HOMER HIGH SCHOOL ATHLETICS REQUIRED FORMS

PHYSICAL, NSAA, AMBULANCE & CONCUSSION FORMS

Forms may be Submitted as early as May 1st for 2021-22 school year.

ALL students in grades 7-12 who wish to participate in school athletics MUST submit all forms BEFORE they may begin practice.

ALL 7th graders MUST have a physical prior to the start of the school year, even if they do not plan to participate in school sports.

ATHLETES AND PARENTS MUST complete and sign all forms and have a doctor sign the physical clearance form.

- > The school will mail the forms to all students' homes in the spring and summer newsletters.
- > You may pick up forms at the school office.
- > You may also print the forms from the school website.

NOTE: all sections must be completed, signed and on file at the school prior to any participation.

High school football practice begins on Wednesday, 4 August, 2021.

High school volleyball and cross country practices begin on Monday, 9 August, 2021.

Return complete forms to the school office.



To be completed for students participating in any



NSAA ad	tivities.	Student and Farei	it Consent roi	111		
School Year: 20	-20				Response services and the services are the services and the services are the services and the services and the services are t	JA/ Lancing and an analysis
Date of Birth:	P	lace of Birth:		-		11770
The undersigned(s referred to as "Pare		the parent(s), guardian(s), or p	person(s) in charge	of the above-nar	ned Student and	are collectively
The Parent and Stu (1) Understand and		on in NSAA sponsored activitie	s is voluntary on th	ne part of the Stud	ent and is a privi	lege;
dangers associated such injury can rai tendons, or muscle	with athletic participange from minor cuts, es, to catastrophic injust and death; and, (d) ev	is Consent Form the NSAA hation; (b) participation in any abruises, sprains, and muscle stries to the head, neck and spin yen the best coaching, the use o	athletic activity ma rains to more serio al cord, and on rar	y involve injury ous injuries to the re occasions, injur	of some type; (o body's bones, j ries so severe as	c) the severity of oints, ligaments, to result in total
		of the Student in NSAA ac es, and the activities rules of the				
by the NSAA, of photograph, date of participation in off received, statistics and any other inforecorded, audio tagrights with regard	information regarding f and place of birth, in ficially recognized action regarding performance mation related to the Stoed, or recorded by any to the display of such	gree by the Member School at we gethe Student, including the stajor fields of study, dates of at ivities and sports, weight and less, records or documentation in NSAA of the means while participating recordings, and waive any claplay of such photographs or records.	student's name, ad tendance, grade le neight of as a mem elated to eligibility A sponsored activiting in NSAA activitims of ownership	Idress, telephone vel, enrollment staber of athletic tear for NSAA sponsies; and, (b) the Sties and contests, or	listing, electron atus (e.g., full-ti- ams, degrees, ho sored activities, tudent being pho consent to and w	ic mail address, me or part-time), mors and awards medical records, tographed, video aive any privacy
participation in NS This would also in	AA activities. This in	ed sports injury personnel to evoludes all reasonable and neces the student to a medical facility SAA.	sary preventive car	re, treatment and r	ehabilitation for	these injuries.
of such services. Vand consultants to records. We under	We give permission to release and discuss all	ted to pay for professional med any and all of the Student's hea records and information about has been requested and may be , or emergency.	alth care providers a the Student includi	and the NSAA and ng otherwise cont	d its employees, fidential medical	staff, agents, information and
		phs (1) through (6) above, un pation in athletic activities.	nderstand and agre	ee to the terms the	nereof, including	g the warning of
Name of Student [Print Name]	Stude	nt Signature		D	ate
through (6) above, athletic activities. hereby give (my)(understand and agree Having read the was our) permission for	ropriate choice] (Parent) (Gual e to the terms thereof, including raing in paragraph (2) above a NSAA, except those crossed of	ng the warning of pand understanding [insert student nat	potential risk of i the potential risk	njury inherent in of injury to my	participation in Student, (I)(we)
Baseball	Basketball	Cross Country	Debate	Football	Golf	Journalism
Music	Play Production	Soccer	Softball	Speech	Swim/Dive	Tennis
Track & Field	Unified Bowling	Unified Track & Field	Volleyball	Wrestling		
					-	

