



# Scottsburg High School

## Important Athletic Paperwork Information

1. Make sure ALL information has been filled out correctly and completely. (Pre-Participation Physical Evaluation (PPE) forms, Concussion and Sudden Cardiac Arrest Acknowledgement form, Athletic Emergency Health form, and Code of Conduct Acknowledgement form.)
2. The most current version of the IHSAA Pre-Participation Physical Evaluation (PPE) forms must be used and may not be altered or modified in any way. It is available for download at [www.ihsaa.org](http://www.ihsaa.org) or at <http://shs.scsd2.k12.in.us/athletics> and click on SHS Athletic Handbook on the right side.
3. The PPE form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. **No pre-signed or pre-stamped forms will be accepted.**
4. Signatures:
  - a. The signature must be hand-written. No signature stamps will be accepted.
  - b. The **signature and license number** must be affixed on page two (2).
  - c. The parent signatures must be affixed to the form on pages one (1) and four (4).
  - d. The student-athlete signature must be affixed to pages one (1) and four (4).
5. Make sure the signatures of both a parent/guardian and the student-athlete are on the Concussion and Sudden Cardiac Arrest Acknowledgement form and the Code of Conduct Acknowledgement form.
6. Make sure **YOU** have a copy to keep for your own records.
7. The athlete **should not be practicing or playing** until his/her PPE form, Concussion and Sudden Cardiac Arrest Acknowledgement form, Athletic Emergency form, and Code of Conduct Acknowledgement form has been properly and completely filled out with all signatures and turned in to the Athletic Department.



## PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA). In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way.  
(available for download at [www.ihsaa.org](http://www.ihsaa.org)<<http://www.ihsaa.org>>)
2. The PPE Form must be signed by a physician (MD or DO) holding an unlimited license to practice medicine, a nurse practitioner (NP) or a physician assistant (PA) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
  - The signature must be hand-written. No signature stamps will be accepted.
  - The signature and license number must be affixed on page two (2).
  - The parent signatures must be affixed to the form on pages one (1) and four (4).
  - The student-athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

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  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. 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 \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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 physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician (MD, DO, NP, or PA) \_\_\_\_\_ License # \_\_\_\_\_





## INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

**ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:**

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
  - ... unless you are entering the ninth grade for the first time.
  - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
  - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

***This is only a brief summary of the eligibility rules.***

***You may access the IHSAA Eligibility Rules (By-Laws) at [www.ihsaa.org](http://www.ihsaa.org)***

***Please contact your school officials for further information and before participating outside your school.***

*(Consent & Release Certificate - on back or next page)*

# PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



## I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)**

Date: \_\_\_\_\_ Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

## II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**  
**Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.  
**Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
  - The student has school student accident insurance.
  - The student has adequate family insurance coverage.
  - The student has football insurance through school.
  - The student does not have insurance.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.**

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

### CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.  
9150 North Meridian St., P.O. Box 40650  
Indianapolis, IN 46240-0650

**File In Office of the Principal**  
**Separate Form Required for Each School Year**

**CONCUSSION and SUDDEN CARDIAC ARREST  
ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport Participating In (If Known): \_\_\_\_\_ Date: \_\_\_\_\_

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

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As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**Athletic Emergency Health Form**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contacts:**  
\_\_\_\_\_

**Emergency Contact Phone:**  
\_\_\_\_\_  
(please list 2)

**Doctor's Name:** \_\_\_\_\_

**In case of emergency, if the school is not able to contact me. I give permission to take (Name) \_\_\_\_\_ to the hospital or appropriate facility for medical attention.**

**Parent Signature:** \_\_\_\_\_

**If it is necessary to contact ambulance service, it will be the responsibility of the parent to pay for this service.**

**Medical History**

**Please indicate any other condition that would need special consideration by the school (please explain)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Allergies** \_\_\_\_\_ **Heart** \_\_\_\_\_ **Seizures** \_\_\_\_\_  
**Asthma** \_\_\_\_\_ **Diabetes** \_\_\_\_\_ **Ect.** \_\_\_\_\_



## SHS Warrior/Warriorette Code of Conduct

### Acknowledgement Card

Name of Student \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Sports: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

We have received a copy of the Scott County School District 2 Athletic Code of Conduct. We have read the information published in this handbook and agree to comply with the rules and regulations as stated. Please read each of the following statements and sign.

1. I have read and agree to comply with the Warrior/Warriorette Code of Conduct Policy.
2. Notice of disclosure for the IHSAA: I hereby consent to the disclosure of scholastic and attendance which relate to or concern my child.
3. I understand that this code is in effect 365 days a year.
4. I understand that if I would happen to violate the Code of Conduct, my participation in athletics at SHS may be limited or even terminated.
5. I understand that the school does not provide insurance coverage other than the excess coverage discussed on page 2.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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



## **Guidelines and Contract for Student-Athletes: Social Media**

Scottsburg Student-Athletes,

As you begin your participation in the athletic season, the Athletic Department at Scottsburg High School wants to make sure you are aware of the social media guidelines. Scott County School District 2 Schools and the Athletic Department recognize and support the student-athletes' rights to freedom of speech, expression, and association, including the use of social networks. In this context, however, each student athlete must remember that playing and competing for Scott County School District 2 is a privilege. As a student-athlete, you represent the school district and you are expected to portray yourself, your team, your school and the school district in a positive manner at all times.

