



Gilbertsville-Mount Upton Central School
 693 State Highway 51
 Gilbertsville, New York 13776

**INTERVAL HEALTH HISTORY
 FOR SPORTS PARTICIPATION**

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each athlete must be conducted unless the student received a full medical examination within 30 days of the start of the season.

PART A: TO BE COMPLETED BY THE PARENT

Student: _____ Age: _____

Grade (check): 6 7 8 9 10 11 12 Date of Birth: _____

Sport: _____ Level (check): Varsity JV Modified

Date of last health appraisal: ___/___/___ Limitations: Yes No

PART B: TO BE COMPLETED BY THE PARENT OR GUARDIAN

NOTE: "YES" to any of these questions does not mean automatic disqualification from the athletic activity indicated in PART A above. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

The answers to the questions on this form will be held in the school health office and will be kept confidential.

HISTORY SINCE LAST HEALTH APPRAISAL:

If the answer to any of the following questions is "YES" in PART C on the reverse side of this form, please describe the condition or situation that prompted your answer.

1. Any injuries requiring medical attention? YES NO
2. Any illness lasting more than five (5) days? YES NO
3. Taking medicine or under physician's care at this time? YES NO
4. Any feeling of faintness, dizziness or fatigue after exercise or exertion? YES NO
5. Change in wearing glasses or contact lens? YES NO
6. Any surgical operations or fractures? YES NO
7. Any treatment in a hospital or emergency room? YES NO
8. Developed any allergies? YES NO
9. Any chronic disease? YES NO

PART C: TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation that caused any questions in PART B to be answered "YES"

PART D: PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named in PART A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED: _____ DATE: ___/___/___

PART E: CONCUSSION EDUCATION

1. NYSED and NYS Department of Health post information relating to mild trauma brain injuries on their websites – Attached.
2. Attached is a "Student and Parent Information Form" and a "Fact Sheet for Parents."

PARENTAL ACKNOWLEDGEMENT

I have received the Concussion Education Information (as listed above.)

SIGNED: _____ DATE: ___/___/___

PLEASE RETURN TO THE SCHOOL HEALTH OFFICE

PART F: TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE

Sports Participation:

_____ Approved _____ Referred to School Physician

Signed: _____ Date: ___/___/___
School Health Office

If referred to the School Physician:

_____ Re-qualified _____ Disqualified

Signed: _____ Date: ___/___/___
School Physician

Gilbertsville-Mt. Upton Central School
Athletics – Medical Consent Form



Medical Consent Form

STUDENT: _____

Permission is hereby granted to the attending physician to proceed with any medical treatment or minor surgical treatment, X-ray examination and/or immunization of the above named student. 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 me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Permission is also granted to the supervising adult (coach, chaperone, etc.) to provide needed emergency treatment to the student prior to his/her admission to the medical facilities.

Signature of Parent/Guardian

Date

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Home Phone #: _____

Home Phone #: _____

Emergency phone numbers where parents may be contacted:

Father's Work #: _____

Mother's Work #: _____

Alternate Emergency Contact: _____ **Phone #:** _____

Name of Physician: _____ **Phone #:** _____

Preferred Hospital: _____ **Phone #:** _____

Address: _____

City & State: _____

Any Allergies? _____

Gilbertsville-Mt. Upton Central School
Athletic Eligibility Rules



Any Student Who Is A Member Of Any School Athletic Team Will Be Expected And Required To Observe The Following Rules:

1. Rules of eligibility for all athletes are found in eligibility booklets available from the New York State Public High School Athletic Association. These booklets contain the state regulations for each sport.
2. Each team member must adhere to the rules of eligibility and participation set by the governing bodies of the particular sport: National, State, Section IV, League and Local.
3. Each team member must observe all scholarship and attendance regulations of the Gilbertsville-Mt. Upton Central School.
4. Team members are expected to be at every practice and contest. Please make an effort to inform your coach when you will not be available. Continued unexcused absences will need to be addressed by coach, team member and parent.
5. To be eligible to participate in a school sponsored athletic activity (practice, scrimmage, or game) on any given day, a student's attendance is mandatory for the entire schedule of the day, unless the student provides a written notice of a legal absence, upon arrival at school which is approved by the school attendance office or administrator.
6. Unsportsmanlike conduct during practice or games will result in disciplinary action.
7. Students will not engage in any conduct that endangers the safety, morals, health or welfare of self or others. It is clearly understood that the use of tobacco products, the consumption of alcoholic beverages and the use of illegal drugs is dangerous to the health and general maturation of the adolescent and impacts negatively on a student-athlete's ability to perform. Therefore: Athletes are not to possess, be in the presence of, or use alcohol, tobacco products, illegal drugs, or misuse of prescription or nonprescription drugs/inhalants on or off school grounds. (See #1 Personal Responsibility in Athletic Code of Conduct)
8. Any loss of equipment or damage caused by misuse of equipment must be reported immediately to the coach by the athlete or the school will not be held responsible.
9. All injuries must be reported immediately to the coach by the athlete.
10. By declaring himself a candidate for any team, the individual pledges his loyalty to his members, his coach and his school.
11. Each athlete is responsible for keeping his practice and game uniform clean.
12. Cut-off dates for players dropping a sport without penalty shall be: Boys' Soccer & Girls Soccer, and Boys and Girls Basketball: If you withdraw from a team after the first practice and before the second week of practice (with the consent of the coach) that will result in NO suspension.
13. If an athlete wishes to drop one sport to join another sport in the same sports season, he must drop out to satisfy the above regulations governing the cut-off dates. (See #2 in Athletic Code of Conduct Packet under Letter of Intent section).
14. If an athlete quits or is dropped from a sport after the cut-off date, he or she may not go out for that sport the following year unless a letter of appeal to the Coaches' Board is accepted or approved.
15. Extenuating circumstances to the above rules shall be discussed with the coach. Such circumstances might include:
 - A. Medical reasons prior to the opening of a sports season: these would be discussed with the coach.
 - B. Family problems
 - C. Request to work at home
 - D. Request to raise grades
16. Physicals for all sports must be taken once a year. Students will be notified of the date by the Athletic Director who will make arrangements with the school nurse.
17. A student who does not participate in physical education classes shall not participate in intramural or interscholastic athletics.

