Participating in Interscholastic Sports**

**A. List of Eligible Student Athletes**

The School Principal or Athletic Director of each high school shall prepare a list of eligible student athletes participating in sports. This list will be forwarded to the Vendor for the random selection of high school student athletes who will submit specimens for testing.

**B. Random Selection of Student Athletes for Testing**

The Vendor will use a system to assure that students are selected in random fashion.

**C. Scheduling of Drug Testing**

Drug testing will be unannounced. The day and date are selected by the School Principal and/or the Athletic Director of each high school, and confirmed with the Vendor. Random testing may be done as frequently as weekly.

**D. Team Testing**

At the beginning of each season, all eligible athletes may be subject to illegal substance testing. The Head Coach is responsible for seeing that all student athletes and their parent(s)/guardian(s)/custodian(s) properly sign the St. Tammany Parish School Board Student Athlete Contract and the Authorization/Consent Form and the LHSAA Substance Abuse/Misuse Contract and Consent Form prior to testing. Any student moving into the St. Tammany Parish School Board District may be tested at the time they sign up to participate in an Interscholastic High School sport.

**E. Athletic Year**

The athletic year begins the date of the first official physical examination, if any, for that sport, and continues for 365 days thereafter. Otherwise, the athletic year begins one (1) week prior to the first practice session for that sport, and continues for 365 days thereafter.

**F. Collection Process**

The collection process will be in accordance with those rules and regulations set forth by the Vendor, with the approval of and as revised by the Superintendent, School Principal, and/or the St. Tammany Parish School Board. The Vendor is responsible for seeing that specimens are delivered to and/or picked up by the testing laboratory and any Chain of Custody form properly annotated.

**G. Procedures in the Event of a Positive Result**

- (1) Whenever a student athlete's test result indicates the presence of illegal or banned substances, or the MRO rules the specimen adulterated, the following will occur:

- (a) The School Principal, or designee, within 24 hours, will notify the parent(s)/guardian(s)/custodian(s) first, then the student. A written notification from the School Principal, or designee, will be sent to the parent(s)/guardian(s)/custodian(s) by U.S. certified and first class mail. The School Principal will keep all test results for a period of four years.
- (b) The student will be notified and may be required to submit to weekly, monthly, or any other additional illegal substance tests, for up to three (3) months.
- (c) If the parent(s)/guardian(s)/custodian(s) or student wishes to contest the test results, the Vendor will arrange for the split portion of the specimen to be submitted to another laboratory approved by the St. Tammany Parish School Board for testing. This is to be done at parent(s)/guardian(s)/custodian(s) or student expense. Such a request must be made to the School Principal in writing within five working days from first notification of positive test results either to the parent(s)/guardian(s)/custodian(s) or student and all costs of these additional procedures are to be borne by the parent(s), guardian(s), custodian(s) or student.
- (d) The MRO may use quantitative results to determine if positive results on repeat testing indicate recent use of illegal or banned substances or the natural decline of levels of the illegal or banned substance from the body. If the MRO feels the quantitative levels determined to be above established cutoffs do not reflect current use but natural decay, then a negative result may be reported.

(2) First Positive Result

For the first positive result, the student athlete will be given the option of:

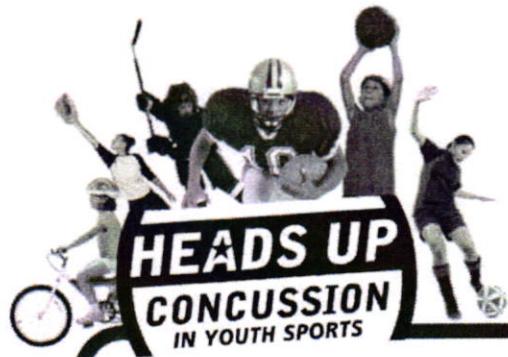
- (a) Within five working days after the mailing of the written notification provided for in G (1) (a) above having an appointment with a Certified Chemical Dependency Counselor or at an agency certified by the State of Louisiana Department of Health and Human Resources for a chemical dependency assessment or with someone approved by the St. Tammany Parish School Board Superintendent, and then follow the recommendations of the counselor. (If treatment is recommended, it must be with a Certified Chemical Dependency Counselor or someone approved by the St. Tammany Parish School Board Superintendent). The student may also be required to submit to weekly, monthly, or any other additional illegal substance tests, for up to three (3) months. The parent(s)/guardian(s)/ custodian(s) is/are responsible for all expenses generated by the foregoing; or
- (b) Denial of participation in interscholastic athletics for the remainder of the current season and the next athletic season.

