

Dell Rapids School District Code of Conduct for Students

Students at Dell Rapids High School are expected to positively represent their school by demonstrating appropriate behavior year-round and also by adhering to the following Code of Conduct.

Any Dell Rapids high school student must adhere to the following Code. Students cannot:

- possess, sell, dispense, or use tobacco.
- possess, sell, dispense, or use a controlled or mood-altering substance, such as steroids, marijuana, inhalants, alcohol and other drugs.
- commit any crime against a person or against property.

This Code will be enforced year-round regardless of whether or not the student is participating in an activity at the time.

Students who violate this Code of Conduct will:

1. **First Violation:** The student will serve 5 hours of school service supervised by a school district employee or designee. Students demonstrating excellent work-ethic will be allowed to serve fewer hours.
2. **Second Violation:** The student will serve 10 hours of school service supervised by a school district employee or designee. Students demonstrating excellent work-ethic will be allowed to serve fewer hours.
3. **Third Violation (and every subsequent violation):** The student will serve 15 hours of school service supervised by a school district employee or designee. Students demonstrating excellent work-ethic will be allowed to serve fewer hours.

School District Rules Regarding Violations:

1. Student Code of Conduct will begin on the first day of class of student's ninth grade or the first day of enrollment to the district after that time.
2. Conduct violations accumulate over a student's high school career; however, students who have had only one violation and then remain violation-free for twelve consecutive months from the date of the last violation, start over with a clean record. This opportunity applies only once during a student's high school career.
3. If the Conduct violation occurs at school, at a school event, on school property, or while under the supervision of the activity advisor, the district rules of student conduct and discipline (PDP) will also be applied. If the student is also in SDHSAA and DRSD sponsored activities, the District's Code of Conduct for Students in SDHSAA and DRSD sponsored activities will be applied separately and in addition to this policy.
4. The following steps will be taken when assigning school service:
 - a. The Activities Director and/or Principal will inform the student of the rule, regulation, or policy which has been allegedly violated and how the rule, regulation or policy was allegedly violated.
 - b. The student will be given an opportunity to answer the charges and present evidence on his or her behalf.
 - c. The Activities Director and/or Principal will render a decision as soon as possible after reviewing the case and inform the student and student's parents of the decision.

order for events to count toward the minimum number of events for which the student is ineligible following a reduction in the suspension, the student must participate in the entire activity season.

- **Second Violation:** SDCL 13-32-9 states that any person adjudicated, convicted, the subject of an informal adjustment or court approved juvenile diversion program, or the subject of a suspended imposition of sentence for possession, use, or distribution of controlled drugs or substances or marijuana as defined in SDCL 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by SDCL 22-42-15, is ineligible to participate in any extracurricular activity at any secondary school accredited by the DOE for one calendar year from the date of adjudication, conviction, diversion, or suspended imposition of sentence. The one year suspension may be reduced to sixty calendar days (which must include six SDHSAA sanctioned events) if the person participates in an assessment with a certified chemical dependency counselor or completes an accredited intensive prevention or treatment program. If the assessment indicates the need for a high level of care, the student is required to complete the prescribed program before becoming eligible to participate in extracurricular activities. In order for events to count toward the minimum number of events for which the student is ineligible following a reduction in the suspension, the student must participate in the entire activity season.
- **Subsequent Violation:** SDCL 13-32-9 states that upon a subsequent adjudication, conviction, diversion, or suspended imposition of sentence for possession, use or distribution of controlled drugs or substances or marijuana as defined in SDCL 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by SDCL 22-42-15, by a court of competent jurisdiction, that person is ineligible to participate in any extracurricular activity at any secondary school accredited by the Department of Education.

[The school will not reduce twelve-month suspensions from activities of students who have a second or third adjudication, conviction, diversion, or suspended imposition of sentence for possession, use, or distribution of controlled drugs or substances or marijuana as defined in SDCL 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by SDCL 22-42-15.]