Gilbertsville-Mt. Upton Central School
Athletic Eligibility Rules



Please complete this sheet for each of your children who are participating in a school sport.
I have read and understand each of the preceding Athletic Eligibility Rules and Athletic Code of Conduct and have discussed it with my child. I understand the consequences should I violate the Rules or Code.

Name of Student- Athlete

Grade

Signature of Athlete

Signature of Parent/Guardian

Name of Sport

Date

Sports Transportation Permission

_____ has my permission to stay after school for practice and games for the duration of the (Fall / Winter / Spring) Season. In giving my permission, I understand that there will not be bus transportation home after the games or practices.

Signature of Parent or Guardian

Date

GMU Sports Schedule Changes – Contact Information

The GMU Sports Schedule can change rapidly due to a wide variety of reasons: inclement weather, school related scheduling conflicts, unexpected emergencies, etc. We make every effort to notify the students here at school of schedule changes as soon as they occur. We also make every effort to notify parents/guardians and community members of sports related schedule changes via the GMU Website & the GMU Facebook page. In an effort to provide the parents/guardians with information regarding GMU Sports related schedule changes we have decided to try contacting parents/guardians through an e-mail group for each sports season. This would provide an e-mail message notifying the parents/guardians of any GMU Sports related schedule changes (game time changes, game location changes, game cancellations, etc.) for all of the sports during a particular sports season (Fall Sports, Winter Sports, Spring Sports). If you are interested in being included in this group e-mail list please list **one primary e-mail address** for this purpose. We will then add you to the seasonal sports group that applies to the team your son/daughter is participating on.

* If you have any questions or concerns in regards to this please contact the Athletic Director.

Preferred E-Mail Address for GMU Sports Schedule Changes:



FOR STUDENT ATHLETES AND PARENTS

RISK OF INJURY STATEMENT

To the Student

I am aware that competing or practicing in any athletic endeavor can be a dangerous activity involving risk or injury that includes, but is not limited to, death, neck and spinal injury which may result in complete or partial paralysis, brain damage, injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system. Such injuries may impair future abilities to earn a living, engage in business, social and recreational activities and generally enjoy life.

If I am a participant in baseball, softball, soccer or basketball, I specifically acknowledge that it is a contact sport involving even greater risk of injury than other sports.

Because of the possible dangers of participating in the activities, I recognize the importance of the coaches' instructions regarding playing techniques, training and other team rules and agree to obey such instructions.

In consideration of the school district's permitting me to engage in all activities related to the team including, but not limited to, trying out, practicing or participating in an interscholastic contest, I hereby assume all the risks associated with participation.

Student Signature: _____

Date: _____

To the Parent/Guardian

I have read the Risk of Injury Statement and acknowledge awareness of the various risks set forth in the statement and, considering such risk, give permission for my child to participate in an extracurricular athletic event. If I withdraw permission for the student to participate in an extracurricular athletic event, the withdrawal must be in writing and given to the principal, as well as the coach of the particular activity.

Parent/Guardian Signature: _____

Date: _____



Concussions: The Invisible Injury

Student and Parent Information Sheet

CONCUSSION DEFINITION

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

FACTS ABOUT CONCUSSIONS ACCORDING TO THE CENTER FOR DISEASE CONTROL (CDC)

- An estimated 4 million people under age 19 sustain a head injury annually. Of these approximately 52,000 die and 275,000 are hospitalized.
- An estimated 300,000 sports and recreation related concussions occur each year.
- Students who have had at least one concussion are at increased risk for another concussion.

In New York State in 2009, approximately 50,500 children under the age of 19 visited the emergency room for a traumatic brain injury and of those approximately 3,000 were hospitalized.

REQUIREMENTS OF SCHOOL DISTRICTS

Education:

- Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management on a biennial basis, starting with the 2012-2013 school year.
 - * School coaches and physical education teachers must complete the CDC course. (www.cdc.gov/concussion/HeadsUp/online_training.html)
 - * School nurses and certified athletic trainers must complete the concussion course. (<http://preventingconcussions.org>)

Information:

- Provide concussion management information and sign off with any parental permission form.
- The concussion management and awareness information or the State Education Department's web site must be made available on the school web site, if one exists.