Preparticipation Physica	aicv	aluat	ion	CLEARANCE FORIV
Name	Sex	Age	Da	te of Birth
Cleared for all sports without Restriction			•	GRADE
Cleared, with recommendations for further	r treatme	nt for:	······	
Not cleared Pending further evaluation	For any	sports F	or certal	n sports
Tdap booster administered on	······································	(Required per f	lebraska sta	ate law for students entering 7 th grade)
Reasons / Recommendations:	·····			
		······································		·
EMERGENCY INFORMATION				
Allerglies	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······		
Other Information				
Name of physician (print)		·····		Date
Address	,	······	р	hone
Signature of Physician	***************************************	·	······································	,MD or DO
I have examined the above named student and completed the prolinical contraindications to practice and participate in the sport(and can be made available to the school at the request of the parthe physician may rescind the clearance until the problem is rescathlete (and parents/guardians).	(s) as outline irents. If con	ed above. A co ditions arise at	oy of the pl ter the ath	nysical exam is on record in my office lete has been cleared for participation
AMBULANCE / PERMISSION	I TO P	ROVID	E CA	RE
This section of this form is to allow Rescue S immediate care to our son/daughter parents, parent or legal guardian cannot be for Homer Community School and if injured transported to the designated hospital by Re	contacto	ed. Our so	on/daug	in the event that ther will be participating rescue services and
Desired Hospital: (please circle)				
ST. LUKES MERCY MEDICAL CENTER	PENDER	R WI	NNEBA	GO
Medical information: (e.g. allergies, medicat	ilon, etc.		*************	
Parent Signature:		K 11002000000000000000000000000000000000		

Concussion Awareness Homer Community School Student-Athlete / Parent Information Notification

This form must be signed by all student-athletes and parent/guardians before the student participates in any athletic, spirit practice or contest each school year.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head. A concussion can also be caused by a blow to another part of the body with the force transmitted to the head. Concussions can range from mild to severe and can disrupt the way the brain normally works. Though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of a concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Signs (observed by examiner)

- -Appears dazed or stunned
- -Confusion
- -Moves clumsily
- -Loss of consciousness
- -Behavior/personality changes
- -Forgets events prior to injury (Retrograde amnesia)
- -Forgets events after injury
- (Anterograde amnesia)

Symptoms (reported by athlete)

- -Headache
- -Nausea
- -Balance problems or dizziness
- -Double or fuzzy vision
- -Sensitivity to light
- -Tinnitus (ringing in ears)
- -Feeling "foggy"
- -Concentration or memory issues
- -Change in sleep pattern
- -Feeling fatigued

Adapted from the CDC and the 3rd International Conference in Sport

What can happen if my child keeps playing with a concussion or returns too soon? Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often underreport symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key for student-athlete safety.

If You Think Your Child has Suffered a Concussion

Any athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a health care professional (athletic trainer, primary care physician, or neurologist). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think your child may have a concussion. Remember, it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

Return to Practice and Competition

Homer Community School Concussion Management Policy provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a health care professional (athletic trainer, primary care physician, or neurologist) has evaluated the athlete and provided a written authorization to return to practice and competition. Homer Community School recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. Homer Community School also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the school's athletic trainer or licensed health care professional.

For current and up-to-date information on concussions go to: http://www.cdc.gov/concussion/HeadsUp/youth.html

For education from the Nebraska Concussion Network go to: http://Neb.SportsConcussion.org

Student-Athlete Name Printed	Student-Athlete Signature	Date
Parent or Legal Guardian Printed	Parent /Legal Guardian Signature	Date