

# Hermiston School District Athletics and Activities Parent/Student Handbook



**Hermiston High School**



**Armand Larive  
Middle School**



**Sandstone  
Middle School**

## **ATHLETICS AND ACTIVITIES HANDBOOK INSTRUCTIONS**

Please read this handbook. Pay special attention to the safety guidelines for the sports in which your student may participate and to the Eligibility requirements for NCAA Colleges. By signing the Athletic Registration Form at the end of this handbook, you are acknowledging you have read and understand the guidelines.

### **Forms included are:**

1. Hermiston School District Concussion Management
2. Athletic Code of Conduct and Athletic Eligibility Requirements
3. Student/Parent Athletic Participation Medical Release and Insurance Form
4. PHYSICAL FORM (to be completed by a medical practitioner)

**\*Please complete the last page of this document and return to the athletic office.**

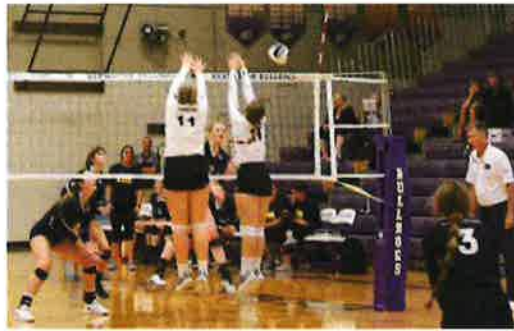
Prior to turning out for a W.I.A.A. sanctioned sport, participants are *required* to be adequately covered by insurance. You may choose to purchase insurance through the school or you may sign the insurance waiver, which is located on the athletic form. By signing the insurance waiver, you are stating you have your own private insurance. The parent/guardian must sign these. If during the course of the school year, the family's insurance coverage changes with the result that the child is no longer covered by insurance, the family must immediately inform the Athletic Office at the child's school. Students **MUST** have medical insurance to participate in sports.

### **Hermiston School District Athletic Clearance Requirements**

In order for your student to be cleared to participate in a sport the following forms must be completed, signed and dated at the conclusion of this packet and returned to the appropriate office of your school:

1. **Hermiston School District Physical Form** – Signed and dated by a physician as per WIAA and Hermiston School District Requirements. Forms are available in the office and in this document. Your form is good for 24 months from the date of the exam and signature. Please take time to fill out the pre participation history on the document as well.
2. **Athletic Code of Conduct Form** – Must be signed and dated by both the parent and athlete and renewed each year that an athlete participates. Reminder, this document is good for a calendar year, not just during athletes sport season.
3. **Student/Parent Athletic Participation Medical Release and Insurance Form** – This form provides the district with a release of liability to participate in athletics. All athletes must have proof of insurance and this document requires you to complete insurance information as well.  
**AND...**
4. All athletes are required to have an ASB card to participate
5. All athletes are required to pay district athletic participation fee according the district schedule with the exception of those students that qualify for free and reduced lunch and have completed the documentation.

# Hermiston School District Concussion Management Parent/Student Guide



## Hermiston School District Concussion Care Protocol Return to Academics Following Concussion

The Hermiston School District's primary concern for all students is their health and safety. With these concerns in mind our district is mindful that head injuries including concussions are very serious and can have long term effects if not treated appropriately. Continued research has shown cognitive rest is essential in the quick resolution of concussion symptoms. Cognitive stimulation includes: driving, playing video games, computer use, text messaging, cell phone use, loud and/or bright environments, watching television, reading, and studying. These stimuli must be limited, and in most cases, completely avoided for a period of time during recovery. The Hermiston School District uses the guidance from CBIRT (Center for Brain Injury Research and Training) in Eugene, OR to determine our policy and best practice for students. CBIRT is supported by the Oregon School Activities Association and they provide training to promote best practices among educators who serve individuals with brain injuries.

### Step 1:

School District or particular building is notified by parent, physician, school nurse, athletic trainer, coach that a student has sustained or possibly sustained a concussion.

### Step 2:

Student is assessed by school nurse or athletic trainer. If concussion symptoms are present student and parent or guardian will be referred and recommended to see primary care physician and provided a copy of district protocol and process. Release of medical information form will be provided to parent or guardian upon assessment and evaluation as well.