Removal from athletics:

- Require the immediate removal from athletic activities of any pupil that has or is believed to have sustained a mild traumatic brain injury.
- No pupils will be allowed to resume athletic activity until they have been symptom free for 24 hours and have been evaluated by and received written and signed authorization from a licensed physician. For interscholastic athletics, clearance must come from the school medical director.
 - * Such authorization must be kept in the pupil's permanent health record.
 - * Schools shall follow directives issued by the pupil's treating physician.

SYMPTOMS

Symptoms of a concussion are the result of a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms will last for weeks or longer. Children and adolescents are more susceptible to concussions and take longer than adults to recover.

It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g. recess, PE class, sports) and remains out of such activities until evaluated and cleared to return to activity by a physician.

Symptoms include, but are not limited to:

- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Confusion or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness
- Fatigue and/or sleep issues – sleeping more or less than usual

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately at the nearest hospital emergency room.

- Headaches that worsen
- Seizures
- Looks drowsy and/or cannot be awakened
- Repeated vomiting
- Slurred speech
- Unable to recognize people or places
- Weakness or numbing in arms or legs, facial drooping
- Unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Suspicion for skull fracture: blood draining from ear or clear fluid from the nose

STATE EDUCATION DEPARTMENT'S GUIDANCE FOR CONCUSSION MANAGEMENT

Schools are advised to develop a written concussion management policy. A sample policy is available on the NYSPHSAA web site at www.nysphsaa.org. The policy should include:

- A commitment to reduce the risk of head injuries.
- A procedure and treatment plan developed by the district medical director.
- A procedure to ensure proper education for school nurses, certified athletic trainers, physical education teachers, and coaches.
- A procedure for a coordinated communication plan among appropriate staff.
- A procedure for periodic review of the concussion management program.

RETURN TO LEARN and RETURN TO PLAY PROTOCOLS

Cognitive Rest: Activities students should avoid include, but are not limited to, the following:

- Computers and video games
- Television viewing
- Texting
- Reading or writing
- Studying or homework
- Taking a test or completing significant projects
- Loud music
- Bright lights

Students may only be able to attend school for short periods of time. Accommodations may have to be made for missed tests and assignments.

Physical Rest: Activities students should avoid include, but are not limited to, the following:

- Contact and collision
- High speed, intense exercise and/or sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

Return to Play Protocol once symptom free for 24 hours and cleared by School Medical Director:

Day 1: Low impact, non strenuous, light aerobic activity.

Day 2: Higher impact, higher exertion, moderate aerobic activity. No resistance training.

Day 3: Sport specific non-contact activity. Low resistance weight training with a spotter.

Day 4: Sport specific activity, non-contact drills. Higher resistance weight training with a spotter.

Day 5: Full contact training drills and intense aerobic activity.

Day 6: Return to full activities with clearance from School Medical Director.

Any return of symptoms during the return to play protocol, the student will return to previous day's activities until symptom free.

CONCUSSION MANAGEMENT TEAM

Schools may, at their discretion, form a concussion management team to implement and monitor the concussion management policy and program. The team could include, but is not limited to, the following:

- Students
- Parents/Guardians
- School Administrators
- Medical Director
- Private Medical Provider
- School Nurse
- Director of Physical Education and/or Athletic Director
- Certified Athletic Trainer
- Physical Education Teacher and/or Coaches
- Classroom Teachers

OTHER RESOURCES

- New York State Education Department
<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices>
- New York State Department of Health
http://www.health.ny.gov/prevention/injury_prevention/concussion/htm
- New York State Public High School Athletic Association
www.nysphsaa.org/safety/
- Center for Disease Control and Prevention
<http://cdc.gov/TraumaticBrainInjury>
- National Federation of High Schools
www.nfhslearn.com – The FREE Concussion Management course does not meet education requirement.
- Child Health Plus
http://www.health.ny.gov/health_care/managed_care/consumer_guide/about_child_health_plus.htm
- Local Department of Social Services – New York State Department of Health
http://www.health.ny.gov/health_care/medicaid/ldss/htm
- Brain Injury Association of New York State
<http://www.bianys.org>
- Nationwide Children's Hospital – Concussions in the Classroom
<http://www.nationwidechildrens.org/concussions-in-the-classroom>
- Upstate University Hospital – Concussions in the Classroom
<http://www.upstate.edu/pmr/healthcare/programs/concussion/classroom.php>
- ESPN Video – Life Changed by Concussion
<http://espn.go.com/video/clip?id=7525526&categoryId=5595394>
- SportsConcussions.org
<http://www.sportsconcussions.org/ibaseline/>
- American Association of Neurological Surgeons
<http://www.aans.org/Patient%20Information/Conditions%20and%20Treatment/Concussion.aspx>
- Consensus Statement on Concussion in Sport – Zurich
<http://sportconcussions.com/html/Zurich%20Statement.pdf>