Below are the social networking guidelines, which provide the following direction for social networking site usage:

- Everything you post is public information-any text or photo placed online is completely out of your control the moment it is placed online-even if you limit access to your site. Information (including pictures, videos, and comments) may be accessible even after you remove it. Once you post a photo or comment on a social networking site, that photo or comment becomes the property of the site and may be searchable even after you remove it.
- What you post may affect your future! Many employers, college admissions officers, and athletic recruiters review social networking sites as part of their overall evaluation of an applicant. Carefully consider how you want people to perceive you before you give them a chance to misinterpret your information (including pictures, videos, comments and posters).
- Similar to comments made in person, the Scott County School District 2's athletic department will not tolerate disrespectful comments and behavior online, such as
  - Derogatory language or remarks that may harm teammates or coaches; other Scottsburg student-athletes, teachers or coaches; and student athletes, coaches or representatives from other schools, including comments that may be disrespectful to opposing teams.
  - Incriminating photos or statements depicting violence, hazing, sexual harassment; full or partial nudity; inappropriate gestures; vandalism; stalking; underage drinking, selling, possessing, or using controlled substances; or any other inappropriate behavior (including the use of profanity)
  - Creating serious danger to the safety of another person or making a credible threat of serious physical or emotional injury to another person.
  - Indicating knowledge of an unreported school or team violation-regardless if the violation was unintentional or intentional.

Social media outlets will be used as a communication device. They will also be used to encourage involvement with family, friends, fans, colleges and recruiting outlets. Do not be afraid to retweet and "Like" so we can promote our sites.

For this reason all student-athletes need to comply with the following:

1. Follow @scsd2athletics
2. Never involve yourself with alcohol or any other controlled substance. Posting pictures, retweeting, or "liking" a post where this behavior is going on also indicates your approval.
3. If you are asked to remove a post, you must do so immediately! This is for the protection of your reputation and that of Scott County School District 2 Public Schools.

In short, do not have a false sense of security about your rights to freedom of speech. Understand that freedom of speech is not unlimited. The online social network sites are NOT a place where you can say and do whatever you want without repercussions. The information you post on a social networking site is considered public information. Think about whom you represent: yourself, your family, your teammates and coaches, and your school. Like it or not, people are going to associate everything you post with you and what you represent. Protect yourself by maintaining a self-image of which you can be proud for years to come.

## **Guidelines for the Use of Social Networking Media**

As an educational institution, Scott County School District 2 Schools supports and encourages the rights of individuals to free speech. However, students should be concerned with any behavior that might embarrass themselves, their families, their teams, their community and /or Scottsburg High School. This includes any activities conducted online through social networking sites (i.e. Facebook, MySpace, Friendster, podcasting, blog sites, You Tube, Twitter, or chat rooms among others).

Participation in athletics at Scott County School District 2 Schools is a privilege, not a right. As a student-athlete at Scottsburg High School, you are a representative of the school and the community, and as such, you are always in the public eye. This fact places certain additional demands upon how you must live your life. Keep the following guidelines in mind as you participate in any of the aforementioned public media:

1. Before participating in any online community, understand that anything posted online is available to anyone in the world. Any text or photo placed online is completely out of your control at the moment it is place online,--even if you limit access to your site.
2. You are not to post information, photos, or other items that could embarrass you, your family, your team, the Athletics Department or Scott County School District 2 Schools. This includes items that may be posted on your page by others.
3. You should not post your address, phone numbers, birth date, or other personal information. You could be opening yourself up to predators or stalkers.
4. Exercise caution as to what information you post on your website about your whereabouts or plans. This will help prevent stalkers or other criminally minded individuals from gaining access to you.
5. Be aware of who you add as a friend to your site. Many people are looking to take advantage of student-athletes or seek connection with student-athletes to give them a sense of membership on a team.
6. Coaches and athletic department administrators can and do monitor these websites. Disparaging remarks about teammates, coaches, or school officials can serve as grounds for suspension from competition or dismissal from teams, as well as possible legal ramifications.
7. Students-athletes will face disciplinary measures for violation of team policies, athletic department policies, state athletic association guidelines and /or state and federal laws. Any admissions of conduct in violation of any of these policies or laws found on a student-athlete's website will subject him or her to disciplinary measures. Any depictions of conduct in violation of any of these policies or laws found on a student-athlete's website will be subject to a full investigation.

Also keep in mind that local police or sheriff's offices or other law enforcement agencies may check these websites regularly.

Be cognizant of the fact that many employers and colleges also monitor these sites. You should be aware that any information posted on these websites may prevent you from obtaining a job or prevent you from attending the college of your choice.

- As adapted from NC State University

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Athlete \_\_\_\_\_

(Please Print)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Scott County School District 2  
Student Drug Testing Policy and Procedure  
Adopted: Spring 2016

**EXTRA-CURRICULAR ACTIVITIES, CO-CURRICULAR ACTIVITIES, AND STUDENT DRIVER DRUG AND/OR ALCOHOLIC BEVERAGES RANDOM TESTING PROGRAM**

**A STATEMENT OF NEED AND PURPOSE**

A program of deterrence will be instituted as a proactive approach to a drug and alcoholic beverage free school. Through driving, participation in extracurricular, or co-curricular activities, students using illegal drug and/or alcoholic beverages pose a threat to their own health and safety, as well as to that of other students. The purpose of this program is threefold: (1) to provide for the health and safety of students; (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal drugs or alcoholic beverages; and (3) to encourage students who use illegal drugs to participate in drug treatment programs.

Students involved in extracurricular activities need to be exemplary in the eyes of the community and other students. It is further the purpose of this program to prevent students from driving to and from school or participating in extracurricular or co-curricular activities while s/he has drug residues in his/her body, and it is the purpose of this program to educate, help, and direct students away from drug and alcohol abuse and toward a healthy and drug free lifestyle. This program is designed to create a safe, drug-free environment for students and assist them in getting help when needed. **No student shall be expelled or suspended from school as a result of any verified “positive” test conducted by his/her school under this program other than stated therein. No student will be penalized academically for testing positive for illegal drugs or other banned substances.**

**INTRODUCTION**

The effective date of this program is August 1, 2016. This program does not affect the current policies, practices, or rights of the School Corporation with drug and/or alcohol possession or use, where reasonable suspicion is obtained by means other than drug testing through this policy. The School Corporation reserves the right to test any student who at any time exhibits cause for reasonable suspicion of drug and/or alcoholic beverage use.



