



# Athletic Packet

## 2025-2026

### ATHLETE

This packet contains various forms pertaining to your participation in athletic activities here at Jefferson West Middle and High Schools.

**PLEASE NOTE:** All forms contained in this packet **MUST** be completed, and the required participation fee paid in full prior to participating in **ANY** activity, i.e. practice, game, etc.

Empower all students  
to think critically, build  
resilience, and reach

### PARENT/GUARDIAN

This packet contains various forms pertaining to your participation in athletic activities here at Jefferson West Middle and High Schools.

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#### **Participation Fees:**

**HS Sports:** \$55.00 per sport per Athlete (Football, Volleyball, Cross Country, Basketball, Wrestling, Baseball, Softball, Track). A family maximum is \$240.00.

\$40.00 per Athlete for Boys and Girls Golf as they provide their own clubs and purchase their own uniform shirt each year.

**MS Sports:** \$45.00 per sport per Athlete (Football, Volleyball, Cross Country, Wrestling, Basketball, Track). A family maximum is \$190.00.

A refund can be given if an athlete decides within 5 days of going out for the sport that he/she does not want to stay out, is cut from the team, or quits the team. The athlete must bring a form, signed by the Coach stating he/she is no longer a member of the team and that all equipment/uniforms have been returned. This must be done within 5 days of the last practice the athlete participates in. Those teams that have to cut, will let the athlete know within 5 days from the first practice.

JEFFERSON WEST USD 340

Cole Bottom, Activity/Athletic Director

P. O. Box 268

Meriden, KS 66512-0268

(785) 484-3331

## **STATEMENT OF PHILOSOPHY**

Activities and Athletics play an important role in the life of students at Jeff West. By participating, students gain a great deal from the lessons learned in sportsmanship, work ethic, and competition. The ability to handle wins and losses, prepares our kids for the tough situations that they will face, in the future. Activities and Athletic competition adds to our school spirit and helps all students, as well spectators, develop a sense of pride in their school.

Participation in an activity/athletic program is a privilege granted to students displaying the interest and talent the activity requires. These students serve as representatives of our district to their peers, to the public, and to other school districts. Because of the responsibility inherent in representing the Jefferson West School District, a higher standard of conduct is demanded of those students than is expected of the general student population. Failure to maintain a higher level of conduct will result in the loss of the privilege to participate in the activities/athletic program.

The interscholastic activity/athletic program shall be conducted in accordance with existing Board of Education policies, rules, and regulations. While the Board of Education takes great pride in winning, it does not condone "winning at any cost" and discourages any and all negative pressures that might neglect good sportsmanship. It should be the purpose of every student and coach/sponsor to focus on the things that it takes to win and then let winning take care of itself.

It is the ultimate goal of any activity/athletic program to help develop a well-rounded student. This would include academics, participation in extra-curricular activity, and to gain valuable experiences that will help each one of them to be prepared to meet the challenges ahead.

# PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

## STUDENTS/PARENTS

1. ☐ Complete the History Form (pages 1 & 2) and the top section of the Medical Eligibility Form (page 4) PRIOR to your appointment with your healthcare provider.
2. ☐ Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
3. ☐ Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
4. ☐ Review and sign the Concussion and Head Injury Release Form provided by the school.

## HEALTHCARE PROVIDERS

1. ☐ Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. ☐ Review the Physician Reminders at the top of page 3 and complete the Physical Examination Form.
3. ☐ Review the Student Information at the top of page 4, complete the Medical Eligibility Form, AND SIGN page 4.

***The PPE form becomes part of the student's record at their school and should not be sent to the KSHSAA.***

## SCHOOL ADMINISTRATORS AND SCHOOL MEDICAL PERSONNEL

1. ☐ Collect the completed PPE forms with the appropriate signatures on pages 4 & 5. **ONLY** personnel with a medical or educational need to review this information should have access to the PPE form. Forms should be kept secure and confidential at all times. The PPE should **NOT** be collected by coaches at practice.
  2. ☐ Based on your school's policy, determine which medical personnel or administrative staff are responsible to review and disseminate the student's medical information provided on the form. [Ensure Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) compliance]\*
  3. ☐ Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
  4. ☐ Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.
- \* Schools should have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

**NOTE: When providing PPE information to the school, the parent/guardian may choose to turn-in the complete PPE or pages 4 & 5 only.**

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.





# PRE-PARTICIPATION PHYSICAL EVALUATION

**PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.**

Pages 1-4 are adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

## HISTORY FORM (Pages 1 & 2 should be filled out by the student and **parent/guardian** prior to the physical examination)

Name	Date of Birth	Age	*Sex at Birth
Grade	School	Sport(s)	
Home Address		Phone	
Personal Physician		Parent Email	

\*In cases of disorder of sexual development (DSD), designation of sex at birth may be delayed for a period of time until medical providers and family can make the appropriate determination.

**Students and parents/guardian should complete pages 1-2 together. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.**

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you ever spent the night in the hospital?		
HEART HEALTH QUESTIONS ABOUT YOU:	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems?		
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		
10. Do you get light-headed or feel shorter of breath than your friends during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS:	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16. Have you ever had any broken or fractured bones or dislocated joints?		
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?		
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?		
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?		
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?		