**Step 3:**

Immediately upon return to school, student will check in with school nurse to receive return to learn academic plan and possible classroom accommodations. Student will be asked to check in with school nurse daily to determine if symptoms have increased or subsided.

Return to learn academic plan and possible classroom accommodations will be provided to student's counselor and disseminated to classroom teachers from there.

With health and safety as the primary goal, the Hermiston School District's goal is to return students to academic classwork as soon as possible and continue as symptoms allow.

**Step 4:**

If student experiences prolonged and lingering symptoms and issues 8-12 weeks following original injury, they may be referred for TBI diagnosis.

**The Student Athlete return to play following concussion**

Max's law (OAR 581-022-0421) requires Oregon School districts to implement new concussion management guidelines for student athletes in 2010-2011. A coach may not allow a member of a school athletic team to participate in any athletic event or training on the same day that the member exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body or has been diagnosed with a concussion. Max's law and Hermiston School District Policy below addresses the four guidelines for concussion management in student athletes: Recognize, Remove, Refer and Return

**Step 1: Recognize**

School District, Coach or Athletic Trainer witnesses or is notified that athlete may have sustained a head injury and could be experiencing concussion symptoms. Athletic Trainer will evaluate athlete and assess symptoms for concussion. Athlete may be asked to return in 24 hours for further evaluation.

**Step 2: Remove**

If a student athlete exhibits signs and symptoms of a concussion following assessment and evaluation by athletic trainer, the athlete will be removed from any further training or competition until they have been released by an approved health care provider. (MD, DO, Physician Assistant, or Nurse Practitioner)

**Step 3: Refer**

Athlete and parent or guardian will be informed of concussion symptoms by athletic trainer and referred and recommended to see a health care provider of their choice and provided a copy of district protocol and process for return to play and return to learn. Parent or guardian may be asked to sign a release of information to allow athletic trainer to communicate with health care provider

Immediately upon return to school, student athlete will check in with school nurse to receive return to learn academic plan and possible classroom accommodations. Student athlete will be asked to check in with athletic trainer daily to determine degree of symptoms present and possible treatment plan.

**Step 4: Return**

When athlete is determined to be symptom free, athletic trainer will administer post-concussion imPACT test, if available. Results will be shared with athlete's health care provider for possible release to graded return.

Once athlete is released by physician, they will begin five day graded return with athletic trainer before returning to training or competition.

## **Athletic/Activity Code Contract**

Co-curricular activities can be an important component of a student's experience. Participation in these activities is a privilege and offers an opportunity for the student to make a commitment toward self-improvement. Because students who participate in co-curricular activities are viewed as leaders and representatives of their schools, they are held to a high standard of academic and behavioral achievement. The intent of the Athletic/Activity Code Contract is to encourage positive character growth and foster integrity. The intent is also to protect the health and safety of each student who participates, those with whom and against whom the student may compete, and others with whom the student may be in contact while participating. The stated rules and outcomes are designed to promote accountability through ownership of one's own actions. The end goal is to change and improve behavior in order to prepare students for a successful future.

### **General Responsibilities**

The undersigned agrees to the following:

1. Behave in a manner that brings respect to one's self, school and community.
2. Ride to and from all school-sponsored activities in school approved transportation unless prior arrangements have been made with the coach/advisor, athletic director or principal. Students riding home with someone other than their parents/guardians need to clear this with their coach and must receive written administrative approval.
3. All school equipment/clothing issued to the student must be returned in good condition. Lost or stolen items must be paid for at replacement cost.
4. Abide by all WIAA, Hermiston School District and Hermiston High School policies. The WIAA requires that athletes representing Hermiston High School live within the Hermiston School District boundaries with the appropriate guardian, or be cleared by the Director of Athletics.
5. All fines must be cleared before participation.
6. A participant may not drop an in-season sport and transfer to another in-season or out-of-season sport without the agreement of both coaches and the Athletic Director. An in-season sport is defined as a sport occurring within a WIAA- sanctioned calendar. An out-of-season sport is an activity, club, or sport that occurs outside the WIAA- sanctioned calendar. If the student is removed from a team, they may not participate in another sport until the season is completed. (See examples cited in the Student Handbook).
7. With the in-season coach's approval, athletes are permitted to participate in AAU, ASA, Club Organizations, out-of- season programs etc. These out-of-season activity programs will be secondary to the school program. The in-season coach has the right to ask the student to stop out-of-season activities at any time. Participation in one of these organizations shall not interfere with an in-season contest at any level (freshman, C Team, Junior Varsity or Varsity). Athletes attending an out-of-season sporting activity in lieu of a Hermiston High School in-season game/match may be dismissed from the program. Any student participating in an out-of-season program without the coach's approval may receive consequences up to and including removal from the team.
8. Attendance at practice is mandatory. Only absences authorized by the coach will constitute an excused absence. Two unexcused absences from practices or contests may result in consequences up to and including removal from the team.