## **REASONABLE CONCERN**

The School Corporation has a strong commitment to health, safety, and welfare of its students. Our commitment to maintaining the extra-curricular and co-curricular activities in the School Corporation as a safe and secure educational environment requires a clear policy and supportive programs relating to detection, treatment, and prevention of substance abuse by students involved in extra-curricular programs or co-curricular programs.

## **SCOPE**

Participation in extra-curricular and co-curricular activities is a privilege. This policy applies to all School Corporation students in grades 9-12 who wish to participate in any school sponsored extra-curricular activities, or co-curricular activities. It also includes any student who wishes to drive to school, from school, or during school. This drug testing program will be applied to all high school students regardless of grade, male and female, who participate in any one or combination of the following:

- A. Extra-curricular activities (sports, clubs, student government, etc...)
- B. Co-curricular activities (band, choir, musicals, theatre, FFA, National Honor Society, etc...)
- C. Drive a vehicle to, from, or during school
- D. Any student whose parent/guardian or custodian elects to enroll his/her student in the random drug testing policy

## **LEGAL OBLIGATION**

Indiana Code 20-8.1-7 sets forth health measures to be governed by school officials. Most specifically, IC 20-8-7.2 establishes the responsibility of schools to assist children found to be ill or in need of treatment.

## **CONSENT FORM**

It is MANDATORY that each student who participates in extra-curricular, co-curricular, or drives to, from, or during school sign and return to the school office a "consent form". Failure to comply will result in non-participation and/or no issue of a student parking permit to school.

At the beginning of each school year, sport seasons (as determined by the Indiana High School Athletic Association), extra-curricular activity, or when a student moves into the

School Corporation and joins an activity, all students wishing to participate in that season's activities may be subject to drug and alcoholic beverage testing for illicit or banned substances. Any student who refuses to submit to drug and alcoholic beverage testing will not be allowed to practice or participate in School Corporation extra-curricular activities, co-curricular activities, or drive to, from, or during school.

Each student shall be provided a "consent form" which shall be dated and signed by the participant and by the parent/guardian. In so doing, the student and parent/guardian are agreeing to participate in the random drug testing program at Scott County School District 2.

## **TESTING PROCEDURES**

- A. The selection of participants to be tested will be done randomly by the principal/toxicology testing personnel, and/or the principal designee. Selections will be made monthly throughout the school year. Twenty (20) names will be drawn from one (1) large pool of those agreeing to be tested. Testing may occur on a different day, Monday through Saturday. Each student will be assigned a number that will be placed in the testing pool.
- B. No student will be given advance notice or early warning of the testing. In addition, a strict Chain of Custody will be enforced to eliminate invalid tests or outside influences.
- C. Upon being selected for a urinalysis test under this policy, either by random draw, reasonable suspicion, or a "follow-up" test, a student will be required to provide a sample of "fresh" urine according to the quality control standards and policy of the laboratory conducting the urinalysis.
- D. All students will remain under school supervision until they have produced an adequate urine specimen. If the student is unable to produce a urine specimen, the student will be given up to twenty-four (24) ounces of fluid. If still unable to produce a specimen within two (2) hours, the student will be taken to the principal's office and told s/he is no longer eligible for any of the extra-curricular or co-curricular activities. In addition, the parents/guardian will be telephoned and informed that the student is unable to produce a sample for the testing procedure and that s/he may be tested at a later date to be reinstated for eligibility.
- E. All specimens registering below 90.5 degrees or above 99.8 degrees Fahrenheit will be invalid. There is a heat strip on each of the specimen bottles indicating a

validity of the urine specimen by temperature. If this occurs, another specimen must be given by the student.

- F. If it is proven that tampering or cheating has occurred during the collection, the student will become ineligible for all the “extra-curricular activities” for the remainder of the school year and will not be allowed to drive to or park on school property during the time of ineligibility. This will be reported to the parent/guardian.
- G. Immediately after the specimen is taken, the student may return to class with an admit slip or pass with the time s/he left the collection site. The principal/designee must time and sign the pass.
- H. The specimens will then be turned over to the testing laboratory, and each specimen will be testing for alcohol and “street drugs” (which may include all drugs listed as controlled substances under the laws of the State of Indiana). Also, “performance enhancing” drugs, such as steroids, may be tested.
- I. The laboratory selected must follow the standards set by the Department of Health and Human Services. It must be certified under the auspices of the Clinical Laboratory Improvement Act (CLIA) and the Joint Commission of Accreditation of Healthcare Organizations (JCAHO).

## **CHAIN OF CUSTODY**

- A. The certified laboratory will provide training and direction to those who supervise the testing program, set up the collection environment, and guarantee specimens and supervise the chain-of-custody. To maintain anonymity, the student’s number, not name, will be used.
- B. The principal/designee will be responsible for escorting students to the collection site. The student should bring all materials with him/her to the collection site and should not be allowed to go to his/her locker. (The administrator should not bring all the students drawn from the pool to the collection site simultaneously. Calling four (4) or five (5) students at a time allows the collections to be carried out quickly and will not cause student to wait a long time, thereby creating a loss of important time from class. Athletes and extra-curricular activities participants may be called after school, perhaps during practice time.)
- C. Before the student’s urine is tested by the laboratory, students will agree to fill out, sign, and date any form which may be required by the testing laboratory. If a student chooses, s/he may notify the administrator that s/he is taking prescription medication.
- D. A sanitized kit containing a specimen bottle will be given to each student. The bottle will remain in the student’s possession until a seal is placed upon the

bottle. The student will sign that the specimen has been sealed. The seal may be broken only by the lab testing the specimen.

- E. If the seal is tampered with or broken, after leaving the student's possession and prior to arriving at the lab, the specimen is invalid. The student will be called again as soon as possible. The student will remain eligible for extra-curricular and co-curricular activities subsequent to a retest.
- F. The supervisor obtaining the urine specimen will be of the same gender as the student. Students will be instructed to remove all coats and wash their hands in the presence of the supervisor prior to entering the restroom. The door will be closed so that the student is by himself/herself in the restroom to provide a urine specimen. The supervisor will wait outside the restroom. The student will have two (2) minutes to produce a urine specimen. The commode will contain a blue dye so that the water cannot be used to dilute the sample.
- G. After it has been sealed, the specimen will be transported to the testing laboratory by lab personnel. The testing laboratory will report the results back to the principal/designee.
- H. In order to maintain confidentiality, the container which contains the urine specimen to be tested will not have the name of the student on the container. Instead, the student's random identification number will appear on the container. Also, the result sheet for the urinalysis will be mailed back to the principal/designee with no name attached; only the student's random identification number will appear on the result sheet.