 **KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION**

Name \_\_\_\_\_

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

MEDICAL QUESTIONS:		YES	NO		
22.	Do you cough, wheeze, or have difficulty breathing during or after exercise?				
23.	Have you ever used an inhaler or taken asthma medicine?				
24.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?				
25.	Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?				
26.	Have you had infectious mononucleosis (mono)?				
27.	Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?				
28.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
If yes, how many?					
What is the longest time it took for full recovery?					
When were you last released?					
29.	Do you have headaches with exercise?				
30.	Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?				
31.	Have you ever become ill while exercising in the heat?				
32.	Do you get frequent muscle cramps when exercising?				
33.	Do you or does someone in your family have sickle cell trait or disease?				
34.	Have you ever had or do you have any problems with your eyes or vision?				
35.	Do you wear protective eyewear, such as goggles or a face shield?				
36.	Do you worry about your weight?				
37.	Are you trying to or has anyone recommended that you gain or lose weight?				
38.	Are you on a special diet or do you avoid certain types of foods or food groups?				
39.	Have you ever had an eating disorder?				
40.	How do you currently identify your gender?	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____			
41.	Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)	NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
	Feeling nervous, anxious, or on edge	0	1	2	3
	Not being able to stop or control worrying	0	1	2	3
	Little interest or pleasure in doing things	0	1	2	3
	Feeling down, depressed, or hopeless	0	1	2	3
(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes)					
Patient Health Questionnaire Version 4 (PHQ-4)					
FEMALES ONLY:		YES	NO		
42.	Have you ever had a menstrual period?				
43.	If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?				
44.	How old were you when you had your first menstrual period?				
45.	When was your most recent menstrual period?				
46.	How many menstrual periods have you had in the past 12 months?				

Explain all Yes answers here from the previous two pages

**Parents/Students: Complete the Medical Eligibility Form (page 4) and the KSHSAA Eligibility Checklist (page 5).**

## ■ KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name _____						Date of birth _____
Date of recent immunizations:	Td	Tdap	Hep B	Varicella	HPV	Meningococcal

## PHYSICIAN REMINDERS

1. Review the health history on pages 1 & 2 AND the student information section on page 4, prior to the exam.
2. Consider additional questions on more sensitive issues
 

- Do you feel stressed out or under a lot of pressure?	- Do you drink alcohol or use any other drugs?
- Do you ever feel sad, hopeless, depressed, or anxious?	- Have you ever taken anabolic steroids or used any other performance enhancing supplement?
- Do you feel safe at your home or residence?	- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?	- Do you wear a seat belt, use a helmet and adhere to safe sex practices?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?	
3. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).
4. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.
5. Per Kansas Statute, students indicated as biological male at birth may not participate on girls teams.

EXAMINATION		
Height _____	Weight _____	Male <input type="checkbox"/> Female <input type="checkbox"/> BP (reference gender/height/age chart)**** / ( / ) Pulse _____
Vision R 20/ _____	L 20/ _____	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance — Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes/ears/nose/throat — Pupils equal, Gross Hearing _____		
Lymph nodes _____		
Heart * — Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Pulses — Simultaneous femoral and radial pulses _____		
Lungs _____		
Abdomen _____		
Skin — Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological***		
Genitourinary (optional-males only)**		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck _____		
Back _____		
Shoulder/arm _____		
Elbow/forearm _____		
Wrist/hand/fingers _____		
Hip/thigh _____		
Knee _____		
Leg/ankle _____		
Foot/toes _____		
Functional — e.g. double-leg squat test, single-leg squat test, and box drop or step drop test		

\*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. \*\*Consider GU exam if in appropriate medical setting. Having third party present is recommended. \*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. \*\*\*\*Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

**Healthcare Providers: You must complete the Medical Eligibility Form on the following page.**

MEDICAL ELIGIBILITY FORM - PARENT/STUDENT SECTION

Student Name: Date of Birth: Sex at Birth: Grade:
Home Address: Height: Weight:
Home Phone: Parent Email:
Emergency Contact(s): Phone:

Table with 6 columns: Question, YES, NO, Question, YES, NO. Rows include medical history questions like 'Do you have any current or past medical conditions...', 'Have you ever had surgery?', 'Do you have any allergies?', etc.

Please explain any "YES" answers above:

HEALTHCARE PROVIDER SECTION

Medically eligible for all sports without restriction.
Medically eligible for all sports without restriction. Recommend further evaluation/treatment (see comments below\*).
Medically eligible for certain sports (see comments below\*).
Not medically eligible for any sports. Not medically eligible for any sports pending further evaluation (see comments below\*).

\*Comments/Recommendations:

I have reviewed all patient information provided and completed the preparticipation physical examination of the student named on this form. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): Date of Examination:
Signature of healthcare provider: MD, DO, DC, PA-C, APRN
Provider address: Provider phone:

PARENT OR GUARDIAN CONSENT:

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform this examination by their state's law and licensing body, or an advanced practice registered nurse who has been authorized to perform this examination by their state's law and licensing body, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams. I approve participation in activities. I hereby authorize release to my child's medical providers, school medical personnel (whether employee or independent contractor of the school), school administration, school coaches, and KSHSAA the information contained in this document. I acknowledge I may choose to only submit to my child's school this medical eligibility page in lieu of the entire history and physical exam document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

Signature of parent/guardian: Date: Phone:

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

# **ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

## **NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:**

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

## **For Middle/Junior High and Senior High School Students to Retain Eligibility**

**Schools may have stricter rules** than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at [www.khsaa.org](http://www.khsaa.org).

**Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.**

**Rule 7 — Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

**Rule 14 — Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

**Rule 15 — Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

**Rule 16 — Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

*NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.*

**Rule 17 — Age Requirements**—Students are eligible if they are not 19 years of **age (16, 15 or 14 for junior high or middle school student)** on or before August 1 of the school year in which they compete.

**Rule 19 — Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

**Rules 20/21 — Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

**Rule 22 — Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

*NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*

**Rule 25 — Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

**Rule 26 — Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

**Rule 30 — Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

## **For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling**

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on **all** transfer students.*)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you a bona fide student in <b>good standing</b> in school? (If there is a question, your principal will make that determination.)
<input type="checkbox"/>	<input type="checkbox"/>	2. Did you <b>pass at least five new subjects (those not previously passed)</b> last semester? ( <i>The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.</i> )
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you planning to <b>enroll in at least five new subjects (those not previously passed)</b> of unit weight this coming semester? ( <i>The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.</i> )
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you <b>attend</b> this school or a feeder school in your district last semester? ( <i>If the answer is "no" to this question, please answer Sections a and b.</i> )
<input type="checkbox"/>	<input type="checkbox"/>	a. Do you reside with your parents?
<input type="checkbox"/>	<input type="checkbox"/>	b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

# JEFFERSON WEST MS/HS ATHLETE/PARTICIPANT EMERGENCY FORM

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Doctor Preference: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Student's Insurance Provider: \_\_\_\_\_ ID#: \_\_\_\_\_

List any special medical problems/drug allergies: \_\_\_\_\_

Date of Last TDAP (Tetanus) Vaccination: \_\_\_\_\_

In case of emergency, please contact:

\_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

\_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Name of person(s) to call in case Parent/Legal Guardian cannot be reached:

\_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

\_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

## PERMISSION FOR MEDICAL SERVICES

I hereby give my consent for the student listed above to receive medical services as necessary as determined by doctor or hospital staff member when deemed necessary in a school-sponsored activity. (This form is to be used only when the parent/legal guardian is not present and cannot be contacted.)

Date \_\_\_\_\_ Signature \_\_\_\_\_

Student

Date \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian

## ACKNOWLEDGMENT OF DOCUMENTS

I hereby authorize release of the documents listed below to KSHSAA, the school nurse, certified athletic trainer, coach, sponsor, JW Administration, and medical provider of information contained in said documents. Evidenced by my signature below, I certify I understand the information provided and have received copies of said documents for my own personal records.

(Initials)

TEAM GUIDELINES AND RULES FOR PARENT & ATHLETE

I HAVE READ & UNDERSTAND THE JEFFERSON WEST SUBSTANCE ABUSE & CHARACTER ADDENDUM POLICIES.

AUTHORIZE TO DISCLOSE ACADEMIC INFORMATION, AND AGREE TO DISCLOSURE OF ACADEMIC INFORMATION TO ALL IN-SEASON COACH(ES) and/or SPONSOR(S)

KSHSAA RECOMMENDATIONS FOR COMPLIANCE WITH THE KANSAS SCHOOL SPORTS HEAD INJURY PREVENTION ACT AND CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM

COTTON O'NEIL ORTHOPEDICS & SPORTS MEDICINE (a division of Stormont-Vail HealthCare) (Athletic Trainer Services)  
PARENT/GUARDIAN CONSENT FORM ~ ~ **COMPLETION NOT REQUIRED**

I HAVE ATTENDED THE PARENT MEETING REGARDING THIS SPORT  
YES\_\_\_\_\_ NO\_\_\_\_\_

I AM AWARE OF THE REQUIRED PARTICIPATION FEE

Today's Date:

---

Student Signature:

---

Parent Signature:

---



# Cotton O'Neil

## ORTHOPEDICS & SPORTS MEDICINE



### ***PARENT/GUARDIAN CONSENT FORM 2025-2026 SCHOOL YEAR***

Student's Name (please print): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

#### **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, as parent or guardian of the student identified above, hereby grant permission to any athletic trainer or physician on site and providing sports related healthcare services at any, USD 340, Jefferson West High School sanctioned sports practice or competition to provide such treatment within the scope of professional services authorized for such athletic trainer or physician as deemed necessary for physical condition or treatment arising during or affecting participation in such event. I also grant permission to release medical information to the school, to the athletic trainer and to any subsequent physician or other provider as necessary for treatment of the student identified herein. This authorization to release medical information does not encompass release of any information to the media or to any university or school except that in which the above-named student is enrolled. I acknowledge and agree that any such athletic trainer or physician may use his or her own judgment in securing medical aid, including ambulance and other emergency services as a result of any injury during participation in a school sanctioned event. I specifically consent and agree that the above referenced athletic trainer may provide preventative care and treatment of athletic injuries, evaluation of athletic injuries, first aid and emergency management of athletic injuries and rehabilitation and reconditioning of athletic injuries.

By signing below, I agree and acknowledge that no athletic trainer or physician (nor the athletic trainer's or physician's employer, Stormont-Vail HealthCare, Inc.) assumes responsibility and is not liable for any accident or injury that may occur during the student's participation in an athletic event. I understand that the athletic trainer or physician (nor Stormont-Vail HealthCare, Inc.) is not involved in the school athletic program other than providing the services noted herein.