(3) Second Positive Result

For the second positive result within any two consecutive calendar years, the student athlete will be permanently denied the privilege of participation in athletics in St. Tammany Parish School Board schools.

**NOTE: 1) IT IS IMPERATIVE TO NOTE THAT THESE PROCEDURES ARE ONLY TO BE USED FOR THE APPEARANCE OF A NON-APPARENT CONTROLLED SUBSTANCE. CONSEQUENTLY, IF A STUDENT ATHLETE IS APPREHENDED BY ANYONE AS A RESULT OF BEING IN ILLEGAL POSSESSION OF ALCOHOL AND/OR A CONTROLLED SUBSTANCE, OR BANNED SUBSTANCES, THE REGULAR SCHOOL AND ST. TAMMANY PARISH SCHOOL BOARD DISCIPLINARY POLICIES WILL APPLY.**

**NOTE: 2) SINCE INTERSCHOLASTIC ATHLETIC PARTICIPATION IS NOT AN INTEGRAL PART OF A FREE AND APPROPRIATE PUBLIC EDUCATION, THE REPORTING BY THE VENDOR OF A POSITIVE RESULT MAY RESULT IN THE DENIAL OF CONTINUED PARTICIPATION IN THE RESPECTIVE SPORTS EXCEPT THAT THE PARENT(S), GUARDIAN(S), CUSTODIAN(S) MAY APPEAL THE DENIAL IN THE SAME MANNER AS PROVIDED FOR EXPULSIONS AT LA R. S. 17:416 AS AMENDED.**



## A Fact Sheet for ATHLETES

### WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

### WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

### WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical check up.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

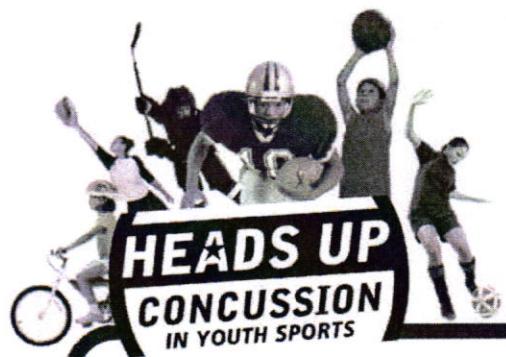
### HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:

- > The right equipment for the game, position, or activity
- > Worn correctly and fit well
- > Used every time you play

***It's better to miss one game than the whole season.***



## HEADS UP CONCUSSION IN YOUTH SPORTS

## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

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

#### Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

***It's better to miss one game than the whole season.***

**Louisiana High School Athletic Association  
Parent and Student-Athlete Concussion Statement**

- I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.
- I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent Initial      Student Initial

\_\_\_\_\_    \_\_\_\_\_ A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician.

\_\_\_\_\_    \_\_\_\_\_ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance

\_\_\_\_\_    \_\_\_\_\_ You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

\_\_\_\_\_    \_\_\_\_\_ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.

\_\_\_\_\_    \_\_\_\_\_ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

\_\_\_\_\_    \_\_\_\_\_ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

\_\_\_\_\_    \_\_\_\_\_ In rare cases, repeat concussions can cause permanent brain damage, and even death.

\_\_\_\_\_  
Signature of Student-Athlete      \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Student-Athlete

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

\_\_\_\_\_  
Printed name of Parent/Guardian



## **SCHOOL WAIVER FORM EXTRACURRICULAR ACTIVITES**

**The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.**

Student's Name \_\_\_\_\_ Sports/Activities \_\_\_\_\_ Sex M F

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Father's/Guardian's SS# XXX-XX \_\_\_\_\_ Mother's/Guardian's SS# XXX-XX \_\_\_\_\_

Work Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

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

Phone Number ( ) \_\_\_\_\_

Another Person to Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number and/or Group Numbers \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date \_\_\_\_\_ (if over age 18) Date \_\_\_\_\_

**IMPORTANT NOTICE** – It is the policy of the St. Tammany Parish School Board that **ALL** athletes participating in our school sports programs **MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE!** Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians



## RELEASE OF STUDENT INFORMATION CONSENT FORM

In order to provide the highest degree of service possible to the students of St. Tammany Parish Schools, the St. Tammany Parish School Board ("STPSB") shares information with various entities and organizations who perform a wide array of services intended to enhance the educational experience of our school children. The collection and maintenance of a student's personally identifiable information requires special care to ensure the privacy rights of students and compliance with legal requirements governing these records, including the Family Educational Rights and Privacy Act (FERPA) and LRS 17:3914. The St. Tammany Parish School Board will maintain student records and personally identifiable information as confidential and will use reasonable commercially available steps to maintain as such. St. Tammany Parish School Board will follow all local, state and federal data security laws and policies and only share the data that is required for the purpose stated. Some of your child's personally identifiable information may be shared with the following types of services:

- Louisiana Office of Student Financial Assistance – Full name, Date of birth, Social Security number and cumulative transcript data will be released for TOPS eligibility and processing of applications for admissions and state and federal financial aid. **Failure to provide written consent for the collection and disclosure of the student's information will result in delays or may prevent successful application for admission to a post-secondary institution and for state and federal student financial aid.**
- News media, print publications, press releases, audiovisuals, and web sites as detailed in the current year's handbook, which can be found at <http://www.stpsb.org/DisciplineHandbook/DistrictHandbook.pdf>.

I understand and acknowledge that the consent provided herein shall be valid for my child's personally identifiable information as of the date of signature and shall remain valid and in effect unless written notice of termination is provided to the school my child is attending at the time of consent termination. Such termination does not apply to information generated or released prior to receipt of consent termination. Termination is effective beginning at 4:30 p.m. local time the day after receipt.

I HEREBY CONSENT to the release and use by St. Tammany Parish School Board of my child's personally identifiable information to any person or entity providing services to St. Tammany Parish School Board and who requires my child's personally identifiable information in order to perform those services.

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Signature of Parent/Legal Guardian

---

Child's Full Name

---

Printed Name of Parent/Legal Guardian

---

Date

**ST. TAMANY PARISH SCHOOL BOARD STUDENT  
ATHLETIC CONTRACT AND AUTHORIZATION/CONSENT FORM**

As a student athlete in St. Tammany Parish schools, and as an LHSAA athlete, I fully realize the importance of being physically, mentally and morally fit. I vow to avoid the abuse or misuse of illegal substances. I hereby grant permission to be tested for substance abuse/misuse during my tenure as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a specimen for testing upon request of my Principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action as stated in the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes and in the Official Handbook of the Louisiana High School Athletic Association. I understand that since athletics is an extra-curricular activity, St. Tammany Parish School Board takes added precautions to assure that an athlete will be afforded reasonable safety measures. I further understand that athletics is not an essential part of the educational process and thus is not mandated by the St. Tammany Parish School Board. I also understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of St. Tammany Parish School Board Policy and/or School Policy.

I understand that to pursue excellence on the playing field, I must not experiment with alcohol, illegal drugs or banned substances. I understand that the St. Tammany Parish School Board's main purpose of the random drug testing program is not to invade the privacy of the student athlete, but rather its intent is to identify a health or controlled substance dependence which by its very nature would be counterproductive to the safety of the athlete and his/her companions. I have received and read, and I am fully aware of and thoroughly understand the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes, which includes (1) a Policy for Random Drug Testing of St. Tammany Parish School Board High School Students Participating in Interscholastic Sports and (2) Procedures for Random Drug Testing of St. Tammany Parish School Board District Students Participating in Interscholastic Sports, dealing with drug use and also the additional rules set forth by the St. Tammany Parish School Board and my school's athletic department.

I understand and realize that there is risk of injury in participating in athletic activities, and I understand that when I participate in any athletic program, I will be subjected to random drug testing, and if I refuse, I will not be allowed to participate in any athletic activities. I have read the St. Tammany Parish School Board Student Athlete Contract and Authorization/Consent Form and agree to its terms. I understand that these tests will be strictly enforced and participation will be mandatory, since the parent(s)/guardian(s)/custodian(s) have freely chosen to allow their son(s)/daughter(s)/ward(s) to participate in athletic programs. No athlete will be tested unless at least one parent/guardian/custodian and the athlete sign a form giving permission to have drug testing performed. By signing, the parent(s) and athlete acknowledge that they have consented to the administration of the test and waive any claim of invasion of privacy and waive any objection to the necessary action in the furtherance of these safety proceedings. The undersigned do hereby authorize the St. Tammany Parish School Board to have the tests enumerated herein to be administered as part of its athletic program. I understand and agree that my refusal to allow and/or submit to extra-curricular activity and do further agree and understand that failure and/or refusal to allow and/or submit to these tests shall be considered by the St. Tammany Parish School Board as a Positive result under the (1) Policy for Random Drug Testing of St. Tammany Parish School Board High School Students Participating in Interscholastic Sports; and (2) Procedures for Random Drug Testing of St. Tammany Parish School Board District Students Participating in Interscholastic Sports.