## **REFUSING TO TAKE A RANDOM DRUG TEST**

If a student is randomly selected and refuses to take a drug screen, he/she will be ineligible for all extra-curricular, co-curricular activities, or a parking permit for 365 days.

## **TEST RESULTS**

- A. This program seeks to provide needed help for students who have a verified "positive" test. The student's health, welfare, and safety will be the reason for preventing students from participation in extra-curricular activities, co-curricular activities, and restrict him/her from driving to or from school.
- B. The principal/designee will be notified of a student testing "positive" (that is, if the test shows that drug residues are in the student's system after using at least two (2) different types of analyses). The principal/designee will notify the student and his/her parent/guardian. The student or his/her parent/guardian may submit any documented prescription, explanation, or information which will be

considered in determining whether a “positive” test has been satisfactorily explained.

- C. If the test is verified “positive”, the principal/designee will meet the student and his/her parent/guardian at a School Corporation Facility. The student and parent/guardian will be given the names of counseling and assistance agencies that the family may contact for help.

A student involved in athletics who tests positive will be subject to disciplinary consequences as outlined in the next section. A student involved in non-athletic extra-curricular activities will be subject to the disciplinary consequences as outlined below. A student driver who tests positive will have his/her driving privileges suspended for twelve (12) weeks.

A “follow-up” test will be requested by the principal/designee after the suspension of athletic, extra-curricular, co-curricular, and parking privileges and after such an interval of time that the substance previously found would normally have been eliminated from the body. If this “follow-up” test is negative, the student will be allowed to resume extra-curricular activities, co-curricular activities, and/or driving. If a second “positive” result is obtained from the “follow-up” test, or any later test of that participant, the same previous procedures shall be followed. In addition, the School Corporation reserves the right to continue testing at any time during the remaining school year any participating student who tested “positive” and did not make satisfactory explanation.

- D. Information on a verified “positive” test result will be shared on a “need to know” basis with the student’s coach or sponsor. The results of “negative” tests will be kept confidential to protect the identity of all students being tested.
- E. Drug testing result sheets will be returned to the principal/designee identifying students by number and not by name. Names of students tested will not be kept in open files or on any computer. Result sheets will be secured in a location that only the principal/designee has access.

## **CONSEQUENCES**

The student/participant will be prevented from participating in the activities listed under these guidelines until the consequence in all situations that apply to the student/participant is served and after a “follow-up” test is conducted and the results are negative.



**First offense for athletes and co-curricular band and/or choir members:**

- A. 50% suspension of the maximum number of scheduled contests for that season. If the student enrolls in an approved Counseling/Rehab program and has a negative follow-up drug screen (at the parent's expense), the student will only be suspended for a minimum of 25% of the number of scheduled contests for that season.
- B. If the entire 50% (or 25%) cannot be served within the season the violation occurred, the remaining percentage will be served through the community service hours listed:
  - 5 Community Service Hours per contest left to be served
- C. Offense becomes part of the student/participant's extra-curricular record.
- D. While under suspension for the first offense, the student/participant may continue to practice with the approval of the administration/athletic director and coach/director. The student/participant may continue to travel with their respective squad to away contests, with the approval of the administration/athletic director and coach/director. The student/participant may continue to be on the sideline, bench area, etc... while under suspension, with the approval of the administration/athletic director and coach/director. The student/participant must not wear any part of the competitive uniform or team warm-up to the contests while under suspension.
- E. The student/participant will be required to have at least one non-random test within the next six months from the date of the first positive test on a date the school chooses. This drug test will be at the parent's expense.

**First offense for all other extra-curricular and/or student drivers:**

The student/participant will be ineligible to participate in any extra-curricular activity and will not be allowed to drive on school property for thirty days (30 Days). In addition, the following steps must be taken:

- A. The student/participant, at the parent's expense, has a follow up drug test and the result is negative.
- B. The student/participant will be required to have at least one non-random test within the next six months from the date of the first positive test on a date the school chooses. This drug test will be at the parent's expense.

**Second offense for athletes and co-curricular band and/or choir members:**

- A. Student/participant is suspended from all contests for one calendar year from the time the offense is proven.

- B. A conference will take place within 5 school days for drug or alcohol related offenses. The conference may include: the participant, the parent(s), guardian(s), the principal, other building and campus administrators, the athletic director, and the school counselor.
- C. Offense becomes part of the student/participant's extra-curricular record.
- D. While under suspension for the second offense, the student/participant may continue to practice with the approval of the administration/athletic director and coach/director. The student/participant may continue to travel with their respective squad to away contests, with the approval of the administration/athletic director and coach/director. The student/participant may continue to be on the sideline, bench area, etc... while under suspension, with the approval of the administration/athletic director and coach/director. The student/participant must not wear any part of the competitive uniform or team warm-up to the contests while under suspension.

**In addition, the following steps must be taken:**

- A. A letter from an out-of-school licensed counseling agency has been received by the school verifying the student/participant is enrolled in a drug rehab program at the parent's expense.
- B. The parent has signed a consent allowing the school and the out-of-school counseling agency to exchange information
- C. The student/participant, at the parent's expense, has a follow-up drug test at or near the end of the suspension and the result is negative.
- D. The student/participant will be required to have at least one non-random test within the next six months from the date of the previous positive test on a date the school chooses. This drug test will be at the parent's expense.

**Second offense for all other extra-curricular and/or student drivers**

The student/participant will be ineligible to participate in any extra-curricular activity and will not be allowed to drive on school property for one calendar year.