Parent/Guardian Name (PRINT): \_\_\_\_\_

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

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# **JEFFERSON WEST TIGERS**

## **Team Guidelines and Rules Parent/Athlete Acknowledgment Sheet**

### **ATHLETE/PARTICIPANT SECTION**

I have read the Team Rules/Guidelines and the Substance Abuse Policy for the team and players given to me by my Coach/Sponsor. I understand what is expected of me, and I agree to follow and abide by these rules. I hereby acknowledge that I have been properly cautioned and warned by the Coaches/Sponsors about the possible risk of injury (some can be serious) while participating in this sport/activity.

### **PARENT/GUARDIAN SECTION**

I have read the parent information packet and understand the Team Rules/Guidelines and the Substance Abuse Policy that my athlete/participant will be asked to follow this season. I agree to have my athlete/participant abide by these rules.

I hereby acknowledge that my athlete/participant has been properly cautioned and warned by the Coaches/Sponsors about the possible risk of injury, as some can be serious, while participating in this sport/activity. If I have questions or concerns during the season, I will contact the Head Coach/Sponsor for more information.

## **SUBSTANCE ABUSE POLICIES**

### **Drug Free Schools**

Maintaining drug free schools is important in establishing an appropriate learning environment for the district's students. The unlawful possession, use, sale or distribution of illicit drugs and alcohol by students on school premises or as part of any school activity is prohibited. This policy is required by the 1989 amendments to the Drug Free Schools and Communities Act, P.L. 102-225 103 St. 1928.

#### **Violations of Substance policies:**

- 1) Those violations that occur **during school or at school activity** will be covered by USD 340-JDDA-R Policy.
- 2) Those violations that occur **outside of school** will be covered by Jefferson West abuse policy. (violations outside of school)
- 3) If a violation occurs at school and also outside of school -USD 340-JDDA-R Policy will be followed.
- 4) Student may be required to participate in a re-education program before returning to practice/game.

### **Drug Free Schools – Student Conduct**

### **JDDA-R**

As a condition of continued enrollment in the district, students shall abide by the terms of this policy. Students shall not unlawfully manufacture, distribute, dispense, possess or use illicit drugs, controlled substances or alcoholic beverages on school district property or any school activity. Any student violating the terms of this policy will be reported to the appropriate law enforcement officials and will be subject to any one or more of the following sanctions:

- a. Discipline up to and including short-term suspension; long-term suspension or expulsion from school for up to 186 days.
- b. Suspension from all student activities for a period of time as listed below if it is a short term suspension; if a long-term suspension or expulsion – it will be the length of those consequences.
  - 1<sup>st</sup> offense – length of short-term suspension plus 15 school days.
  - 2<sup>nd</sup> offense- length of short-term suspension plus 30 school days.
    - An intake session will be required at the expense of the family. Document verifying the completion of the intake session is required and will need to be submitted to the school administration.
- c. In determining the appropriate discipline, the following factors will be considered:
  - Character of the use: possession, use, selling, distributing
  - Types of substance: alcohol, marijuana, cocaine, prescription drugs, methamphetamines, other
  - First time offense or repeat offense.
  - Quality and amount of substances used, distributed or possessed.
- d. A student placed on long-term suspension or expulsion under this policy may be readmitted on a probationary status if the student agrees to complete a drug and alcohol education and rehabilitation program at the students/parents expense. Students who are suspended or expelled under the terms of this policy will be afforded the due process rights contained in board policies and Kansas statutes, K.S.A. 72-8901, et seq. Nothing in this policy is intended to diminish the ability of the district to

take other disciplinary action against the student in accordance with other policies governing student discipline. Drug and alcohol counseling and rehabilitation programs are available for district students from private or public providers. If a student agrees to enter and complete a drug education or rehabilitation program, the cost of such program will be borne by the student and his or her parents. A list of available programs along with names and addresses of contact persons for the program is on file with the board clerk. Parents or students may contact the directors of the programs to determine the cost and length of the program.

## **CIGARETTES, TOBACCO PRODUCTS, & VAPING DEVICES**

Use and/or possession of any tobacco product or nicotine delivery device by students is prohibited in any district facility; in school vehicles; at school-sponsored, activities, programs, or events; and on school owned or operated property.

Student violations may result in parent/guardian notification, participation in tobacco education program, suspension and/or expulsion from school and/or extracurricular activities, community service, and/or notification of law enforcement, as appropriate.

For the purposes of this policy, “nicotine delivery device” means any device that can be used to deliver nicotine or nicotine salts to the person inhaling from the device. Such definition shall include, but may not be limited to, any electronic cigarette, cigar, cigarillo, pipe, or vaping device.

“Tobacco product” means any product that is made from or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, or snus.

“Tobacco product” also means any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes, and substances used in electronic cigarettes, whether or not they contain nicotine.

According to state statute, cigarettes, electronic cigarettes, tobacco products and vaping devices found in the possession of a minor are declared to be common nuisances and contraband subject to confiscation. Administrators shall report students who are in violation of the law to the appropriate Law Enforcement Agency. In addition, appropriate action will be imposed as follows:

- First offense - 2 days In-School Suspension. **\*Student will be required to take the NFHS vaping course before returning to the classroom.**
- Second offense - 2 days Out-of-School Suspension. **\*Student may be required to participate in a re-education program before returning to the classroom.**
- Third offense - 4 days Out-of-School Suspension. **\*Student may be required to participate in a re-education program before returning to the classroom.**
- Fourth offense - 6 days Out-of-School Suspension. **\*Student may be required to participate in a re-education program before returning to the classroom.**
- Fifth offense is a recommendation for long term suspension/expulsion Hearing. **\*Student may be required to participate in a re-education program before returning to the classroom.**

\* Suspension from all student activities for a period of time as listed below:

1<sup>st</sup> offense – length of short-term suspension plus **15** days.