Definitions:

1. **SDHSAA Activity** = All school sanctioned student activities, including but not limited to football, cross country, golf, basketball, wrestling, volleyball, track & field, cheerleading, oral interpretation, Quiz Bowl, and one-act play. It does not include extra- and co-curricular offerings including but not limited to FFA and FCCLA.
2. **School Activity Event** = A public presentation, performance, competition, or trip associated with participation in a school activity. Exemptions are made for any events considered to be part of a course curriculum for which a student's grade would suffer negative consequences.
3. **Year-round** = 24-hours a day, 365 days a year

Student Code of Conduct

Dell Rapids Public School District Philosophy for Students Participating in Activities

We Believe:

- In developing success through hard work, good attitude, good training, and heart and desire.
- In giving students the opportunity to select activities to which they can dedicate themselves.
- In students abiding by rules of conduct at all times once they have joined an activity.
- In promoting a Quarrier Spirit... which consists of courtesy, pride, sportsmanship, and loyalty.
- In treating officials, opponents and fans with respect.
- In controlling our temper and being a good sport whether in victory or defeat.
- In joining in our school song and cheers.
- In respecting the property of others.

We Do Not Believe:

- In activities consuming a student, but rather providing balance.
- In interfering with our opponent's cheers.
- In using profane language.
- In using negative chants or comments toward our opponents.
- In throwing objects, physically confronting others, or behaving in a reckless or dangerous way.
- In using social media to criticize teammates, coaches, opponents, or programs.

Any student/athlete whose conduct during the school year is such to make him/her unworthy to represent the school may be ruled ineligible in extracurricular activities. Any such ruling of ineligibility will be determined by the administrators and/or coach/advisor.

Dell Rapids School District Parent/Coach Communication Q & A

What is appropriate behavior at an event or activity?

- Avoid all demeaning and derogatory comments toward officials, coaches, and players.
- Encourage and be positive with your child and his/her Quarrier teammates.
- Avoid any use of foul language.
- Represent Dell Rapids School District with class and integrity.

What type of communication should parents expect from their child's coach?

- Philosophy of the coach (goals, objectives, expectations, discipline, special rules, etc.).
- Location and times of all practices and contests.
- Special team requirements (fees, special equipment, conditioning, team roles, etc.).
- Policies regarding transportation, practice, vacations, lettering, etc.

What kind of communication do coaches expect from parents?

- Notification of any schedule conflicts well in advance.
- Specific information relating to the physical health and emotional well-being of your child.

What should parents do if they have specific sport/activity related concerns?

- Student athlete/participant should first meet with the coach/advisor.
- If resolution is not achieved, the parent should contact the coach during school hours. Please ***do not*** attempt to confront a coach before or after a contest or practice.
- If resolution is not achieved, the parent should contact the athletic director during school hours.

What are some issues which are not appropriate to discuss with coaches?

Coaches are professionals, hired to manage their teams. The following are topics which are left to the discretion of the coach.

- Playing time, starters, etc.
- Specific offenses and defenses
- Information about other students

Please remember the fields or gymnasiums are your child's classrooms. Many valuable lessons are learned within these athletic arenas. Our program is an educational one in which students will grow from both positive and adverse situations.

Dell Rapids School District Code of Conduct for Students in SDHSAA Activities

Student participation in SDHSAA and DRSD sponsored activities (hereafter referenced as “activities”) is a privilege, not a right. Students who choose to participate in activities are expected to positively represent their school by demonstrating appropriate behavior year round and also by adhering to the following training rules.

Any middle school or high school student wishing to participate in school activities must adhere to the following training rules. Students cannot:

- possess, sell, dispense, or use tobacco.
- possess, sell, dispense, or use a controlled or mood-altering substance, such as steroids, marijuana, inhalants, alcohol and other drugs.
- commit any crime against a person or against property.