**In addition, the following steps must be taken:**

- A. A letter from an out-of-school licensed counseling agency has been received by the school verifying the student/participant is enrolled in a drug rehab program at the parent's expense.
- B. The parent has signed a consent allowing the school and the out-of-school counseling agency to exchange information

- C. The student/participant, at the parent's expense, has a follow-up drug test at or near the end of the suspension and the result is negative.
- D. The student/participant will be required to have at least one non-random test within the next six months from the date of the previous positive test on a date the school chooses. This drug test will be at the parent's expense.

**Third offense for athletes and co-curricular band and/or choir members:**

- A. Student's/participant's participation in all activities is terminated for their high school career.
- B. Parents will be notified by the administration within 5 school days.
- C. Notification will be both written and verbal.
- D. At this time, parents and the student/participant may meet with a drug dependency agency for evaluation and possible treatment if drugs and alcohol are involved.
- E. Parents may submit written results of their action with a chemical dependency agency for possible appeal process to regain eligibility.

**Third offense for all other extra-curricular and/or student drivers/driving students**

The student/participant will be ineligible to participate in any extra-curricular activities and co-curricular activities and will not be allowed to drive on school property for the remainder of their school career.

**APPEALS**

- A. Upon receipt of the notice of violation of the Random Drug Screen, the student or his/her parent/guardian may deliver a written request of the Principal, in person or by mail, within five (5) school days after receipt of the notice, to have the original specimen tested again by the certified laboratory at a cost to the student/participant or his/her parent/guardian or custodian and to initiate a hearing on the determination of the discipline.
- B. During the appeal, the consequences of the offense will be enforced. All appeals will be made on a case by case basis by the superintendent/administration. If a request to retest the specimen or to hold an appeal hearing is not requested within the time specified, all rights administratively and judicially, to contest and appeal the determination will be waived.
- C. If a hearing is requested, the Principal and/or the Athletic Director shall set a time, date, and place for a hearing on the determination of whether or not a violation has been committed.

- D. A Review Committee that will consist of the Principal, other campus administrators, Athletic Director, and a teacher to be selected by the Athletic Director/Administration shall conduct the meeting.
- E. After acceptance of all evidence at the hearing, the Review Committee shall make a determination as to whether or not a violation has occurred. The Review Committee shall prescribe the discipline to be imposed for the violation if they should determine that the violation has, in fact, occurred.

### **SELF REPORT CLAUSE**

- A. It is the intent of Scott County School District 2 to assist students/participants with developing responsibility for their actions and to encourage honesty. Therefore, any student/participant who voluntarily reports on himself/herself as to a violation of the Random Drug Test Code of Conduct may be permitted leniency.
- B. This report must be student/participant initiated and without school officials being able to learn about the incident by any other means.
- C. This means that once the student/participant is caught by legal authorities, reported by other sources, or requested to provide a sample for a drug screen, it is too late to use the self-report clause to lessen the penalty.
- D. The Self-Report Clause can be used only once during the student/participant's four year high school career and may be used only for the first offense.
- E. The student/participant may pay a lesser penalty for the infraction than stated; he/she will not be permitted to participate in less than a number of contests that equals 25% or at least two scheduled contests.
- F. In cases of substance abuse, the self-reporting student/participant must participate in a Drug/Alcohol Needs Assessment by an organization that appears on the administration's list of approved organizations and then follow the prescribed program.

### **STATISTICAL REPORTING AND CONFIDENTIALITY OF DRUG TEST RESULTS**

The testing laboratory may not release any statistics on the rate of positive drug tests to any person, organization, new publication, or media without expressed written consent of the Scott County School District 2 Board of Education. However, the lab will provide the building principal with a quarterly report showing the number of tests performed, rate of positive and negative tests, and what substances were found in the positive urine specimens.

## **FINANCIAL RESPONSIBILITY**

- A. Under this policy, the School Corporation will pay for all initial random drug tests, all initial reasonable suspicion drug tests, and the all initial “follow-up” drug tests. Once a student has a verified “positive” tests result and has subsequently tested negative from a “follow-up” test, any future “follow-up” drug test that must be conducted will be paid for by the student or his/her parent/guardian.
- B. A request on appeal for another test of a “positive” urine specimen is the financial responsibility of the student or his/her parent/guardian.
- C. Counseling and subsequent treatment by non-school agencies is the financial responsibility of the student or his/her parent/guardian.

## **CONFIDENTIALITY**

Under this drug testing program, any staff, coach, or sponsor of the School Corporation who may have knowledge of the results of a drug test will not divulge to anyone the results of the test or the disposition of the student involved, other than in the case of a legal subpoena being made upon that person in the course of a legal investigation.

## **OTHER RULES**

Apart from this drug testing program, Scottsburg High School, the Scottsburg High School Athletic Department, and the coaching staff/sponsor of each sport/activity have their own training rules and requirements. Coaches/Sponsors have the necessary authority to enforce those rules. Any student who violates a rule or requirement as a member of a team or activity will be subject to the consequences as defined in those rules and requirements.



**SCOTT COUNTY SCHOOL DISTRICT 2**  
**EXTRA-CURRICULAR, CO-CURRICULAR, & STUDENT DRIVER**  
**RANDOM DRUG SEARCH CONSENT FORM**

I have received, read, and understand the Scott County School District 2 Extra-Curricular Activities, Co-Curricular Activities, and Student Driver Random Drug Testing Program.

I, \_\_\_\_\_, (print name clearly) desire to participate in this program of Scott County School District 2, and hereby, voluntarily agree to be subject to its terms for the entire school year. I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature

**SCOTT COUNTY SCHOOL DISTRICT 2**  
**EXTRA-CURRICULAR, CO-CURRICULAR, & STUDENT DRIVER**  
**RANDOM DRUG SEARCH NON-CONSENT FORM**

I, \_\_\_\_\_, (print name clearly) have decided not to participate in any extra-curricular activities, co-curricular activities, or to drive to and from school.