2<sup>nd</sup> offense- length of short-term suspension plus **30** days

3<sup>rd</sup> offense – length of short-term suspension plus **45** days

### **JEFFERSON WEST ABUSE POLICY**

**(Violations outside of school)**

Jefferson West High School recognizes that substance abuse is a significant health problem for many adolescents. The misuse and abuse of chemicals by students/athletes may affect participation in athletics & activities at Jefferson West. **Student participation in athletics & activities at Jefferson West is a privilege not a right.**

***Activities/Athletics Covered by this Policy – All MS/HS Athletic Teams, Cheerleaders, Weststeppers. Activities covered by this policy – All KSHSAA sponsored clubs/activities, esports, musicals, plays, Thespian club, FFA, FCCLA, FCA, FBLA, Spanish club, KSPA, SADD, and NHS.***

#### **POLICY GUIDELINES**

**Basic Rules** - During the season of practice and competitive play, (which includes the fall, winter, and spring seasons and the summer for Cheerleaders, Weststeppers, FCCLA, FBLA, & FFA due to summer camps, practices and national competitions) regardless of the quantity, **a student shall not:**

- 1) Use a beverage containing alcohol, or receive a ticket for consumption/possession of alcohol
- 2) Use of tobacco products – which includes chewing tobacco and E-Cigarettes
- 3) Use or consume, have in possession, buy, sell, or give away any other controlled substance defined by law as a drug
- 4) Use mood-altering chemicals

#### **ADDITIONAL GUIDELINES:**

- 1) Violations are accumulative throughout the school year-not per sport.
- 2) These rules also cover any portion of an activity season that occurs prior to the start of school or after the close of school.
- 3) If the violation occurs near the end of the season or at the end of the school year, the penalty phase will continue into the next sport the student/athlete participates in.

#### **Confirmation of a Violation-**

**Violations may be reported by:**

- 1) Self Disclosure (student turns himself/herself in)
- 2) Student admits to violation during initial inquiry by administration.
- 3) Faculty or staff witnesses actual violation.
- 4) Law Enforcement
- 5) Non-school Person - A signed written report can be the basis of an investigation.

\*\*\*The Building Administrative Team will accept reports and will investigate if the facts deem it necessary.

**AFTER THE CONFIRMATION OF THE VIOLATION-THE FOLLOWING STEPS WILL BE TAKEN-FOR STUDENTS THAT SELF DISCLOSE OR ADMIT TO VIOLATION DURING INITIAL INQUIRY**

**First Offense** – See suspension table below. The student will still be required to attend practices and the student athlete must complete any additional conditioning program or outside work the coach or sponsor assigns. The coach and player will receive in writing the date that the player is suspended.

HS ACTIVITIES			MS ACTIVITIES	
ACTIVITY	SUSPENSION		ACTIVITY	SUSPENSION
Football / Cheer / Weststeppers	1 ½ games		Football	1 game
Volleyball	5 matches		Volleyball	2 matches
Cross Country	1 meet		Cross Country	1 meet
Basketball / Cheer / Weststeppers	3 games		Basketball	2 games
Wrestling	5 competition points		Wrestling	3 competition points
Track	1 meet		Track	1 meet
Baseball	2 games		Scholars Bowl	1 meet
Softball	2 games		esports	1 week of competition
Golf	1 tournament			
Scholars Bowl	2 meets			
Debate	1 meet			
Forensics	1 meet			
Theatre	1 performance			
esports	1 week of competition			

**Second Offense**

If, after an investigation, it is determined a second violation did occur, the student will be suspended from all activities for a period of 180 calendar days, starting from the date of the 2<sup>nd</sup> offense. However, the student and their parents may petition the district for early reinstatement after a minimum of three months. The parents and student will be required to submit validation of three consecutive months of clean drug testing conducted by a mutually agreed upon third party testing agency. The cost of the testing will be paid for by the family. Additional documentation might include counseling and attendance at a group meeting relating to drug and alcohol use. Whether a petition for early reinstatement is submitted or not, the Athletic/Activities Director, the coach, and administration will conduct a meeting with the student and the parents before the student may possibly regain eligibility. Reinstatement may involve a continuation of the testing program. **In the event of a tobacco incident, the student will not be required to attend an intake session with a mental health professional but will be required to go through the ACE program.**

**Third Offense**

If, after an investigation, it is determined a third violation did occur, the student will be suspended from all activities for 365 calendar days. However, the student and their parents may petition the district for reinstatement after a minimum of 6 months. The parents and student will be required to submit validation of six consecutive months of clean drug testing conducted by a mutually agreed upon third party testing agency. The cost of the testing will be paid for by the family. Additional documentation might include counseling and attendance at a group meeting relating to drug and alcohol use. Whether a petition for early reinstatement is submitted or not the Athletic/Activities Director, a coach, and administration will conduct a meeting with the student and the parents before the student may possibly regain eligibility. Reinstatement may involve a continuation of the testing program. **In the event of a**

**tobacco incident, the student will not be required to attend an intake session with a mental health professional but will be required to go through the ACE program.**

**Confirmation of a Violation-**

- 1) Violation is confirmed after an investigation.
- 2) Faculty or staff witnesses actual violation.
- 3) Law Enforcement
- 4) Non-school Person - A written report can be the basis of an investigation.