### **Substance Abuse and Conduct Procedures**

A primary focus of the Hermiston School District is the development of a drug free lifestyle for our students/athletes. In keeping with that objective, the undersigned student agrees not to possess or use alcohol or other illegal drugs, muscle/performance enhancing substances, abuse prescription drugs, use any

form of tobacco, tobacco look-alike products, including electronic cigarettes and vape pens at any time. Students suspected of the use of such substances or of being under the influence may be asked to submit to a passive drug or alcohol detecting test. Refusal to comply will be considered a positive test result. The undersigned also agrees to not be associated with activities that are unlawful or be connected with acts that bring disrespect to the individual, school and community.

## **Drugs and Alcohol**

**Hermiston School District Procedures:** The following consequences listed are “minimum”; the District reserves the right to render harsher consequences, which the District at its sole discretion believes are warranted under the circumstances.

First offense consequences include loss of season or a re-entry plan, which may include:

- Mandatory loss of 30% of the season
- Drug and Alcohol counseling at parent/guardian expense unless there is a financial hardship
- Mandatory urinalysis at parent/guardian expense unless there is a financial hardship
- Grades and attendance must be held to District Athletic Policy standards
- Community service
- Viable plan to determine process for reconnecting with teammates

Second offense consequences include loss of participation for one full calendar year and a re-entry plan, which may include:

- Drug and Alcohol counseling at parent/guardian expense unless there is a financial hardship
- Mandatory urinalysis at parent/guardian expense unless there is a financial hardship
- Grades and attendance must be held to District Athletic Policy standards
- Community service
- Viable plan on how to reconnect with teammates

Third offense consequence:

- The student will no longer be able to represent Hermiston High School for the remainder of their high school career.

## **Conduct Incidents**

Students are expected to avoid environments where inappropriate/unlawful behaviors are taking place. Students also need to avoid a pattern of negative behavior at school. Students found to be involved in these behaviors can expect the consequences as stated below.

Consequences May Include:

- Loss of a percentage of season
- Loss of a season
- Termination of high school athletic/activity career
- Counseling at parent/guardian expense unless there is a financial hardship
- Mandatory urinalysis at parent/guardian expense unless there is a financial hardship
- Grades and attendance must be held to District Athletic Policy standards
- Community service
- Viable re-entry plan on how to reconnect with teammates

**Washington Interscholastic Activities Association Procedures:** Per section 18.25.0 of the WIAA Student Standards for Interscholastic Eligibility:

**18.25.0 USE OF ILLEGAL SUBSTANCES** - School and WIAA rules and regulations are intended to discourage the use of alcohol, tobacco, legend drugs, controlled substances and paraphernalia and to encourage the use of school and community resources. School and community resources should be identified for students who have had a violation and seek help or who are referred for assessment.

**18.25.1 Alcohol and tobacco** - Each WIAA member school shall adopt reasonable rules and regulations pertaining to the use of alcohol or tobacco products that are specific to the middle or high school levels.

**18.25.2 Legend drugs and controlled substances** - Penalties for the possession, use or sale of illegal drugs) shall be as follows:

**1st Violation** - A participant shall be immediately ineligible for interscholastic competition in the current interscholastic sports program for the remainder of the season. Ineligibility shall continue until the next sports season in which the participant wishes to participate unless the student accesses the assistance program outlined in B (below.)

An athlete who is found to be in violation of the Legend drugs and controlled substances rule shall have two options.

A. The athlete will be ineligible for participation in contests for the remainder of that interscholastic sports season and must meet the school's requirements in order to be eligible to compete in the next interscholastic sports season. The school principal will have the final authority regarding the student's participation in further interscholastic sports programs.

B. The athlete may choose to seek and receive help for a problem with use of legend drugs or controlled substances. Successful utilization of school and or community assistance programs may allow him/ her to have eligibility re-instated in that athletic season, pending recommendation by the school.