I understand that if I wish to become eligible to participate in any extra-curricular, co-curricular, or to drive to and from school, I must submit a Random Drug Search Consent Form prior to my participation in any of those activities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Scottsburg High School**

### **Warrior/Warriorette Code of Conduct**

To: Parents and student-athletes of Scottsburg High School

The school is very happy to have your sons and/or daughters participating in athletics at Scottsburg High School. We believe that interscholastic athletics are an integral part of the school's curriculum. We believe that participation in a sound athletic program contributes to the development of health, physical skills, emotional maturity, social competence, moral values and self-discipline.

As a student of Scottsburg, the school welcomes your participation in our athletic program. We encourage each of our athletes to reap from athletics all it might have to offer. Since the rewards that you will receive from an athletic program correlate directly with what you, the athlete, are willing to give of yourself to that program, then it is certainly worth giving your all. No athlete has ever experienced total satisfaction without living with the concepts of discipline and sacrifice. These two concepts will be offered to you during the coming seasons. This year and in the future, you will be challenged to become a more disciplined individual and will be asked to make sacrifices for something in which you profess to believe. We hope that you will find the Scottsburg High School athletic program as a totally rewarding experience, but we again emphasize that you will acquire only what you are willing to invest.

As a member of one of our athletic teams, you are a part of a program that has become a proud tradition at Scottsburg. It is our sincere desire to be of assistance to each of you in any manner we can. Please feel free to discuss your problems or frustrations with our principal or any member of our athletic staff.

## IHSAA ELIGIBILITY

1. **Physical Exams:** Each participant must have the Indiana High School Athletic Association Students/Parents/Physician Certificate on file with the athletic director before his/her first practice.
2. **Medical Coverage:** Student Accident Insurance paid by parents or a waiver signed by parents stating that the student is adequately insured must be on file with the athletic director before the first practice. The high school does not carry medical insurance on athletes. Scott County School District #2 provides accident coverage for all school supervised and sponsored activities. This plan is excess coverage and payment is made only after payment has been made by the primary carrier.
3. **Age:** A student who is or shall be (20) years of age prior to or on the scheduled date of the IHSAA state finals in a sport shall be ineligible for interschool athletic competition in that sport; a student who is nineteen (19) years of age on the scheduled date of the IHSAA state finals in a sport shall be eligible as to age for interschool competition in that sport.
4. **Amateurism:** All athletes must be amateurs. (Students shall not play under assumed names nor accept money or merchandise, directly or indirectly, for athletic participation.)
5. **Outside Participation:** A student who participates in an athletic contest of any other similar team during that same season in which the athlete represent his/her school will become ineligible to compete on his/her high school team in that sport.
6. **Completion of Season:** If an athlete quits or is suspended for disciplinary action, he/she can not practice for another sport until the final contest of that sport season, unless released by the coach.

### **Scottsburg High School Athletic Programs**

#### **Fall Season:**

Boys – Cross Country, Tennis, Soccer, Football  
Girls – Volleyball, Cross Country, Golf, Soccer

#### **Winter Season**

Boys – Basketball, Wrestling, Swimming, Cheerleading  
Girls – Basketball, Swimming, Cheerleading

#### **Spring Season**

Boys – Baseball, Track & Field, Golf  
Girls – Softball, Track & Field, Tennis

## **School Adopted Policies**

### **Grades**

1. The IHSAA requires that a student-athlete must be enrolled and maintain passing grades in 70% of the school's available full credit subjects.
2. Grades will be checked every 9 weeks. The semester grade will take precedence over the second 9-week grade. A student-athlete, who is declared ineligible following the spring semester, will serve their suspensions during the first sport they participate in the following school year.

### **Attendance**

1. If an athlete is not in attendance by the end of 1<sup>st</sup> period and remain until the end of school on a particular day, he/she will not be allowed to practice or compete in any contest that particular day. If there is an emergency situation, it should be brought to the attention of the Athletic Director and/or Principal prior to their absence. A decision on participation status will then be made.
2. Athletes are expected to attend all practices. The coach must be notified personally by the athlete prior to practice if he/she cannot attend. Penalty for an unexcused absence will be left to the discretion of the coach.

### **Behavior**

1. An athlete who has received a full day of out-of-school suspension will not be eligible for any contest or practice on the day in which the suspension is served. The consequence for an athlete who has received an in-school-suspension will be left to the discretion of the coach.
2. If an athlete is expelled from an athletic contest by a game official, the athlete will be suspended from the next played contest. A second expulsion during the same sport season will result in the athlete being dismissed from the team.
3. A demerit point system has been implemented for Scottsburg High School students. The infractions and consequences are outlined in the student handbook. If the student accumulates 6 demerit points, the student will be suspended and a recommendation for expulsion will be made.

The demerit policy is for an entire school year and is accumulative. If an athlete violates the policy prior to the start of the season, they will serve the suspension. If the athlete has reached 6 demerits prior to the start of the season, they will not be allowed to try out.

4. The consequence for an athlete who fails to obey directions issued by a coach or administrator will be left to the discretion of the coach, principal, or athletic director.

### **Transportation**

An athlete involved in a school sponsored athletic event will be transported to and from the event on approved school transportation under the supervision of the coach. Athletes who submit a written request to the coach prior to the departure from Scottsburg High School may be permitted to ride home with their parents/guardian with the coach's consent.

## **Equipment & Uniforms**

Any equipment given to the student for his/her use must be taken care of and returned in a satisfactory condition. If the equipment is lost, stolen, damaged, or abused, the student will be charged the price of replacing the equipment.

## **Dual Sport Participation Policy**

An athlete who wishes to participate in two sports during the same season must receive permission from both coaches involved. A schedule of the events that the athlete will attend in each sport must be agreed upon by both coaches prior to the start of the season. The schedule will be given to the Athletic Director to keep on file.

## **Athlete Participation After Quitting One Sport**

An athlete who has participated in a sport for five or more days and quits, may not participate in another sport during the same season without the written permission of the coach of the sport the athlete quit. If cuts have been made for the second sports team, the athlete may not participate on that team. After quitting a sport during one season, an athlete may not begin participation in another sport during the next season until the previous sports regular season has been completed.