\*\*\*Administrative Team consisting of Principal, Assistant Principal, Athletic/Activities Director, and Coach/Sponsor will accept reports and will investigate if the facts deem it necessary.

**AFTER THE CONFIRMATION OF THE VIOLATION, THE FOLLOWING STEPS WILL BE TAKEN-**

**First Offense** – 1/3 of the scheduled competitions suspended, (based on varsity schedule, which can roll over to the next athletic season. The student will still be required to attend practices, and the student athlete must complete any additional conditioning program or outside work the coach or sponsor assigns. If offense occurs in a portion of the season in which there are practices but no games the suspension will become effective during the competition portion until 1/3 of the competitions have been missed. The coach and player will receive in writing the dates that the player is suspended. In addition, the student will be required to attend an intake session with a mental health professional during the suspension period. Such appointments will be at the family's expense and documentation will be required. There will be a mandatory meeting between the Athletic/Activities Director, the head coach, the parents, and the student before possible reinstatement. **In the event of a tobacco incident, the student will not be required to attend an intake session with a mental health professional but will be encouraged to go through the ACE program.**

\*\*\*\*\*

**Second Offense**

If, after an investigation, it is determined a second violation did occur, the student will be suspended from all activities for a period of 180 calendar days, starting from the date of the 2<sup>nd</sup> offense. However, the student and their parents may petition the district for early reinstatement after a minimum of three months. The parents and student will be required to submit validation of three consecutive months of clean drug testing conducted by a mutually agreed upon third party testing agency. The cost of the testing will be paid for by the family. Additional documentation might include counseling and attendance at a group meeting relating to drug and alcohol use. Whether a petition for early reinstatement is submitted or not, the Athletic/Activities Director, the coach, and administration will conduct a meeting with the student and the parents before the student may possibly regain eligibility. Reinstatement may involve a continuation of the testing program. **In the event of a tobacco incident, the student will not be required to attend an intake session with a mental health professional but will be required to go through the ACE program.**

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**Third Offense**

If, after an investigation, it is determined a third violation did occur, the student will be suspended from all activities for 365 calendar days. However, the student and their parents may petition the district for reinstatement after a minimum of 6 months. The parents and student will be required to submit validation of six consecutive months of clean drug testing conducted by a mutually agreed upon third party testing agency. The cost of the testing will be paid for by the family. Additional documentation might include counseling and attendance at a group meeting relating to drug and alcohol use. Whether a petition for early reinstatement is submitted or not the Athletic/Activities Director, a coach, and administration will conduct a meeting with the student and the parents before the student may possibly regain eligibility. Reinstatement may involve a continuation of the testing program. **In the event of a**

**tobacco incident, the student will not be required to attend an intake session with a mental health professional but will be required to go through the ACE program.**

**Guidelines for the student during his/her suspension for the following special school activities:**

1. **Royalty** – student will NOT be able to be a candidate for Homecoming / Winter Festival. Student will NOT be able to attend the Homecoming/Winter Festival Dance.
2. **Senior Parent Night** – Both the student and parent will be able to participate in the Senior Parent Ceremony, but the student will not be able to stay for the game.
3. **Game Attendance** – Student will not be able to attend the game during suspension.
4. **Awards Night** – If suspension has not been completed prior to the scheduled Awards Night, the student will not be able to attend. If the student has completed the suspension and ended the season in good standing, they are able to attend Awards Night.

**Injury** – If the Substance Abuse Violation suspension occurs while the student is injured and unable to participate in the activity to finish the season, then the student will no longer be a member of the team.

## **STUDENT CHARACTER EXTRA-CURRICULAR ACTIVITIES ADDENDUM (Violations occurring outside of school)**

Jefferson West High School recognizes that student character and behavior is a significant part of the activity program for our adolescents. Inappropriate criminal behavior by student/athletes may affect participation in athletics and activities at Jefferson West. **Student participation in athletics and activities at Jefferson West is a privilege not a right.**

**Activities/Athletics covered by this policy include - All MS/HS Athletic Teams, Cheerleaders, Weststeppers: Activities covered by this policy- all KSHSAA sponsored clubs/activities, musicals, plays, Thespian club, FFA, FCCLA, FCA, FBLA, Spanish Club, SADD, Pep Club, GSA, and NHS.**

### **POLICY GUIDELINES**

A student convicted of a felony is no longer eligible for participation in activities until the student has served all the requirements of the justice system.

**Basic Rules** - During the season of practice and competitive play, (which includes the fall, winter, and spring seasons **and** in the summer for Cheerleaders, Weststeppers, FCCLA, FBLA, & FFA or any other school sponsored activities summer camps, practices and national competitions), a student shall not:

1) Be involved in criminal activities which result in an arrest or in conduct constituting a misdemeanor or a felony.

### **ADDITIONAL GUIDELINES:**

- 1) Violations are accumulative throughout the school year, not per sport.
- 2) These rules also cover any portion of an activity season that occurs prior to the start of school or after the close of school.
- 3) If the violation occurs near the end of the season or at the end of the school year, the penalty phase will continue into the next sport the student/athlete participates in.

