

### **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.**



**Form A-Turn this form into the high school office.**

**2021-2022  
WAYNE COMMUNITY SCHOOLS  
EXTRACURRICULAR ACTIVITIES**

**EMERGENCY INFORMATION**

<b>Student's Name:</b>	<b>DOB:</b>	<b>Grade Level:</b>
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**Emergency Contact Information**

	Home #	Work #	Cell #
Primary Contact/Relationship:			
1 <sup>st</sup> Secondary Contact/Relationship:			
2 <sup>nd</sup> 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 →

**Permit to Attend Athletic Event/Medical Consent Form**  
**2021-22**

It is understood that the child is still under school supervision, but neither the school district nor those in charge shall be held responsible in case of an accident.

In the event an accident or injury does occur, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations, and/or immunizations for the above named student.

The administration, staff, team trainer, or coach will apply first aid treatment until a doctor can be contacted. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact parents/guardians in the most expeditious way possible. If said physician is not able to communicate with parents/guardians, the treatment necessary for the best interest of the above named student may be given.

I/we acknowledge that parents/guardians are obligated to pay for professional medical and/or related services; the school shall not be liable for payment of such services.

I/we give our consent for administration, staff, coaches, trainers, and physicians to use their own judgment in securing medical aid and ambulance service in case, the parents/guardians, cannot be reached.

<b>X</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
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**\*\*This form is valid through the 2021-2022 school year.**

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

**2021-2022**  
**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 2021-2022 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 2021-2022 school year.

Date: \_\_\_\_\_ X \_\_\_\_\_  
(Signature of Parent/Guardian)

Date: \_\_\_\_\_ X \_\_\_\_\_  
(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.

**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 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.

**To be completed for  
students participating in any  
NSAA activities.**

**Form C**

**Student and Parent Consent Form**



School Year: 20\_\_\_\_-20\_\_\_\_

Member School: \_\_\_\_\_

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

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

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury **or illness** of some type; (c) 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; **(d) the severity of an illness, including contagious diseases such as the COVID 19 virus, and bacterial infections may be so severe as to result in disability and death;** and, (e) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.

(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

Name of Student [Print Name] \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). I(We) acknowledge that I(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, I(we) hereby give (my)(our) permission for \_\_\_\_\_ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Basketball	Bowling	Cross Country	Debate	Football	Golf	Journalism
Music	Play Production	Soccer	Softball	Speech	Swim/Dive	Tennis	Track & Field
Unified Bowling	Unified Track & Field	Volleyball	Wrestling				

Parent(s)/Guardian Printed Name(s)*	Parent/Guardian Signature	Date of Signature

**\*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the student is not living with parents, the student's legal guardian.**

Revised June 2020





**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 May 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 May 1<sup>st</sup>**. 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  $\geq 3$  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?		

**No** **Yes**

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**Yes** **No**

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**No** **Yes**

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**No** **Yes**

[illegible]

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1

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\_\_\_\_\_

**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: \_\_\_\_\_

# WAYNE PUBLIC SCHOOLS PHYSICAL EXAMINATION FORM E & F 2021-22

**7<sup>th</sup> GRADE STUDENTS WILL NOT BE ABLE TO START SCHOOL UNTIL THE REQUIRED PAPERWORK EXPLAINED BELOW IS COMPLETED.**

- **PHYSICAL** - The Nebraska state law requires a completed **PHYSICAL** signed by a doctor or a **WAIVER** signed by the parent or the guardian **PRIOR** to entering 7<sup>th</sup> grade. The physical or waiver needs to be completed & returned to school prior to the first day of school.
- According to NSAA athletic bylaws, a sports physical must be completed after May 1, 2021.
- **TDAP BOOSTER AND IMMUNIZATIONS** – 7<sup>th</sup> graders must have documentation of a TDAP immunization as required by the State of Nebraska.

Parents, please note these papers **MUST** be provided to the school. If the school does not have these papers, the student will not be able to start school until we have received the paperwork.

Name \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_

Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Allergies \_\_\_\_\_

**Please complete prior to exam.**

Do you take any supplements or vitamins to help with weight loss or weight gain? Yes \_\_\_\_\_ No \_\_\_\_\_

What do you think is your ideal weight? \_\_\_\_\_ Lowest weight last year \_\_\_\_\_ Highest weight \_\_\_\_\_

Are there any medical concerns you would like to discuss with the doctor? \_\_\_\_\_

## **Physical Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Heart \_\_\_\_\_ Thyroid \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Lungs \_\_\_\_\_ Abdominal Organs \_\_\_\_\_

Urinalysis \_\_\_\_\_ Hemoglobin/HGT \_\_\_\_\_ Evidence of Hernia \_\_\_\_\_

## **Orthopedic Exam:**

Neck \_\_\_\_\_ Upper Extremities \_\_\_\_\_ Spine \_\_\_\_\_

Knees \_\_\_\_\_ Lower Extremities \_\_\_\_\_ Evidence of Scoliosis \_\_\_\_\_

Feet \_\_\_\_\_ Mouth \_\_\_\_\_ Dental cavities needing treatment \_\_\_\_\_

## **Vision Screening:**

OD \_\_\_\_\_ OS \_\_\_\_\_

With glasses: OD \_\_\_\_\_ OS \_\_\_\_\_

## **Audiometric Screening Report:**

1000 2000 400

RE \_\_\_\_\_

LE \_\_\_\_\_

**Immunizations:** Seventh grade students are required to have a **TDAP** booster. Please list the dates of updated vaccinations.

TDAP \_\_\_\_\_ Varicella #1 \_\_\_\_\_ #2 \_\_\_\_\_ or Date of disease \_\_\_\_\_

**Other immunizations:** (These are not required by state law but may be administered per your doctor's advice.)

HPV \_\_\_\_\_ Meningococcal \_\_\_\_\_ Hepatitis A \_\_\_\_\_

Signature

Date

Birthdate

Grade

I do not wish that my child

As the Parent/Guardian of

have a physical examination.

Please fill out the section below ONLY if you wish to WAIVER the physical. This must be signed by the parent or guardian. This does not apply to students who participate in athletics.

Physical Waiver

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

Print Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

FOOTBALL TRACK BASKETBALL VOLLEYBALL CROSS COUNTRY WRESTLING

SOFTBALL GOLF UNIFIED BOWLING CHEERLEADING BASEBALL DANCE

I certify that I have, on this date, examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, EXCEPT THOSE CROSSED OUT.

Medical health problems: History of heart stroke/exhaustion \_\_\_\_\_ Heart murmur \_\_\_\_\_

Seizures \_\_\_\_\_ High blood pressure \_\_\_\_\_ Diabetes \_\_\_\_\_ Sickie Cell Disease \_\_\_\_\_

Abnormal bleeding \_\_\_\_\_ Hepatitis \_\_\_\_\_ History of loss of consciousness/head injury \_\_\_\_\_

Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_ Treatment: \_\_\_\_\_

Required medication on a daily or episodic routine: \_\_\_\_\_

Physical Activity: Unrestricted \_\_\_\_\_ Modifications or Exceptions \_\_\_\_\_

Remarks and Suggestions: \_\_\_\_\_

**Wayne Community Schools**  
**2021-22 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 (2<sup>nd</sup> Impact Syndrome) following the initial concussion. The 2<sup>nd</sup> 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 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 Pittsburgh 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;

**Tim Ellis, MS, ATC  
Wayne HS Athletic Trainer  
Providence Physical Therapy / Providence Medical Center  
(402)640-7777**



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