These training rules will be enforced year-round regardless of whether or not the student is participating in an activity at the time. Students who violate these rules will be ineligible to participate according to the activity consequences listed below.

School District Consequences for Violations:

1. **First Violation:** The student will be suspended for ten percent of the regular scheduled season during the season in which they are a participant* or the upcoming activity season in which they would be a participant. The number of suspended events may carry over into the next season that the student is a participant.
2. **Second Violation:** The student will be suspended for forty percent of the regular scheduled season during the season in which they are a participant* or the upcoming activity season in which they would be a participant. The number of suspended events may carry over into the next season that the student is a participant.
3. **Third Violation and every subsequent violation:** The student will not participate in any activity for twelve calendar months. The student will not be eligible for activity awards during the twelve-month period.

* Student being deemed a participant in an activity will be determined by the High School Principal, High School Activities Director, and applicable coach(es). Examples include but are not limited to student manager, set designer, and videographer.

School District Rules Regarding Violations:

1. Student conduct rules and training rules for students will begin on the first day of class (or activity, if the activity starts before the first day of class) of student’s seventh grade or the first day of enrollment to the district after that time.
2. Conduct violations accumulate over a student’s 7-12 grade middle school and high school career; however, students who have had only one violation and then remain violation-free for twelve consecutive months from the date of the last violation, start over with a clean record. This opportunity applies only once during a student’s 7-12 grade school career.
3. The consequences listed above are minimums only. The Activities Director, Principal, Superintendent and/or School Board may prohibit participation from activities for a greater period of time and/or impose penalties in addition to suspension from the activity.
4. If the violation occurs at school, at a school event, on school property, or while under the supervision of the activity advisor, the district rules of student conduct and discipline will also be applied.
5. The following steps will be taken when suspending a student from an activity:

- a. The Activities Director and/or Principal will inform the student of the rule, regulation, or policy which has been allegedly violated and how the rule, regulation or policy was allegedly violated.
 - b. The student will be given an opportunity to answer the charges and present evidence on his or her behalf.
 - c. The Activities Director and/or Principal will render a decision as soon as possible after reviewing the case and inform the student and student's parents of the decision.
 - d. Upon suspending a student the Activities Director and/or Principal will provide oral or written notice of the suspension to the student's parent(s) or guardian(s).
6. In the event the student or parents believe that the student has been suspended from an activity without just cause, the student or parent may appeal the decision within five school days to the Superintendent or Superintendent's designee. The Superintendent or designee has five school days to respond to the appeal. The student will remain ineligible during the appeal process. Should the parent or student disagree with the Superintendent's or Superintendent's designee's decision, the parent or student may appeal the decision within five school days to the Board of Education. The School Board will schedule an executive session at the next regularly scheduled school board meeting, at which time the student, parent, and such other persons as may be deemed necessary must be present, and the Board will address the appeal.
 7. Suspension begins with the date the student is informed by the Activities Director of the suspension.
 8. Evidence of a violation may be the result of:
 - a. information received from law enforcement or court services personnel provides reasonable cause to believe that an infraction has occurred.
 - b. a student found guilty, pled guilty, or enters a no contest plea in either Juvenile Court or Adult Criminal Court.
 - c. a self-reported violation by either the parent or student.
 - d. an observed violation reported by a staff member.
 - e. an observed violation reported by a person not a school district employee, provided the information has been verified to the satisfaction of the Activities Director.
 9. Students with pre-existing training rule violations will be allowed to join an activity once its first official day of practice (as outlined by the SDHSAA Calendar) has passed or has not passed. However, if they join an activity already in progress, the penalty/suspension from contests will be determined by the Athletic Director and coaches involved. Students must complete that activity in good-standing of that activity's head coach in order for suspensions served to be binding (if allowed to be served during that activity) and not carry over to the next season.
 10. Students in violation of activity rules during their season of participation will not be eligible for any district post-season or year-end awards.
 11. Students serving in-school or out-of-school suspension may not be eligible to participate in activity events on days they are suspended. This will be determined by the High School Principal and Athletic Director.