### **Confirmation of a Violation-**

#### **Violations may be reported by:**

- 1) Self Disclosure (student turns himself/herself in)
- 2) Student admits to violation after a conference
- 3) Faculty or staff sees violation
- 4) Law Enforcement
- 5) Non-school Personnel - A written report can be the basis of an investigation.

\*\*\*The Building Administrative Team will accept reports and will investigate if the facts deem it necessary.

### **AFTER THE CONFIRMATION OF THE VIOLATION, THE FOLLOWING STEPS WILL BE TAKEN-**

#### **First Offense**

The student will be suspended for one-third of the scheduled competitions based on the varsity schedule and school dances or any other school sponsored events during that time. The suspension will begin with the next scheduled competition, and could rollover to the next activity season in which the student participates. The student will still be required to attend practices and the student must complete any additional conditioning program or outside work the coach or sponsor assigns. If an offense occurs in a portion of the season in which there are practices but competitions have not started the suspension will remain in effect during the competition portion until one-third of the competitions have been missed. If,

after further investigation by the administration, the offense is determined to be of a severe nature more stringent consequences may be administered. The player and the coach/sponsor will receive in writing the dates that the player is suspended. There will be a mandatory meeting between the Athletic/Activities Director, the head coach/sponsor, the parents, and the student before possible reinstatement.

### **Second Offense**

If, after an investigation, it is determined a second violation did occur the student will be suspended from all activities for a period of 180 school year calendar days, starting from the date of the 2<sup>nd</sup> offense. However, the student and their parents may petition the district for early reinstatement after a minimum of three months. Whether a petition for early reinstatement is submitted or not, the Athletic/Activities Director, the coach/sponsor, and administration will conduct a meeting with the student and the parents before the student may possibly regain eligibility.

### **Third Offense**

If, after an investigation, it is determined a third violation did occur, the student will be suspended from all activities for 365 calendar days. However, the student and their parents may petition the district for reinstatement after a minimum of 6 months. Whether a petition for early reinstatement is submitted or not the Athletic/Activities Director, a coach/sponsor, and administration will conduct a meeting with the student and the parents before the student may possibly regain eligibility.

A student in the juvenile justice system must be in good standing with that system before consideration to be reinstated for eligibility can occur. In good standing with the justice system means that the student has and is abiding by the stipulations set by the courts, which may include but not limited to the completion of community service hours, making restitution, or any other requirement as part of the sentencing agreement. The student may then petition the administration for reinstatement with the understanding that the student is to remain in "good standing" with respect to the court's requirements.

## Jefferson West USD 340 Athletics/Activities

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### Authorization to Disclose Academic Information

Annual Notice to Students Annually, Jefferson West informs students of the *Family Educational Rights and Privacy Act of 1974* (FERPA), as amended. This Act, with which the District intends to comply fully, was designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with The Family Policy Compliance Office concerning alleged failures by the district to comply with the Act.

Information regarding FERPA may be obtained from the Jefferson West District Office at 601 East Wyandotte, Meriden, Kansas. Questions concerning the *Family Educational Rights and Privacy Act* may be direct to Jefferson West District Office.

### AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION

**By initialing the appropriate box on the Acknowledgment of Documents page,** you consent for Jefferson West to release information pertaining to the student's academic records (this includes, but is not limited to current, midterm, final grades, term or cumulative grade point averages, academic standing, credit hours attempted and earned, and information regarding the student's anticipated graduation status.) Information will be released to coaches/sponsors in which your child is currently or will be participating in a sport, activity, or organization. Only coaches/sponsors who are certified staff members employed by Jefferson West USD 340 will be granted access through this authorization.

P. O. Box 267

Meriden, KS 66512

785-484-3444

Updated 5/2019



**KANSAS STATE HIGH SCHOOL ACTIVITIES ASSOCIATION  
RECOMMENDATIONS FOR COMPLIANCE WITH THE KANSAS SCHOOL SPORTS HEAD  
INJURY PREVENTION ACT AND IMPLEMENTATION OF THE NATIONAL FEDERATION  
SPORTS PLAYING RULES RELATED TO CONCUSSIONS**

**The following language appears in all National Federation sports' rules books:**

“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”

**The Kansas Legislature has enacted the School Sports Head Injury Prevention Act (hereinafter the “Kansas Act”) effective July 1, 2011:**

Sec. 72-135. (a) This section shall be known and may be cited as the school sports head injury prevention act.

(b) As used in this section:

(1) “School” means any public or accredited private high school, middle school or junior high school.

(2) “Health care provider” means a person licensed by the state board of healing arts to practice medicine and surgery.

(c) The state board of education, in cooperation with the Kansas state high school activities association, shall compile information on the nature and risk of concussion and head injury including the dangers and risks associated with the continuation of playing or practicing after a person suffers a concussion or head injury. Such information shall be provided to school districts for distribution to coaches, school athletes and the parents or guardians of school athletes.

(d) A school athlete may not participate in any sport competition or practice session unless such athlete and the athlete’s parent or guardian have signed, and returned to the school, a concussion and head injury information release form. A release form shall be signed and returned each school year that a student athlete participates in sport competitions or practice sessions.

