



Boyet Junior High School

59295 Rebel Drive Slidell, Louisiana 70461 Phone (985) 643-3775 Fax (985) 649-9470

Marc Merriman Principal

Kathleen Landry Assistant Principal

I hereby give permission for my child, athletic events as herein described.	to attend and part	icipate in the
Event: Coach/Sponsor/Teacher: Time/Date: Location: Means of Transportation: A Private B. St. Ta	Tryouts-Season to follow 15 + Cannon 19 + 23 - 4:00 - 5:30 + e Vehicle *See note below mmany Parish School Bus/Other (Please describe	
efore signing this form, please note that ead, understood and agreed to the follow	t your signature will serve as a declaration that your	ou have
 You must provide <u>evidence</u> of po tryout or participate in any athletic 	essession of insurance before a student will be all c activity, dance team, or cheerleading squad.	
allowed to tryout or participate in C. Your child must meet all athletic e	current physical for your child: a current physical pune – May 31). This must be done before a stude any athletic activity, dance team, or cheerleading eligibility academic, and behavioral guidelines.	ent will be squad.
 You must have completed an emerged activity. 	ergency card to be filed with the sponsor/coach o	of the
E. You must secure your child within	n fifteen (15) minutes following the conclusion of t	he activity
medical aid for/to my child if they	nnel and/or chaperones to seek/administer emerg deem it necessary.	gency
G. I will not hold St. Tammany Parish faculty and/or the representative t and all aspects of the athletic active	n School Board, Boyet Jr. High, Boyet administration hereof responsible in the event of any accident divity.	tors and/or uring any
Note: Before signing this form, please addressed; you may contact the school	be certain that all your questions or concerns are	е +
Note: No ten (10) passenger vans/veh	nicles may be used to transport student to school	activities
Note: According to school board policy are primary insurance carriers.	y, owner of private vehicles that are used for scho	ool activitie
Parent/Guardian Signature	Date	7
For	Administrative Use Only	

ATHLETIC EMERGENCY SHEET

DATE OF BIRTH:	I.D.#
PARENT/GUARDIAN	
TELEPHONE	WORK PHOME

Who will assume temporary care armergency:	nd responsibility for your child in the event
1. NAME	PHONE:
2. NAME	PHONE:
a	PHONE:
IST ANY ALLERGIES OR MEDICAL (
B OI ZIBOIONICE	******************
1. Company:	
2. Policy/Company/Card Number:	
3. Expiration Date:	4
Whom It May Concern: I give permission personnel to	nission for Boyet Junior High School o seek/administer emergency medical ald d as they deem necessary.
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SCHOOL WAIVER FORM EXTRACURRICULAR ACTIVITES

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

Student's Name	Grade Sports/Activities All Sports Sex M F					
School	Sports/Activities #1/1 Sports Sex M I					
Parent's/Guardian's Name	Age Date of Birth / /					
Father's/Guardian's SS# XXX-XX						
Phone Number (
Phone Number () Another Person to Contact						
Relationship						
Insurance Company	Phone Number ()					
Policy Number and/or Group NumbersALLERGIES						
Parent's Signature						
Date	Student's Signature (if over age 18) Date					

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

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

O I understar	nd that It is my	/ corners the lite					
and/or team p	hysician.	responsibility to report a	Il injuries and ilinesses to my coach, at	thietic trainer			
O I have read	and understa	nd the Concussion Fact Sh					
After reading to	he Concussion	Fact Sheet Lam auran	eet. f the following information:				
		. Totalided I all aware o	the following information:				
Parent Initial	Student Initial						
		A concussion is a brain	injury, which I am responsible for repo				
		coach , athletic trainer,	or team physician.	orting to my			
		A concussion can affect	my ability to perform eventeday and di				
		A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance					
		You cannot see a concus	ssion, but you might notice some of th	£ symptome			
		right away. Other symp	toms can show up hours or days after	the injury.			
		If I suspect a teammate I	nas a concussion, I am responsible for				
		the injury to my coach, a	thlatic trainer, or team physician.	reporting			
		I will not return to play in	a game or practice if I have received				
		the head or body that res	ults in concussion-related symptoms.	a blow to			
 -		Following concussion the	brain needs time to heal. You are mu				
		to have a repeat concussion resolve.	on if you return to play before your sy	mptoms			
		n rare cases, repeat conc	uelone and				
		even death.	assions can cause permanent brain da	mage, and			
			Signature of Student-Athlete	Date			
			Printed name of Student-Athlete				
			Signature of Parent/Guardian	Date			
			Printed name of Parent/Guardian				