State Law Violation and Consequences Pursuant to SDCL 13-32-9:

In addition to school district consequences, state law (SDCL 13-32-9) can also result in the student not being able to participate in any activity sanctioned by the South Dakota High School Activities Association (SDHSAA). SDCL 13-32-9 requires:

- **First Violation:** SDCL 13-32-9 states that any person adjudicated, convicted, the subject of an informal adjustment or court approved juvenile diversion program, or the subject of a suspended imposition of sentence for possession, use, or distribution of controlled drugs or substances or marijuana as defined in SDCL 22-42, or for ingesting, inhaling, or otherwise taking into the body any substances as prohibited by SDCL 22-42-15, is ineligible to participate in any extracurricular activity at any secondary school accredited by the DOE for one calendar year from the date of adjudication, conviction, diversion, or suspended imposition of sentence. The one year suspension may be reduced to thirty calendar days (which must include two SDHSAA sanctioned events) if the person participates in an assessment with a certified chemical dependency counselor or completes an accredited intensive prevention or treatment program. If the assessment indicates the need for a high level of care, the student is required to complete the prescribed program before becoming eligible to participate in extracurricular activities. In

CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)

Students Name _____ Date of Birth _____

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2017.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent

Date

This form must be completed annually and must be available for inspection at the school

CONSENT FROM PARENTS AND/OR LEGAL GUARDIANS FOR MEDICAL TREATMENT

AWAY FROM HOME ON ROAD TRIPS FOR VARIOUS ACTIVITIES

CONSENT FOR MEDICAL TREATMENT

I am the _____ (mother-father-legal guardian) of _____ (student), who participates in extra-curricular activities for Dell Rapids High School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the Dell Rapids School District while on a school-sponsored activity and hereby appoint said employee to act on behalf in securing necessary medical services from any duly licensed physician or osteopath.
Dated this _____ day of _____, 20 _____.

(Parent Signature)

CONSENT OF CHILD

I, _____ have read the above Consent form signed by my _____ (mother-father-legal guardian) and join with _____ (him/her) in the consent.

Dated this _____ day of _____, 20 _____.

(Student signature)

IMPORTANT:

Are you allergic to any drug? _____ If so, what? _____

Do you have any other allergies? (i.e. bee stings, dust, etc.) _____

Are you on medications? _____ If so, what? _____

Do you wear contacts? _____

Insurance Co. _____ Policy No. _____

Other:

Listed below are two persons to contact in case of emergency.

(Guardian and one other adult)

Name: _____ Home Phone _____

Address: _____ Work Phone _____

Relationship: _____ Cell Phone _____

Name: _____ Home Phone _____

Address: _____ Work Phone _____

Relationship: _____ Cell Phone _____

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT AND STUDENT CONSENT FORM**

School Year: 2016-2017 Name of High School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, 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 SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. *If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.*

I acknowledge that I have read paragraphs one (1) through four (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this _____ day of _____, 20_____

Name of Student (Print Name)

Student Signature

I am the student's ~~parent/guardian~~. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for _____ (student's name) to practice and compete for the above named high school in activities approved by the SDHSAA.

DATED this _____ day of _____, 20_____

Parent/Guardian (Print Name)

Parent/Guardian Signature

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR
INSPECTION AT THE SCHOOL**

CONCUSSION FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even if what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps you teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first - usually within a short period of time (hours, days, or weeks) - can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. Seek medical attention right away. A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
4. Tell all of your teen's coaches and the student's school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. You teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

Parent/Guardian's Name (Please print) _____ Date _____, 20__

Parent/Guardian's Signature _____ Date _____, 20__

THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

CONCUSSION FACT SHEET FOR ATHLETES

What is a concussion?