(e) If a school athlete suffers, or is suspected of having suffered, concussion or head injury during a sport competition or practice session, such school athlete immediately shall be removed from the sport competition or practice session.

(f) Any school athlete who has been removed from a sport competition or practice session shall not return to competition or practice until the athlete is evaluated by a health care provider and the health care provider provides such athlete a written clearance to return to play or practice. If the healthcare provider who provides the clearance to return to play or practice is not an employee of the school district, such health care provider shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(g) This section shall take effect on and after July 1, 2011.

**The KSHSAA offers the following guidelines and recommendations for compliance with the Kansas Act and for implementation of the NFHS playing rule related to concussions:**

1. If a student suffers, or is suspected of having suffered a concussion or head injury during a sport competition or practice session, the student: (1) must be immediately removed from the contest or practice and (2) may not again participate in practice or competition until a health care provider has evaluated the student and provided a written clearance for the student to return to practice and competition. The National Federation and the KSHSAA recommend that the student **should not** be cleared for practice or competition the same day the concussion consistent sign, symptom or behavior was observed.
2. *What are the “signs, symptoms, or behaviors consistent with a concussion”?* The National Federation rule lists some of the signs, symptoms and behaviors consistent with a concussion. The U.S. Department of Human Services, Centers for Disease Control and Prevention has published the following lists of signs, symptoms and behaviors that are consistent with a concussion:

SIGNS OBSERVED BY OTHERS	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"><li>• <b>Appears dazed or stunned</b></li><li>• <b>Is confused about assignment</b></li><li>• <b>Forgets plays</b></li><li>• <b>Is unsure of game, score, or opponent</b></li><li>• <b>Moves clumsily</b></li><li>• <b>Answers questions slowly</b></li><li>• <b>Loses consciousness</b></li><li>• <b>Shows behavior or personality changes</b></li><li>• <b>Cannot recall events prior to hit</b></li><li>• <b>Cannot recall events after hit</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Headache</b></li><li>• <b>Nausea</b></li><li>• <b>Balance problems or dizziness</b></li><li>• <b>Double or fuzzy vision</b></li><li>• <b>Sensitivity to light or noise</b></li><li>• <b>Feeling sluggish</b></li><li>• <b>Feeling foggy or groggy</b></li><li>• <b>Concentration or memory problems</b></li><li>• <b>Confusion</b></li></ul>

**These lists may not be exhaustive**

3. What is a “*Health Care Provider*”? The Kansas Sports Head Injury Prevention Act defines a health care provider to be “a person licensed by the state board of healing arts to practice medicine and surgery.” The KSHSAA understands this means a Medical Doctor (MD) or a Doctor of Osteopathic Medicine (DO).
4. The first step to concussion recovery is cognitive rest. Students may need their academic workload modified or even be completely removed from the classroom setting while they are initially recovering from a concussion as they may struggle with concentration, memory, and organization. Students should also avoid the use of electronic devices (computers, tablets, video games, texting, etc.) and loud noises, as these can also impair the brain’s recovery process. Trying to meet academic requirements too early after sustaining a concussion may exacerbate symptoms and delay recovery. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

5. Return to Play or Practice Clearance Requirements:

- A. The clearance must be in writing and signed by a health care provider.
- B. The National Federation and the KSHSAA recommend the clearance should not be issued on the same day the athlete was removed from play.
- C. The National Federation and the KSHSAA recommend that a student who has been removed from a practice or competition because the student suffered, or was suspected of suffering, a concussion or head injury **should complete a graduated return to play protocol following medical clearance before returning to unrestricted practice or competition.** The National Federation has included the following graduated protocol in its Suggested Guidelines for Management of Concussion in Sports. In most cases, the athlete will progress one step each day. The return to activity program schedule **may** proceed as below **following medical clearance**:

*Step 1:* Light aerobic exercise- 5 to 10 minutes on an exercise bike or light jog; no weight lifting, resistance training, or any other exercises.

*Step 2:* Moderate aerobic exercise- 15 to 20 minutes of running at moderate intensity in the gym or on the field without a helmet or other equipment.

*Step 3:* Non-contact training drills in full uniform. May begin weight lifting, resistance training, and other exercises.

*Step 4:* Full contact practice or training.

*Step 5:* Full game play.

If symptoms of a concussion re-occur, or if concussion signs and/or behaviors are observed at any time during the return to activity program, the athlete must discontinue all activity and be re-evaluated by their health care provider.

**This is simply a suggested protocol. The appropriate health care provider who issues the written clearance may wish to establish a different graduated protocol.**

6. Parents and students **ARE REQUIRED** to complete a Concussion & Head Injury Information Release Form and turn it into their school prior to the student participating in any athletic or spirit practice or contest each school year. Schools are required to have such form on file before a student may participate in a practice or competition.

## KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM

2025-2026

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without the loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

<ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Amnesia</li><li>• "Don't feel right"</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul>
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### Signs observed by teammates, parents, and coaches include:

<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li></ul>	<ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can't recall events prior to hit</li><li>• Can't recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul>
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Adapted from the CDC and the 3rd International Conference in Sport

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

### **Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

### **Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

**<http://www.cdc.gov/concussion/HeadsUp/youth.html>**

**<http://www.kansasconcussion.org/>**

For concussion information and educational resources collected by the KSHSAA, go to:

**<http://www.kshaa.org/Public/General/ConcussionGuidelines.cfm>**