Sex: M / F Date of Birth: Age: Cell Phone:	MPORTANT: Th								100 Mar 200 S 107	Section of the second
### State Zip Code Home Phone Home Pho	nort/e)			School:				Grade:	Date	
State Zip Code Home Phone Home Phone Employer Employer Work Phone Work Phone Home Phone Employer Employer Work Phone Work	ome Address			Sex: M/F Date	e of Birth		Age:	Cell Phone:		
Month Mont	arent / Guardian		City:	and the second second	State:	Zip Cod	0:	Home Phone		
Yes No Condition Whom Yes No Condition Date Yes No Condition Yes No Condition Yes No Condition Yes No Condition Provided	And the second s			Employer				Work Phon	ne:	
Charact Atlack/Disease	Yes No Condition	Has any me	ember of your family	under see 50 had these	condition	s?				
Bible Bibl	O Heart Attac	ck/Disease	DDS	ondition udden Death	Whon	n			Whom	n
THE LETT'S ONTHOP PEDIC HISTORY: Has the ethicle todary of the following injuries? Yes No Condition Date Shoulder L/R Date Dat			004	igh Blood Pressure						
Debug Debu		OBAENIC HIETORY		ckie Call Trait/Anamia			D D E	pilepsy	-	
Description	Yes No Condition	n Da	Has the athlete had	any of the following injuri	es7				-	1
Sput F Sput F Sput	D D Head Inju	ry / Concussion		□ Neck Injury / Stinger		Date				ito
Covered Eng L/R		R		Am / Wrist / Hand L	IR T				(***	-
Gotol / R	D D Lower Les	L/R		D Thigh L/R	_		0 0	Knee L/R	-	
The Internation of Internation Internation of Internation Inte	D D Foot L/R		H	Severe Muscle Strain						
Heart Mulmurr / Chest Pain / Tightness			Pre	Worse Sumarian			0 0	Pinched Nerve	_	
Heart Murmur / Chest Pain / Tightness	es No Condition	HISTORY: Has the al	thiele had any of the	ase conditions?	1					
Solutions Solu	☐ ☐ Heart Mun	mur / Chest Pain / Tightne	Yes No	Condition Asthma / Department labor	da.	Yes No	Condition	enderling and		
Integritar New York Integritary Integritar	☐ ☐ Seizures		00	Shortness of breath / Con	Jahlaa Jahlaa	0 0	Menstruel I	megularities: La	st Cycle:	
Single Testice Near related problems Heart Related Problems H				Hemia		00	Take suppl	ements/vitemins		
Diszy Fairing	D D Single Tes	tide	0.0	Knocked out / Concussion	n	0 0	Heat relate	d problems		
Dixty / Fainting Dixty / Fai	☐ ☐ High Blood	d Pressure								
Surgery Surgery Developed Pipen Developed		inting	001	Liver Disease		0 0	Sickle Cell	preen Trait/Anemia		
List Dates for: Last Tetanus Shot: Measles Immunization: PARENTS' WAVER FORM Meningtits Vaccine: To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the maintain is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 92798 against the team volunteer hear provided and/or employer under Louisiana law. This walver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent in the stable and one or or omission related to the health care services if rendered victorianity and without expectation of payment herein unless such loss or dame it is accused by gross negligence. Additionally, if in the Judgment of a school representative, the named student-shitete needs care or treatment as a result of an injury or sickness, I do heroby request, consent and authorize for such care as may be deemed necessary. Yes I understand that if the medical status of my child changes in any significant manner after his/her physical examination. Yes I understand that if the medical status of my child changes in any significant manner after his/her physical examination. Yes I understand that if the medical status of my child changes in any significant manner after his/her physical examination. Yes I understand that if the medical status of my child changes in any significant manner after his/her physical examination. Yes I will involve the beautiful and the school in a significant manner after his/her physical examination. Yes I will involve the weath of the school in a significant manner after his/her physical examination. Yes I will involve the head of the change involve the school in an agrossing to relate the school in an agrossing to relate the school in an agros	D Surgery			Tuberculosis		0 0	Overnight is	n hospital		
Jist Dates for: Last Tetanus Shot:		.					Allergies (F	ood, Drugs)		
usetion involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the ministion is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2788 against the team volunteer head provider and/or employer under Louisiana Isw. This walver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent ent athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or dare at athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or dare at the properties of the control of any loss or dare at the properties of the properties of the health care sendices if rendered voluntarily and without expectation of payment herein unless such loss or dame and the properties of the health care sendices if rendered voluntarily and without expectation of payment herein unless such loss or dame and the properties of the health care sendices if rendered voluntarily and without expectation of payment herein unless such loss or dame and the properties of the health care sendices in the properties of the health care and the properties of the change immediately. In the judgment of a school representative, the named student-ethicle needs care or treatment as a result of an injury understand that if the medical status of my child and properties of the health care and the properties of the change immediately. In the judgment of a school representative, the named student-ethicle needs care or treatment to an injury of the properties of the properties of the properties of the prope										
Signed by Parent Signature of Parent COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	To the best of or aluation involves a amination is provide a provider and/or of This walver, exe dent ablete name used by any act or a caused by cross	ur knowledge, we have git limited examination and it led without expectation of employer under Louislans cuted on the date below to dabove, is done so in comission related to the handligages.	ven true & accurate the screening is not payment, there she a law. by the undersigned mpliance with Louis eath care services i	PARENTS' WALV Information & hereby gra- intended to nor will it pre- ill be no cause of action p medical doctor, osteopat lana law with the full under if rendered voluntarily and	ent permis vent injury pursuant to thic doctor erstanding i without	M ssion for the y or sudden o Louislana r, nurse pra g that there expectation	physical so death. We R.S. 9:2798 ctitioner or s shall be no of payment	reening evaluation further understar a against the team physician's assist cause of action for herein unless su	on. We used that if m volunte	ndersta the eer heal
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This physical expires one year from the date it was signed and dated by the MD, DO, APRN or PA.