A concussion is a brain injury that:

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

All concussions are serious. A concussion can affect your ability to do homework and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

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

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

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

Student's Name (please print) _____ Date _____

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

Dell Rapids School District

Student and Parent/Guardian Acknowledgement

Please read and discuss the appropriate Codes of Conduct with your child.

- Code of Conduct for Student in SDHSAA Activities
- Code of Conduct for Student at Dell Rapids High School

This form must be returned to the School Office (for grades 7-12) prior to any practice, game or meeting.

Your signature indicates both you and your child understand the school district's expectation and the consequences for violation of these expectations.

Date: _____ Current Grade _____

Print Student's
Name: _____

Student's Signature:

Print Parent/Guardian Name:

Parent/Guardian Signature:

Only required for students entering 8th, 9th, 11th and 12th grades.

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for _____ GRADE _____
Name (Please Print) 2017-18 SCHOOL YEAR
who was born at _____ on _____
City, Town, County, State Date of Birth
to compete in SDHSAA approved athletics for _____ High School during the 2017-18 school year.
I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.
Signed _____ Date _____, 20____
Parent or Legal Guardian

THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.

INTERIM PRE-PARTICIPATION HISTORY

(Used in conjunction with the Biennial/Triennial examination.)

**SEE REVERSE SIDE FOR
HEALTH HISTORY QUESTIONNAIRE**

INTERIM PRE-PARTICIPATION HISTORY

(Used in conjunction with the Biennial/Triennial examination.)

NAME _____ GRADE _____ DATE OF BIRTH _____
 (2017-18 School Year)

IN THE PAST YEAR:

YES NO

		YES	NO
1.	Has a doctor denied your participation in sports for any reason?		
2.	Do you have a new ongoing medical condition (like diabetes or asthma)?		
3.	Are you currently taking any new prescription or non-prescription (over-the-counter) medicines or pills?		
4.	Do you have new allergies to medicines, pollens, foods, or stinging insects?		
5.	Have you passed out or nearly passed out DURING exercise?		
6.	Have you passed out or nearly passed out AFTER exercise?		
7.	Have you had discomfort, pain, or pressure in your chest during exercise?		
8.	Has your heart raced or skipped beats during exercise?		
9.	Has a doctor told you that you have a heart murmur, high blood pressure, high cholesterol, or a heart infection?		
10.	Has a doctor ordered a test for your heart? (for example: ECG, echocardiogram)		
11.	Has anyone in your family died for no apparent reason?		
12.	Have you spent the night in a hospital?		
13.	Have you had surgery?		
14.	Have you had an injury, like a sprain, muscle or ligament tear, or tendonitis, that required medical attention?		
15.	Have you had any broken or fractured bones or dislocated joints?		
16.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?		

YES NO

17.	Have you had a stress fracture?		
18.	Did a doctor tell you that you have asthma or allergies?		
19.	Have you started to cough, wheeze, or have difficulty breathing during or after exercise?		
20.	Have you used an inhaler or taken asthma medicine?		
21.	Have you lost a kidney, an eye, a testicle, or any other organ?		
22.	Do you have any new rashes, pressure sores, or other skin problems?		
23.	Have you had a new herpes skin infection?		
24.	Have you had a head injury or concussion?		
25.	Have you been hit in the head and been confused or lost your memory?		
26.	Have you had a seizure?		
27.	Have you experienced headaches with exercise?		
28.	Have you had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
29.	Have you been unable to move your arms or legs after being hit or falling?		
30.	When exercising in the heat, did you have severe muscle cramps or become ill?		

Explain "Yes" answers here: _____

(continue on front side of this form if necessary)

RECERTIFICATION OF HEALTH

As the parent/guardian, I herewith affix my signature and certify that the above named student is physically fit to participate in interscholastic athletics for the current school year insofar as all "Yes" responses are concerned.

_____, 20____
 Date

 Signature of Parent