**2nd Violation** - A participant who again violates this rule shall be ineligible for interscholastic competition for a period of one (1) calendar year from the date of the second violation.

**3rd Violation** - A participant who violates for a third time shall be permanently ineligible for interscholastic competition.

The student recognizes that violation of the above policies may result in immediate suspension and/or dismissal from the team. Students and parents must understand that coaches reserve the right to have more restrictive team rules than this athletic code. Ineligibility consequences that cannot be satisfied during the immediate season will carry over to the next season. Students that violate the athletic code will not be allowed to suddenly join a sports team already in its season in order to satisfy their suspension. Students who have a violation and decide to go out for a sport at the beginning of the season, and they have historically never played the sport before, will be allowed to join that program and satisfy their suspension. However, they must stay with the program for the entire season. If they cannot complete the season, the suspension may not be recognized. Appeals to the decisions made as a result of this code must be directed to the Appeals Committee as described in the Student Handbook and District Policy. This committee will hear the appeal, evaluate all information regarding the situation and will render a decision to grant the appeal, modify the appeal request or allow the consequences to stand as written.

## Student/Athlete Academic Standards

### Scholastic Eligibility

The goal of the Hermiston High School athletic program is academic achievement as well as participation. Participants will be required to achieve high academic performance as outlined in this policy. In conjunction with the following WIAA standards, a three-tiered academic standard will be used to monitor student success.

### Semester Grades (WIAA Requirement)

An eligible student is one who is enrolled in school, attending regularly and passing in at least six (6) subjects, meeting WIAA standards, and who during the immediately preceding semester was enrolled in school, attended regularly and passed at least six of 7 (6 of 7) subjects. Any student who fails more than two classes during the previous semester will begin the next semester on a five (5) week academic suspension according to the WIAA calendar.

- Tier 1:** At the conclusion of each quarter, students who achieved a minimum of seven passing grades and did not fail any classes will be considered eligible with no restrictions.
- Tier 2:** At a two-week grade check during the semester, students who failed one scheduled class will be considered ineligible to participate. However, the Tier 2 student may choose to retain eligibility by participating in a mandatory daily study table (ST). Upon achieving Tier 1 status, the student is eligible to participate without study hall or study table requirements.  
*Example: Student Athlete 1 has one F in Lifetime Sports. (Eligible with ST) Example: Student Athlete 2 no F's. (Eligible with ST)*
- Tier 3:** At a two-week grade check, students who are failing more than one class will be considered ineligible. The Tier 3 student may choose to participate in mandatory study tables of 15 sessions minimum. Tier 3 students are not eligible to participate in contests but may continue to practice. These students may become eligible to participate in contests at any time during this restrictive period by moving to Tier 1 or Tier 2 status. Once falling into Tier 3 status the student will still be required to attend study table sessions for a period not less than 15 sessions.  
*Example: Student Athlete 1 has 1.95 GPA with no F's. (Ineligible with ST) Example: Student Athlete 2 has 2.3 GPA with 2 F's. (Ineligible with ST)*

### Athletics and Activities Insurance Policy

Before a student is allowed to participate in co-curricular activities (practice or competition) he/she **must** be covered by major medical insurance. I understand that it is my responsibility to provide insurance coverage. If the participant is not covered by private insurance, they have the option of purchasing District identified insurance. District identified insurance can be purchased through the athletic office at the high school. Parents or guardians also have the obligation to notify the athletic director if insurance is canceled or terminated.

### Authorization to Treat and Release Medical Information

In order to provide a safe and enjoyable experience for the student athletes at Hermiston High School, arrangements have been made for the athletic training services. Our athletic trainer position is funded through Good Shepherd Medical Services. Athletic training is available to any and all Hermiston High School student athletes for evaluation, consultation, and/or treatment in the event of an injury or illness, or at the request of the athlete, parents, coach, administration, or the patient's personal physician.

In the event of an injury or illness I give my permission for my student to be treated by the Hermiston High School athletic training staff and/or physician. I understand that treatment may include evaluation,



treatment and referral to another physician, withholding a student from sports participation, and/or releasing a student for sports participation. I also, understand that the athletic trainer may withhold any student athlete from sports participation, due to an illness or injury, unless the student has been cleared by their personal physician. This decision is based on professional concerns for the student athlete and/or other student athletes' health and safety.

