

Marc Merriman



# **Boyet Junior High School**

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

Kathleen Landry

	Assistant Principa
hereby give permission f thletic events as herein des	for my child,to attend and participate in the scribed.
event:	Softball Tryouts with season to fo
oach/Sponsor/Teacher:	Elizabeth Couttierrez
ime/Date:	Jan 24 +25 4:00 - 5:30 SBBA
ocation:	SBBA
eans of Transportation:	APrivate Vehicle *See note below
	B. St. Tammany Parish School Bus/Other (Please describe)
fore signing this form, plead, understood and agreed	ase note that your signature will serve as a declaration that you have d to the following:
A. You must provide evi	idence of possession of insurance before a student will be allowed to any athletic activity, dance team, or cheerleading squad.
<ul> <li>B. You must provide evidence</li> </ul>	dence of a current physical for your child: a current physical provided
during the current scr	1000 term (June - May 31). This must be done before a student will be
allowed to tryout or pa	nool term (June – May 31). This must be done before a student will be articipate in any athletic activity, dance team, or cheerleading squad.
allowed to tryout or pa  C. Your child must meet	1000 term (June - May 31). This must be done before a student will be
allowed to tryout or particle.  C. Your child must meet  D. You must have complianctivity.	articipate in any athletic activity, dance team, or cheerleading squad.  all athletic eligibility academic, and behavioral guidelines.  leted an emergency card to be filed with the sponsor/coach of the
allowed to tryout or particle.  C. Your child must meet D. You must have complicativity. E. You must secure your F. I give permission for E	articipate in any athletic activity, dance team, or cheerleading squad.  all athletic eligibility academic, and behavioral guidelines.  leted an emergency card to be filed with the sponsor/coach of the  r child within fifteen (15) minutes following the conclusion of the activity.  Boyet personnel and/or chaperones to seek/administer emergency.
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For Administrative Use Only
Marc Merruns

## ATHLETIC ENERGENCY SHEET

STUDENT:	I.D.#
PARENT/GUARDIAN_	
TELEPHONE	WORK PHOME
	E D D D D D D D D D D D D D D D D D D D
Who will assume temporary care and re- emergency:	sponsibility for your child in the event of
1. NAME	Dispare
2. NAME	PHONE:
H .	PHONE:
3. NAME	PHONE:
********************************	·
4. 5. **********************************	
DDGG =	平平本本本本本本本本本本本本本本本
PROOF OF INSURANCE	*********
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1. Company:	
Company:     Policy/Company/Card Number:	
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1. Company:  2. Policy/Company/Card Number:  3. Expiration Date:  Whom It May Concern: I give permission personnel to see	n for Boyet Junior High School
1. Company:  2. Policy/Company/Card Number:  3. Expiration Date:  Whom It May Concern: I give permission personnel to see	n for Boyet Junior High School k/administer emergency medical ald ney deem necessary.

### 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) expenses associated with the participation by the student.

Student's Name	Grade Sports/Activities All Sports Sex M F
Parent's/Guardian's Name	Age Date of Piet
Tauler Stillardian's COUTE	
Phone Number (	
Another Person to Contact	
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

☐ I understar	id that It is my responsibility an		
and/or team pi	hysician.	ort all injuries and illnesses to my coach, i	thietic trainer
U I have read	and understand the Congressor For		
After reading ti	ne Concussion Fact Sheet, I am awar	e of the following information:	
Parent Initial	Student Initial	a morning date.	
	A concussion is a br	ain injury, which I am responsible for rep ner, or team physician.	porting to my
	A concussion can affect reaction time,	ect my ability to perform everyday activ balance, sleep, and classroom performs	ities, and
	You cannot see a con right away. Other sy	cussion, but you might notice some of t mptoms can show up hours or days afte	he symptoms r the injury.
	if I suspect a teamma the injury to my coacl	te has a concussion, i am responsible for h, athletic trainer, or team physician.	reporting
	I will not return to plat the head or body that	y in a game or practice if I have received results in concussion-related symptoms	a blow to
	Following concussion t	he brain needs time to heal. You are mo ssion if you return to play before your s	
	in rare cases, repeat co	ncussions can cause permanent brain d	emage, and
		Signature of Student-Athlete	Date
		Printed name of Student-Athlete	
		Signature of Parent/Guardian	Date
		Printed name of Parent/Guardian	



Sport(e)	***************************************		O.C.											
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ame: port(s): ome Address: urent / Guardian: UMILY MEDICAL HISTORY: Has				Emel	S	tate:	Zip Cod	le:			Home P	hone:_		
MILY MEDICAL HISTORY Has	any member of	A 6a		Empto	yer					-	Work	Phone		
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	1016	0 0	Sickle	Cell Trait	<b>Unomia</b>			È	6	Epile	DSV	ase		
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Head Injury / Concussion   Head Injury / Concussion   Elbow L / R   Hip L / R   Lower Leg L / R   Foot L / R   Chest				Thigh L/R		•			0		ack nee L /	D		
D Foot L/R			0	Chronic Sh	In Splints	_				D A	nkle L/	R		
1 Chest	· ·	0	randou	Severe Mus	- 100	_					Inched I			
LETE MEDICAL HISTORY: HE	as the athlete had	any of	those	conditions?	•									
No Condition  Heart Murmur / Chest Pain		TOS NO	Cor	ndition			Yes No	Cor	adilla	_				
Seizures	/ lightness	0 0	LIEA	ma / Preso	ribed inhaler	•	0 0	Mer	nstrua	I Imed	utarities	' I auf	Cycle:_	
C Kidney Disease		200	Her	nness of br	eath / Cough	hing		Kac	NO We	tont l	200 / 220	in	Jue	
D Irregular Heartbeat  D Single Testicle		0 0	Kna	cked out / C	oncussion		8 8	Tak	o sup	plemi	aliveine	mins		
D High Blood Pressure			Hea	rt Disease			0 0	Rec	ent M	anon	oblems			
Dizzy / Fainting			Diab	octes				Enla	med	Splan	25			
Dizzy / Fainting Organ Loss (tidney, spleen, Surgery Medications	etc)	0 0	Tube	r Disease			0 0	Sick	le Cel	Trail	/Anemia	1		
Surgery     Medications		ōō	Pres	cribed EPI I	PEN		88	Aller	might	in ho	spital			
at Dates for, Last Tetanus Shot:														
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Revised 4/18

## What are the signs and symptoms of a concussion?

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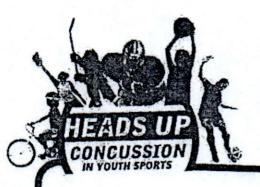
# What should I do if I think my child has had a concussion?

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.

- 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
- > 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
- 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.