

Instruction Sheet for Student/Athlete Consent Forms A-C

Student and parents/guardians must read, complete each form in its entirety, and sign all forms included in this packet in order to be eligible to participate in athletics at Wayne Community Schools.

Forms A-C must be completed and turned in to: Lori Dickes, Athletic Director Office Assistant at the Junior/Senior High School prior to the first day of the sport you are participating in. * There is a change at the bottom of Form C. Both parents must sign at the bottom unless parents are divorced, then the custodial parent must sign. If student is not living with parents, the student's legal guardian must sign.

If you have any questions, please call Lori or the Athletic Director, Mr. Wragge, at (402) 375-3150. If you have questions about immunizations, please call the school nurse at (402) 375-3854 or (402) 375-3150.

NOTE:

Please fill out forms A-C and return to: Lori Dickes, A.D. Office Assistant at the Junior/Senior High School.

Forms A-C must be completed and received before a student/athlete will be determined eligible for any type of participation.

Do not take these forms to a clinic. The clinic(s) do not want to be responsible for these forms.

**2022-2023
WAYNE COMMUNITY SCHOOLS
EXTRACURRICULAR ACTIVITIES**

EMERGENCY INFORMATION

Student's Name:	DOB:	Grade Level:
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Emergency Contact Information

	Home #	Work #	Cell #
Primary Contact/Relationship:			
1 st Secondary Contact/Relationship:			
2 nd Secondary Contact/Relationship:			

Medical Provider Information

Student's Physician:	Telephone:		
Student's Dentist:	Telephone:		
Insurance Co.:	Name on insurance card:	Insurance ID#:	

Medical Background (for Athletic Participants)

Date of Tdap:	Blood Type:
Allergies to Drugs:	Allergies to Foods:
Student's medications an emergency responder should be aware of	
Other information an emergency responder should be aware of:	

Any other pertinent information coaches or sponsors should know about related to emergency response for the student: _____

Date: _____ X
(Signature of Parent/Guardian)

Over →

2022-2023

**WAYNE COMMUNITY SCHOOLS
STUDENT AND PARENT CONSENT FOR
INTERSCHOLASTIC PARTICIPATION**

I (Student's Name) request to participate in Wayne Community Schools interscholastic activities in the 2022-2023 school year. In making this request, Student states: This application to participate in interscholastic activities for the Wayne Community Schools is entirely voluntary on my part. I have read the eligibility rules and regulations of the Nebraska School Activities Association and the rules and regulations of Wayne Community Schools. I am not in violation of such rules.

(I am)(We are) the Student's parent or guardian ("Parent") and hereby give consent for the Student to participate in Wayne Community Schools interscholastic activities in the 2022-2023 school year.

Date:
(Signature of Parent/Guardian)

Date:
(Student Signature)

Parent and Student hereby give the following statements, agreements and consents:

WARNING OF RISK: I realize that participation involves the potential for injury which is inherent in all interscholastic activities. Even with the protective equipment, safety rules and instruction and direction of coaches and sponsors that are provided, injuries are still a possibility. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis, and death. *I acknowledge that I have read and understand this warning.*

MEDICAL: Parent is responsible for any professional medical and/or related services; the school shall not be liable for payment of such services. Parent and Student give permission to any and all of the Student's health care providers to release and discuss all records and information such health care providers may have about Student (including otherwise confidential medical information and records) to Wayne Community

Schools and its employees, staff, agents, and consultants. Parent and Student further give permission to Wayne Community Schools, its employees, staff, agents, and consultants to release and discuss all records and information it has (including otherwise confidential medical information or records) to Student's health care providers and to others as Wayne Community Schools may determine appropriate for the purposes of determining activity eligibility, fitness, or injury status, or to respond to an emergency.

INSURANCE: I acknowledge that insurance coverage is recommended for all participants. The expense of insurance coverage is Parent's responsibility. Information regarding insurance is available in the Athletic Director's office.

INJURY REPORTING: Parent and Student agree to report to coaches and trainers any injury what-so-ever suffered by Student before, during, or after the season, practice, or games, whether such injury occurred as a part of participation in the extracurricular activity or outside of such activity.

Form B-Turn this form into the high school office.