I understand that this is binding while I am a student in the St. Tammany Parish School Board school system and I understand the consequences that I will face should I violate these rules and/or policies, and understand that I am subject to penalties, including loss of athletic participation privileges.

I understand that should I have the need to discuss or seek, assistance in reference to a drug or alcohol related matter, it is my responsibility to do this immediately. This can be done with a member of the coaching staff, a guidance counselor or administrator. I know that if I ask for help I will receive help. I also understand that this does not relieve my obligation through the mandatory drug testing program.

**As a Parent/Guardian/Custodian:**

We have received and read and we are fully aware of and thoroughly understand the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes, which includes (1) a Policy for Random Drug Testing of St. Tammany Parish School Board High School Students Participating in the Interscholastic Sports; and (2) Procedures for Random Drug Testing of St. Tammany Parish School Board District Students Participating in Interscholastic Sports, dealing with drug use and also the additional rules set forth by the St. Tammany Parish School Board and my student's athletic department. We have also read the St. Tammany Parish School Board Student Athlete Contract and Authorization/Consent Form and agree to all of its terms and conditions. As such, we pledge to promote healthy lifestyles for all student athletes of the School District.

We understand and realize that there is an assumed risk of injury involved for our son/daughter/ward as a participant in athletic activities. We also understand that our son/daughter/ward, when participating in any athletic program will be subjected to random drug testing, and if they refuse, will not be allowed to participate in any athletic activities. We do hereby consent to allow the student named in this St Tammany Parish School Board Student Athlete Contract and Authorization/Consent Form to undergo drug testing for the presence of illicit drugs or banned substances in accordance with the St. Tammany Parish School Board Drug Testing and Referral Program for Athletes.

We do hereby give our consent to the medical Vendor selected by the St. Tammany Parish School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital or laboratory designated by the selected medical vendor, to conduct random drug testing on the student named herein below. We understand that these results will be forwarded to the Building Principal and will also be made available to us.

We understand that consent pursuant to this informed Consent Agreement will be effective for all athletic sports in which this student athlete might participate during the current school year, and we do hereby release the St. Tammany Parish School Board and its employees, designees and agent from any legal responsibility or liability for the release of such information and records, and for any responsibility in connection with the administration of test results, warranties as to accuracy of said tests and medical procedures used by the Vendor and/or any referring laboratory.

We further agree and understand that the St. Tammany Parish School Board and its Athletic Department assumes no responsibility for diagnosing or treating any disease that may become known as a result of said laboratory test(s) and that if the athlete has been taking medication, we should indicate this prior to the administration of the tests and notify the School Principal of the prescribing physician.

**Student Athlete (Print and sign name)**

Date: \_\_\_\_\_

SS#: \_\_\_\_\_

**Parent/Guardian/Custodian (Print and sign name)**

Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent/Guardian/Custodian (Print and sign name)**

Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

## **NORTHSHORE HIGH SCHOOL**

### **ATHLETIC DEPARTMENT**

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My child, \_\_\_\_\_, has my permission to receive a pre-participation physical examination from local health care providers as offered. I also grant permission for on-site treatment of my child from any certified trainers as hired or contracted through St. Tammany Parish School Board. This includes any injury or illness during sporting events or practices.

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Parent/Guardian

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Date

My son/daughter, \_\_\_\_\_, has my permission to travel to athletic events with Northshore High School provided transportation. My son/daughter also has permission to travel with adult volunteers when that mode of transportation is necessary. Adult driver list will be provided by each sport prior to the beginning of each sport season.