Revised 4/18

What are the signs and symptoms of a concussion?

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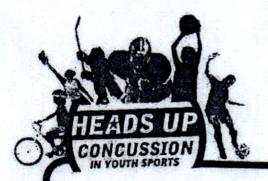
What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from play, be it a game or practice. Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents and coaches are not expected to be able to "diagnose" a concussion, as that is the job of a medical professional. However, you must be aware of the signs and symptoms of a concussion and if you are suspicious, then your child must stop playing:

When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by a health care professional who is familiar with sports concussions. You should call your child's physician and explain what has happened and follow your physician's instructions. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions he or she should be taken to the emergency department immediately.





A Fact Sheet for ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

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

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

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

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

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

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- Get a medical check up. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

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

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

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- > Worn correctly and fit well
- > Used every time you play

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

National Federation of State High School Associations



A Parent's Guide to Concussion in Sports

What is a concussion?

 A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. An athlete does not have to lose consciousness ("knockedout") to suffer a concussion.

Concussion Facts

- It is estimated that over 140,000 high school athletes across the United States suffer a concussion each year. (Data from NFHS Injury Surveillance System)
- Concussions occur most frequently in football, but girl's lacrosse, girl's soccer, boy's lacrosse, wrestling and girl's basketball follow closely behind. All athletes are at risk.
- A concussion is a traumatic injury to the brain.
- Concussion symptoms may last from a few days to several months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports while still having symptoms from a concussion as they are at risk for prolonging symptoms and further injury.
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.