ELIGIBILITY RULES: The major rules and regulations governing Student's eligibility to participate in interscholastic activities have been disclosed to Student and Parent. I have read the Nebraska School Activities Association rules of eligibility for participation in interscholastic activities, including the parent domicile, student transfer, and scholastic rules. I understand that activity participants must be enrolled in at least twenty hours per week, have regular in attendance and have on school records a minimum of 20 hours credit for the immediate preceding semester. Wayne Community Schools includes additional eligibility requirements as set forth in the Parent-Student Handbook.

TRANSPORTATION: I understand the activity may be conducted at a location other than Wayne Community Schools. In some instances Wayne Community Schools will not provide transportation to the activity. In such cases transportation to the site is the responsibility of Parent and Student. I understand that Wayne Community Schools is not responsible when Student is provided transportation by a private vehicle driven by others.

GOOD SPORTSMANSHIP: I understand good sportsmanship is essential to the success of the activity program. A failure to follow the principles of good sportsmanship or other inappropriate behavior may result in removal from the contest and may result in suspension from attending future contests or activities.

RELEASE OF INFORMATION: I consent to academic information including grade point average, class rank, and any academic awards/recognition received by Student to be released. Most typically this information will be used for the purpose of recognizing excellence in both athletics and academics and released for publication in newspapers, school publications, awards banquets or assemblies, and all-conference or all-state awards.

UNIFORM/EQUIPMENT RETURN:

I agree to return all uniforms and equipment issued to me promptly on request in good condition, subject to wear and tear that occurs from normal use. I accept financial responsibility for the return of items assigned to Student and agree to reimburse the school the actual replacement value of the items in the event that they are not returned or are damaged, or for cost of repairs if they can be repaired. I understand that failure to reimburse the school in a timely fashion could affect extracurricular activity eligibility.

ACTIVITY CODE: The Wayne Community Schools Parent-Student Handbook includes an Activity Code that sets out rules of behavior. Student agrees to comply with the Activity Code. In the event I am uncertain as to whether particular behavior or conduct would violate the Activity Code, I understand that I should ask the Athletic Director for advice before engaging in the behavior or conduct. I agree that participation in extracurricular activities is a privilege that may be denied by suspension or other discipline if Student does not comply with the Activity Code.

I agree that the Activity Code is a set of school rules and are not to be interpreted the same way as a criminal code. As such, I agree that the rules are subject to interpretation by school officials. I also agree that school officials may determine that a violation of the Activity Code has occurred when school officials reasonably determine from whatever information they find credible that the Student engaged in the conduct in question. School officials may determine that a violation of the Activity Code has occurred even though a criminal charge related to the conduct is still pending and even if Student has been found not guilty or the criminal charge has been otherwise dismissed.

Instruction Sheet for Student/Athlete Physical Forms D-E-F

Student and parents/guardians must read, complete each form in its entirety, and sign all forms included in this packet in order to be eligible to participate in athletics at Wayne Community Schools.

Form D must be completed and taken to the Doctor's office. Form E-F will be filled out by the Doctor. *You MUST bring all forms to Lori Dickes in the Junior/Senior High School office.

****Please sign the bottom of Form D so information can be released to the school. Form D should be completed by student and parent/guardian before the physical examination.**
The physician will complete form E-F.

ACCORDING TO STATE STATUTE, ALL ATHLETES ARE REQUIRED TO COMPLETE A PHYSICAL EXAMINATION.

NOTE: Complete & sign form D before seeing your doctor. *Be sure to sign the bottom of form D. Forms D & E-F must be completed before a student/athlete will be determined eligible for any type of participation.

Athletes will not be permitted to practice or compete in any Nebraska School Activities Association sponsored activities until the athlete has been examined and is determined to be physically fit for athletic participation. The physical must be taken once each year. **A physical given June 1 or after will be acceptable for the following school year.**

Please call the Clinic of your choice to inquire if they are offering a **special physical price for grades 7-12 starting June 1st**. If you have insurance, you may want to call and see if it covers a physical. Let the clinic know when you schedule the appointment if you are interested in a special or if you want them to file the visit to your insurance.

You must bring all forms D & E-F to Lori Dickes at the Junior/Senior High School office.