In the event of an injury/illness, it may be important for the athletic trainer and/or physician to share medical information with physicians, coaches and high school administration. These injuries/illnesses may or may not be a direct result of athletic participation. By signing below, I authorize all departments of athletic professional staff (i.e. coaches, athletic trainer and physician), athletic director, athletic department staff, and any other attending physician to share/discuss information regarding any injury or physical condition that may affect the athletic participation of the student athlete identified on this form. This information will be used to determine medical eligibility to participate in athletics and help in the diagnosis and treatment of any injuries or illness which may occur during or may affect sports participation.

### **Concussion Information**

Max's law (OAR 581-022-0421) requires Oregon School districts to implement new concussion management guidelines for student athletes in 2010-2011. A coach may not allow a member of a school athletic team to participate in any athletic event or training on the same day that the member exhibits signs, symptoms or behaviors consistent with a concussion following an observed or suspected blow to the head or body or has been diagnosed with a concussion. Max's law and Hermiston School District Policy address the four guidelines for concussion management in student athletes: Recognize, Remove, Refer and Return. Any athlete who is diagnosed with a concussion must receive a **full unconditional release** from a medical provider before returning to participation. Please refer to Hermiston School District concussion protocol.

### **Waiver of Liability**

I acknowledge that I have been advised, cautioned and warned by the District that by participating in the activity my child is exposed to the risk of serious injury including but not limited to the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment of the use of my child's limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my child's desire to participate in this activity. Should my child choose to participate in the above sport, I hereby further acknowledge that I do so knowing and understanding the risk of serious injury that I am exposing myself to in my sport(s).

In consideration for providing my child the opportunity of participating in sports and activities while fully recognizing the dangers and hazards inherent in participating in the above mentioned sport and any related transportation to and from events, to the fullest extent allowed by law, on behalf of myself and my minor child, I hereby voluntarily agree to waive and discharge any and all claims of whatever nature and release from liability, fully and finally, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, our successors, and to release, exonerate, discharge and hold harmless the Hermiston School District, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from any and all liability, claims, causes of action, or demands including attorney's fees, arising out of any injuries of any kind, whether physical or emotional, to me, my child, or to our property, or losses of any kind which may result from or in connection with my child's participation in the sport. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of my child.

# HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the provider. The provider should keep this form in the medical record.)

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Foods  Stinging Insects

Explain "Yes" answers below. Circle questions you do not know the answers to.

GENERAL QUESTIONS		
1. When was the student's last complete physical or "checkup?" Date: Month/ Year _____ / _____ (Ideally, every 12 months)	YES	NO
2. Has a doctor or other health professional ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical conditions? If so, please identify below.		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected, or get tired more quickly than your friends or classmates during exercise?		
11. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?	YES	NO
13. Does anyone in your family have a pacemaker, an implanted defibrillator, or heart problems like hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		

BONE AND JOINT QUESTIONS	YES	NO
14. Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice, game or an event?		
15. Do you have a bone, muscle or joint problem that bothers you?		
MEDICAL QUESTIONS		
	YES	NO
16. Do you cough, wheeze or have difficulty breathing during or after exercise?		
17. Have you ever used an inhaler or taken asthma medicine?		
18. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
19. Do you have any rashes, pressure sores, or other skin problems such as herpes or MRSA skin infection?		
20. Have you ever had a head injury or concussion?		
21. Have you ever had numbness, tingling, or weakness, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or someone in your family have sickle cell trait or disease?		
24. Have you, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food?		
28. Have you ever had an eating disorder?		
29. Do you have any concerns that you would like to discuss today?		
FEMALES ONLY		
	YES	NO
30. Have you ever had a menstrual period?		
31. How old were you when you had your first menstrual period? _____		
32. How many periods have you had in the last 12 months? _____		

Explain "yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."

Form adapted from ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

# PHYSICAL EXAMINATION FORM

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport(s): \_\_\_\_\_

EXAMINATION		
Height:	Weight:	BMI:
BP: / ( / )	Pulse:	Vision R 20/ L 20/ Corrected <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart •Murmurs (auscultation standing, supine, with and without Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

- Cleared for all sports without restriction
  - Cleared for all sports without restriction with recommendations for further evaluation or treatment for:
  - Not cleared
    - Pending further evaluation
    - For any sports
    - For certain sports: \_\_\_\_\_  
Reason: \_\_\_\_\_
- Recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the provider may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".