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Parent/Guardian

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Date



## LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

*This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.*

As an LHSAA athlete, I, \_\_\_\_\_, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, \_\_\_\_\_, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: \_\_\_\_\_

Student Athlete

Dated: \_\_\_\_\_

Parent/Guardian

Dated: \_\_\_\_\_

Principal

Dated: \_\_\_\_\_

Head Coach

**1.9 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES** - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

**1.9.1** The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

**Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.**

# Louisiana High School Athletic Association

## Athletic Participation/Parental Permission Form

This form must be completed and signed **by the student-athlete's parent** prior to a student's participation in an athletic contest and shall be kept on file with the school. It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school. This form is subject to review/inspection by the LHSAA or its representative.

### **PART I: STUDENT INFORMATION (Please Print)**

Student's Name: (Last, First, Middle) \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

My child entered ninth grade in \_\_\_\_\_ (month and year). Last semester/year he/she attended \_\_\_\_\_ High School.

### **ARE YOU ELIGIBLE?**

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

<b>RULE</b>	<b>COMMENTS</b>
<b>BONA FIDE STUDENT</b>	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 <sup>th</sup> grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
<b>ENROLLMENT</b>	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
<b>AGE</b>	A student shall not become 19 years of age prior to August 1 of this year.
<b>PROOF OF AGE</b>	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
<b>CONSECUTIVE SEMESTERS</b>	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.20.6 of the LHSAA handbook)
<b>SCHOLASTIC</b>	For regular education high school students at the end of the first semester a student shall <b>pass at least six subjects</b> in all subjects taken.  At the end of the year and prior to the next school year, a student shall must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.  Special education students must consult the school principal, athletic director, or coach for scholastic information.
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
<b>UNDUE INFLUENCE</b>	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
<b>AMATEUR</b>	A student cannot play high school athletics if he/she loses their amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports a student cannot play on a school team and an independent team during the same sport season.

**MEDICAL EXAMINATION**

A student shall annually pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

**ATHLETIC PARTICIPATION/**

**PARENTAL PERMISSION FORM** A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school unless the student transfers to another member school.

**SUBSTANCE ABUSE/MISUSE** A school shall only be required to have this form completed and signed prior to the first time a **CONTRACT & CONSENT FORM** student participates in LHSAA athletics at the school.

**SUSPENDED AND****INELIGIBLE STUDENTS**

Shall not participate in any interscholastic contest on any team at any school at any level.

**LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS**

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

**ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBILITY RULES**

**PART II – PARENTAL PERMISSION**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed on this form is my sole bona fide residence and that I will notify the school principal immediately of any change in my residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or its representative(s) permission to review my child's scholastic records and all required eligibility forms however submitted by the school or myself.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for my child to participate in any of the following LHSAA sports:

BASEBALL	GOLF	SWIMMING
BASKETBALL	GYMNASTICS	TENNIS
BOWLING	POWERLIFTING	TRACK AND FIELD
CROSS COUNTRY	SOCCER	VOLLEYBALL
FOOTBALL	SOFTBALL	WRESTLING

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

**By signing below, I agree that my child and I will support and comply with all rules, policies and procedures of the LHSAA as set forth in its Handbook, including its Constitution and Bylaws.**

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Relationship to Student \_\_\_\_\_ (Print Name) \_\_\_\_\_

(Principal Signature) \_\_\_\_\_

## LHSAA MEDICAL HISTORY EVALUATION

**IMPORTANT:** This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

*Please Print*

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____			Previous Surgeries:	_____				

**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosis
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medications _____						

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

### **PARENTS' WAIVER FORM**

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.....Yes No
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.....Yes No
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.....Yes No
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s) .....Yes No

Date Signed by Parent

Signature of Parent

Typed or Printed Name of Parent

**II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)**

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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#### **GENERAL MEDICAL EXAM :**

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia (if Needed)	<input type="checkbox"/>	<input type="checkbox"/>

#### **OPTIONAL EXAMS:**

##### **VISION:**

L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_

##### **DENTAL:**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

#### **ORTHOPAEDIC EXAM :**

	Norm	Abnl
I. Spine / Neck		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
II. Upper Extremity		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
III. Lower Extremity		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

- Student is cleared
- Cleared after further evaluation and treatment for: \_\_\_\_\_
- Not cleared for: \_\_\_\_\_ contact \_\_\_\_\_ non-contact

Printed Name of MD, DO, APRN or PA

Signature of MD, DO, APRN or PA

Date of Medical Examination

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.