## **Chemical Abuse/Criminal Activity Policy**

1. Felonies – an athlete convicted of a felony will not be allowed to participate in athletics for the remainder of the athlete's high school career.
2. An athlete found to be in possession of or using alcohol, non-prescription drugs or controlled substances will adhere to the following:

### **First offense for athletes:**

- A. 50% suspension of the maximum number of scheduled contests for that season. If the student enroll in an approved Counseling/Rehab program and has a negative follow-up drug screen (at the parent's expense), the student will only be suspended for a minimum of 25% of the number of scheduled contests for that season.
- B. If the entire 50% (or 25%) cannot be served within the season the violation occurred, the remaining percentage will be served through the community service hours listed:
  - 5 Community Service Hours per contest left to be served
- C. Offense becomes part of the student/participant's extra-curricular record.
- D. While under suspension for the first offense, the student/participant may continue to practice with the approval of the administration/athletic director and coach/director. The student/participant may continue to travel with their respective squad to away contests, with the approval of the administration/athletic director and coach/director. The student/participant may continue to be on the sideline, bench area, etc... while under suspension, with the approval of the administration/athletic director and coach/director. The student/participant must not wear any part of the competitive uniform or team warm-up to the contests while under suspension.
- E. The student/participant will be required to have at least one non-random test within the next six months from the date of the first positive test on a date the school chooses. This drug test will be at the parent's expense.

**Second offense for athletes:**

- A. Student/participant is suspended from all contests for one calendar year from the time the offense is proven.
- B. A conference will take place within 5 school days for drug or alcohol related offenses. The conference may include: the participant, the parent(s), guardian(s), the principal, other building and campus administrators, the athletic director, and the school counselor.
- C. Offense becomes part of the student/participant's extra-curricular record.
- D. While under suspension for the second offense, the student/participant may continue to practice with the approval of the administration/athletic director and coach/director. The student/participant may continue to travel with their respective squad to away contests, with the approval of the administration/athletic director and coach/director. The student/participant may continue to be on the sideline, bench area, etc... while under suspension, with the approval of the administration/athletic director and coach/director. The student/participant must not wear any part of the competitive uniform or team warm-up to the contests while under suspension.

**In addition, the following steps must be taken:**

- A. A letter from an out-of-school licensed counseling agency has been received by the school verifying the student/participant is enrolled in a drug rehab program at the parent's expense.
- B. The parent has signed a consent allowing the school and the out-of-school counseling agency to exchange information
- C. The student/participant, at the parent's expense, has a follow-up drug test at or near the end of the suspension and the result is negative.
- D. The student/participant will be required to have at least one non-random test within the next six months from the date of the previous positive test on a date the school chooses. This drug test will be at the parent's expense.

**Third offense for athletes:**

- A. Student's/participant's participation in all activities is terminated for their high school career.
- B. Parents will be notified by the administration within 5 school days.
- C. Notification will be both written and verbal.
- D. At this time, parents and the student/participant may meet with a drug dependency agency for evaluation and possible treatment if drugs and alcohol are involved.
- E. Parents may submit written results of their action with a chemical dependency agency for possible appeal process to regain eligibility.

- 3. An athlete found to be in possession of or using tobacco products will adhere to the following:

1<sup>st</sup> Violation – suspension from 10% of the regularly scheduled contests

2<sup>nd</sup> Violation – suspension from 33% of the regularly scheduled contests

3<sup>rd</sup> Violation – suspension from all athletics for one calendar year

<b>Tobacco violation = 2 point per violation</b> <b>Alcohol/Drug violation = 3 points per violation</b>	
2 points earned	10% Suspension
3 points earned	33% Suspension <i>(partial waiver of suspension if progression to this step is the result of alcohol/drug violation and an approved program is completed - reduced to 10%)</i>
6 or more points earned	One calendar year suspension
9 or more points earned	Remainder of HS career suspension



4. The enactment of penalties dealing with violations of this policy will be made by the Athletic Director based on:
  - a. Admission by the athlete
  - b. Observation and confrontation by a member of the athletic council, a member of the coaching staff, or a member of the school administration
  - c. A determination of fact resulting from an investigation by school administrators
  - d. Charges established by law enforcement officials or agencies
5. If an athlete violates this policy during the off season, the penalty will be served during the next season in which an athlete participates.
6. If an athlete does not serve his/her suspension completely during one season, the remaining suspension will be served during the next season he/she participates in.
7. This policy is in effect 365 days a year and all violations/penalties will be carried over for the athlete's entire high school career.
8. If the athlete feels that he/she has been treated unfairly with the initial decision, they may request a hearing before the Athletic Council. This request must be made in writing to the Athletic Director.
9. The Athletic Council consists of the following members: Scottsburg High School Principal, head coaches of the varsity sports at Scottsburg High School, one SCSD2 board member, and the Athletic Director of SCSD2.

### **Athletic Transfer Reports**

Athletes who are new to Scottsburg High School must complete an IHSAA Athletic Transfer Report. The athlete is NOT eligible until the IHSAA declares the athlete eligible. This process uses the following procedure:

1. Athlete and parent complete first section of the transfer report. According to IHSAA rules, the parent must meet with the Principal/Athletic Director face to face.
2. Scottsburg High School sends the transfer form to the student's previous school.
3. The Principal/Athletic Director at his/her previous school must sign and approve the transfer. The school sends this back to Scottsburg High School.
4. Scottsburg High School then sends the completed form to the IHSAA for approval.

**NOTE: Transfers must be academically eligible based on their last report card at their previous school. Transcripts will be requested.**

### **Awards**

An athlete must complete the season (i.e. elimination of the team from the IHSAA tournament or the last scheduled event) and be in good standing with the coaching staff, the athletic office, and the school to be eligible for an award. If athletes cannot complete the season due to injury, they may still receive an award if they remain involved with the team in some capacity as directed by the coach.