If you have any questions, please call Athletic Assistant, Lori Dickes or Athletic Director, Mr. Wragge, at (402) 375-3150. If you have questions about immunizations, please call the school nurse (402) 375-3854 or (402) 375-3150.

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM D

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	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 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	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?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. 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)?		
12. 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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS		Yes	No
14.	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?		
15.	Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS		Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17.	Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18.	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19.	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20.	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21.	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22.	Have you ever become ill while exercising in the heat?		
23.	Do you or does someone in your family have sickle cell trait or disease?		
24.	Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25.	Do you worry about your weight?		
26.	Are you trying to or has anyone recommended that you gain or lose weight?		
27.	Are you on a special diet or do you avoid certain types of foods or food groups?		
28.	Have you ever had an eating disorder?		
FEMALES ONLY		Yes	No
29.	Have you ever had a menstrual period?		
30.	How old were you when you had your first menstrual period?		
31.	When was your most recent menstrual period?		
32.	How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM E

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> 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.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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

Parent or Legal Guardian Signature _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM F

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

- _____
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, 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 health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Wayne Community Schools
2022-23 Concussion Policy
See WCS District Policy 6283

In compliance with the Nebraska Concussion Awareness Law LB 260 (7-1-2012) and LB 923 Return to Learn Amendment (4-22-2014), Wayne Community Schools has entered into official policy the directives and responsibilities as identified in such laws.

The Nebraska Concussion Awareness Law LB260 was enacted to provide a means for schools to improve their athletic health care; improve their methods for managing sports-related concussions and the progression for concussed athletes return to play in a more consistent, objective, and safe manner; educate schools, coaches, athletes, and parents to recognize the signs, symptoms, and inherent risk of sports-related concussions.

LB 923 The Return to Learn Amendment is a revision of LB 260 and established a return to learn protocol for students that have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modification of curriculum, and monitoring by medical or academic staff until the student is fully recovered.

In compliance with LB 260 & LB 923, the following step by step policy will be followed when an athlete is “*reasonably suspected*” of having received a concussion or anytime an athlete is removed from a game, practice or sports activity due to a suspected concussion prior to “return to play”, sports’ participation or any school sponsored physical activity.

Step 1: The athlete will immediately be removed from play, sports participation and all physical activity. No athlete suspected of having sustained a concussion will return to athletic activity until the succeeding steps are fully completed.

“When in doubt, sit them out!” The concussed brain is most vulnerable to a repeat injury (2nd Impact Syndrome) following the initial concussion. The 2nd injury is very critical to guard against. Previously, athletes were allowed to return to play during the same day, game or practice in which the injury occurred if their symptoms resolved during the course of that activity. Studies have now shown us that the young brain does not recover quickly enough for an athlete to return to activity in the same day of injury. Once a concussion occurs, the brain is most vulnerable to further injury and very sensitive to any increased stress until it fully recovers. If an athlete returns to activity before being fully healed from a concussion, the athlete is at increased risk for a repeat concussion. A repeat concussion that occurs before the brain has a chance to recover from the first can slow recovery or increase the chance for long-term potentially life threatening complications.

Step 2: The athlete’s parents or guardians will be contacted about the suspected concussion.

Parents or Guardians will be notified immediately after the injury and will be provided information on Wayne Community School’s Concussion Policy and will review the subsequent concussion management protocol.

Step 3: All athletes suspected of having a concussion must be medically evaluated by a licensed health care professional trained in the evaluation and management of traumatic brain injury among a pediatric population before they are eligible to return to play.

If the injured athlete is formally medically diagnosed with having sustained a concussion, Steps 4 thru 6 will be followed accordingly and the injured athlete will be disqualified to return to play until all steps are satisfactorily completed.

If the injured athlete is formally and medically determined to “NOT” have sustained a concussion, the injured athlete may then return to play upon having provided a satisfactorily completed Return to Play (RTP) form which requires clearance and signatures from both the examining medical provider and parent/guardian.

Step 4: The Wayne Community Schools Concussion Management Team (CMT) will be notified of the injured athlete.

A successful Return to Learn is necessary before Return to Play may be activated. In compliance with Nebraska LB 923, the Wayne Community Schools CMT will design an individual plan to review the student’s concussion recovery and make the necessary academic accommodations until that student no longer needs them as a result of the concussion. After the CMT certifies that no further academic concerns or accommodations are needed, the student may be released to begin the progressive return to play program.