Name of provider (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

*ORS 336.479, Section 1 (3) "A school district shall require students who continue to participate in extracurricular sports in grades 7 through 12 to have a physical examination once every two years." Section 1(5) "Any physical examination required by this section shall be conducted by a (a) physician possessing an unrestricted license to practice medicine; (b) licensed naturopathic physician; (c) licensed physician assistant; (d) certified nurse practitioner; or a (e) licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."*

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## MUSCULOSKELETAL

Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

**MURMUR EVALUATION** – Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses  
(Equivalent to brachial pulses in strength and arrival)

Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

**MARFAN'S SCREEN** – Screen all men over 6'0" and all women over 5'10" in height with echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 standard deviation below mean
7. Myopia
8. Ectopic lens

## CONCUSSION -- When can an athlete return to play after a concussion?

After suffering a concussion, no athlete should return to play or practice on the same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover that quickly, thus the Oregon Legislature has established a rule that no player shall return to play following a concussion on that same day and the athlete must be cleared by an appropriate health care professional before they are allowed to return to play or practice.

Once an athlete is cleared to return to play, they should proceed with activity in a stepwise fashion to allow their brain to readjust to exertion. The athlete may complete a new step each day. The return to play schedule should proceed as below following medical clearance:

- Step 1: Light exercise, including walking or riding an exercise bike. No weightlifting.
- Step 2: Running in the gym or on the field. No helmet or other equipment.
- Step 3: Non-contact training drills in full equipment. Weight training can begin.
- Step 4: Full contact practice or training.
- Step 5: Game play.

If symptoms occur at any step, the athlete should cease activity and be re-evaluated by a health care provider.

### 581-021-0041 Form and Protocol for Sports Physical Examinations

1. The State Board of Education adopts by reference the form entitled "School Sports Pre-Participation Examination" dated May, 2017 that must be used to document the physical examination and sets out the protocol for conducting the physical examination. The form may be used in either a hard copy or electronic format. Medical providers may use their electronic health records systems to produce the electronic form. Medical providers conducting physicals of students who participate in extracurricular activities in grades 7 through 12 must use the form.
2. The form must contain the following statement above the medical provider's signature line:  
This form is an exact duplicate of the current form required by the State Board of Education containing the same history questions and physical examination findings. I have also reviewed the "Suggested Exam Protocol".
3. Medical providers conducting physicals on or after April 30, 2011 and prior to May 1, 2017 must use the form dated May 2010.
4. Medical providers conducting physicals on or after May 1, 2017 and prior to May 1, 2018 may use either the form dated May 2010 or the form dated May, 2017.
5. Medical providers conducting physicals on or after May 1, 2018 must use the form dated May, 2017.

**NOTE:** The form can be found on the Oregon School Activities Association (OSAA) website: <http://www.osaa.org>  
Stat. Auth.: ORS 326.051 Stats.  
Implemented: ORS 336.479

**PLEASE SIGN BELOW AND RETURN THIS SHEET TO OFFICE**

**Parent/Student Signature Sheet**

**Code of Conduct**

I/we have read the code of conduct and understand it. I/we understand that the undersigned student's compliance with the above terms are a condition of his/her participation in sports and other co-curricular activities within the Hermiston school district. This document constitutes a contract, and the undersigned student agrees to abide with it. I/we understand that this code, once signed will be in effect the entire time period the student is attending Hermiston school district, including out of season and during the summer. I/we further understand that infractions are cumulative throughout the students time in the Hermiston school district.

**Waiver of Liability**

I acknowledge that I have read and understand the waiver of liability and further understand that there are risks of injury and illness when participating in athletics and activities. I hold harmless the Hermiston school district of any and all liabilities.

**Proof of Insurance**

All students are required to have insurance to participate in athletics and activities. By signing below you agree that your student is covered with major medical insurance or district insurance. Please write the name and policy number of the company that covers your child. If he/she is covered by district insurance, write district insurance.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

**BY SIGNING, I/WE AGREE TO CODE OF CONDUCT, WAIVER OF LIABILITY AND THAT WE HAVE MAJOR MEDICAL INSURNACE OR DISTRICT INSURANCE.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_