## **Athletic Award Guidelines**

The varsity coach of each sport will determine, prior to the season, the awards that will be awarded to the student athletes. The list of awards will be presented to and kept on file in the Scottsburg High School Athletic Office.

1. Baseball – the athlete must play in 50% of the total games unless injury prevents them from competing
2. Basketball – the athlete competes in 25% of the varsity quarters AND is a member of the sectional team
3. Cheer – member of varsity team that cheers during sectional competition
4. Cross Country – member of the conference and/or sectional team
5. Golf – the athlete must compete in at least 10 matches
6. Soccer – the athlete must play in 60% of the regular season matches and be a dressed member of the sectional team
7. Softball – the athlete must play in 50% of the total games unless injury prevents them from competing
8. Swimming – the athlete must achieve 3,000 power points
9. Tennis – the athlete competed in a varsity match at any time during the season
10. Track – the athlete scored a point in a varsity event during a regular season meet
11. Volleyball – the athlete competes in 33% of the total games
12. Wrestling – the athlete dresses for sectional competition
13. Football- the athlete must compete in 50% of the season's quarters of varsity games
14. Managers/Trainers/Statisticians – a varsity award may be earned by working with a varsity team on a daily basis for one complete season. If the position does not require attendance

**Note: The head coach of each sport is responsible for determining letter winners and award winners and reporting them to the Athletic Director.**

**Note: If a coach feels that an athlete should qualify for a varsity letter but does not meet the criteria above (i.e. medical condition that prevents competition...), then that coach may appeal to the Athletic Director and the SHS Athletic Council for consideration.**

## **Parents**

1. It is important for parents to understand that, just like the student-athlete, they play an important role in every contest.
2. Parents must realize that the student-athletes are playing the game because of their love and enjoyment of that sport.
3. Parents must remember that the athletes are trying to succeed and give their best effort every time.
4. Parents should recognize and appreciate the successes that the athlete enjoys, but should not criticize their failures. It is the responsibility of the parent to show the athlete how to react to success and failure with proper attitude.

5. Always remember that you are a role model. Make the team and community proud to say that you are one of their fans.

## **Concussions**

A new law “*Student Athletes: Concussions and Head Injuries*” (IC 20-34-7) will take effect on July 1, 2012.

The law requires that each year, before beginning practice for an interscholastic or intramural sport:

1. A high school student athlete and the student athlete’s parents must be given an information sheet regarding the risk of head concussion and
2. Both must sign and return a form acknowledging receipt of the information to the student athlete’s coach.

The law further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall:

1. Be removed from play at the time of injury and
2. May not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

## **IHSAA PROTOCOL FOR IMPLEMENTATION OF NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS (NFHS) SPORTS PLAYING RULES FOR CONCUSSIONS**

*“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”*

The language above, which will appear in all National Federation sports rule books for the 2010-11 school year, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion. During the 2009-10 school year, some rules codes required officials to remove from play any athlete who was “unconscious or apparently unconscious.” This new language reflects an increasing focus on safety, given that the vast majority of concussions do not involve a loss of consciousness. This protocol is intended to provide the technicalities to follow during the course of contests when an athlete sustains an apparent concussion.

1. **The Official’s Role in Recognizing a Concussive Event:** If an official observes a player who is exhibiting concussive signs, including appearing dazed, stunned, confused, disoriented, to have memory loss, or the athlete is either unconscious or apparently unconscious, he/she shall notify a coach that a player is apparently injured and advise that the player should be examined by a healthcare provider.

2. If it is confirmed during the contest by the school's *designated health care professional* that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to the contest rules.
3. In the event the contest continues and the *designated health care professional* does NOT clear the athlete for return during said contest the athlete is subject to the return to play protocol as listed below:
  - a. Only an MD or DO may clear the individual to return to competition.
  - b. The clearance must be in writing.
  - c. The clearance may not be on the same date on which the athlete was removed from play.
4. Regardless of whether the athlete returns to play or not, following the contest, an official's report shall be filed with a removed player's school by the contest official that removed the athlete from play due to an apparent concussive event. This report shall be filed with the athletic director of the school and may be found on the IHSAA website at [www.ihsaa.org](http://www.ihsaa.org).
5. In cases where an assigned IHSAA tournament physician (MD/DO) is present, his or her decision to forbid an athlete to return to competition may not be overruled.

The IHSAA member school's *designated health care professional* may be one of the following individuals:

- A medical doctor (MD) or doctor of osteopathic medicine (DO) who holds an unlimited license to practice medicine in the state of Indiana, or;
- A certified athletic trainer (ATC/L) licensed in the state of Indiana.

### **Impact Testing**

In order to keep our student-athletes protected from long-term effects of concussion, Scott County School District 2 highly recommends that each athlete take the impact baseline test.

### **Summary**

Scottsburg High School is a member of the IHSAA and abides by their rules and regulations. As stated by the IHSAA by-laws, any school may establish their own set of guidelines above and beyond those established by the state.

# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

### What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

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 or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

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

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just “not feeling right” or “feeling down”</li> </ul>	<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> </ul>

### How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

### What should you do if you think your child has a concussion?

**SEEK MEDICAL ATTENTION RIGHT AWAY.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

**KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

**TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.** Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**If you think your teen has a concussion:**  
 Don’t assess it yourself. Take him/her out of play.  
 Seek the advice of a health care professional.

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

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# HEADS+UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

### Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

### What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

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

**DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

**GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

**TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

### How can I help 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.

### If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

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

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Parents*

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### **FACTS**

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

### **WARNING SIGNS**

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### **EMERGENCY SIGNS – Call EMS (911)**

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

### **How can I help my child prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?**

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*



# ***SUDDEN CARDIAC ARREST***

## ***A Fact Sheet for Student Athletes***

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### **FACTS**

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

### **WARNING SIGNS**

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### **EMERGENCY SIGNS – Call EMS (911)**

If a person experiences any of the following signs, call EMS (911) immediately:

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- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

### **How can I help prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?**

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*