Step 5: ImPACT Test - Immediate Post-Concussion Assessment and Cognitive Testing.

ImPACT is an on-line computer-based testing program specifically designed for the management of sports-related concussion. It is a research-based software tool developed at the University of Pittsburg Medical Center that evaluates multiple aspects of neurocognitive function.

ImPACT is the industry leader in neurocognitive post-concussion testing. Current ImPACT clients include the NFL, NBA, NHL, MLB, numerous NCAA Division I Football programs and multiple high schools throughout the United States & Nebraska.

Testing involves a pre-activity baseline test and post-injury test for comparison. When a concussion has occurred, the post-injury test is compared to the baseline report to assess potential changes caused by a concussion. The injured athlete must present satisfactory computer-evaluated post-concussion test scores that indicate neurocognitive function has returned to pre-injury baseline testing levels

ImPACT measures multiple aspects of neurocognitive functioning in athletes, including

- Player symptoms
- Verbal and visual memory, processing speed, and reaction time
- Reaction time measured to a 1/100th of second
- Attention span
- Working memory
- Sustained and selective attention time
- Response variability
- Non-verbal problem solving

Step 6: Written clearance/consent to return to play by a licensed health care professional, trained in the medical evaluation and management of traumatic brain injury among a pediatric population.

Before initiating Step 7 Progressive Return to Play, the injured athlete must;

1. Have provided written clearance/consent from the examining medical provider;
2. Have provided written clearance/consent from parents/guardians;

3. Has been certified by the school's Concussion Management Team to Return to Learn;
4. Has satisfactorily completed the ImPACT Post-Concussion Test;
5. Is symptom-free at rest, remains symptom-free or no longer presents signs or symptoms of a concussion in an effort to allow the brain to continue to heal and to re-adjust to physical exertion, the injured athlete may proceed with activity in a gradual step-wise Progressive Return to Play (RTP) Program.

Step 7: Progressive Return to Play (RTP) Program.

24 hours will be required between each step before advancing to the next step as monitored and directed by the Wayne HS Athletic Trainer. The concussed athlete must remain symptom-free before proceeding to the next step. The concussed athlete will be re-evaluated daily prior to the start of each new step.

This process will be repeated until the athlete can complete all steps and remain symptom free. The injured athlete will NOT be allowed to begin the gradual progression for return to sport activity until the program has been satisfactorily completed.

If concussion symptoms, signs or behaviors recur or are observed, the athlete must stop all activity and be re-evaluated by a licensed health care professional. The athlete may not resume the Progressive Return to Play Program until being symptom free. Once the concussed athlete is symptom free, they may resume the Progressive Return to Play Program starting over with Step 1.

The return to play schedule will proceed as follows:

Step 1: Symptom-free at rest. No physical or mentally taxing activity.

Step 2: Light aerobic exercise. Low level activity. No weight lifting or resistance training.

Step 3: Moderate aerobic exercise. Running at moderate intensity without equipment.

Step 4: Sport specific drills. Non-contact drills. May begin weight lifting or resistance training.

Step 5: Full contact practice, scrimmage or training drills.

Step 6: Full game or competition play.

All injuries and/or illnesses preventing an athlete from sports participation must be reported to the Wayne HS Sport Head Coach and/or Wayne HS Athletic Trainer. Athletic injury return to play progression is monitored by the Wayne HS Athletic Trainer under the direction of and approval by the examining medical provider.

All athletes requiring medical evaluation for injuries or illnesses that subsequently prevent the athlete from sport participation (whether or not the result of athletic participation), are required to provide a satisfactorily completed "Return to Play" clearance form signed by parent(s) or guardian(s) and the examining medical provider.

Questions or concerns regarding this policy may be directed to;

**Chris Pavlik, MS, ATC
Wayne HS Athletic Trainer
Providence Physical Therapy / Providence Medical Center
(402) 640-3901**

I, _____ parent/guardian of

_____ have read the information concerning concussions and Nebraska Concussion Awareness Law LB260 and the Return to Learn Amendment Law LB923.

Signature of Parent or Guardian

