

South Dakota High School Activities Association



Pre-Participation Form Packet

2020-21 School Year

Last Updated: May 1, 2020 by Krogstrand

SDHSAA HEALTH HISTORY FORM - To be completed (with parent/guardian if student is under 18) in years when a physical exam is given, prior to the exam.

Name: _____

Date of Birth: _____

Date of Exam: _____

Sports: _____

List all past and current medical conditions:	
Have you ever had surgery? If Yes, list all procedures:	
List all prescriptions, over-the-counter meds or supplements you currently take:	
Do you have any allergies? If Yes, Please list them here:	

Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)

	Not At All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest in pleasure or doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes

ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO "IN THE PAST YEAR" & EXPLAIN ANY YES ANSWERS ON THE BACK OF THIS SHEET:

GENERAL QUESTIONS	Yes	No	BONE AND JOINT QUESTIONS, CONTINUED:	Yes	No
1. Do you have any concerns you'd like to discuss with your provider?			15. Do you have a bone, muscle, ligament or joint injury that bothers you?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			MEDICAL QUESTIONS		
3. Do you have any ongoing medical issues or recent illnesses?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
HEART HEALTH QUESTIONS ABOUT YOU			17. Are you missing a kidney, an eye, a testicle, your spleen or any other organ?		
4. Have you ever passed out or nearly passed out during or after exercise?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
5. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
7. Has a doctor ever told you that you have any heart problems?			21. Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
8. Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)			22. Have you ever become ill while exercising in the heat?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			23. Do you or does someone in your family have sickle cell trait or disease?		
10. Have you ever had a seizure?			24. Have you ever had, or do you have any problems with your eyes or vision?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			25. Do you worry about your weight?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)			26. Are you trying to, or has anyone recommended that you gain or lose weight?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS) short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			27. Are you on a special diet, or do you avoid certain types of foods or food groups?		
13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?			28. Have you ever had an eating disorder?		
BONE AND JOINT QUESTIONS			29. Have you ever had COVID-19?		
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or a game?			FEMALES ONLY		
			30. Have you ever had a menstrual period?		
			31. How old were you when you had your first period?		
			32. When was your most recent period?		
			33. How many periods have you had in the past 12 months?		

CERTIFICATION OF HEALTH: I hereby state that, to the best of my knowledge, my answers on this form are complete and correct:

Signature of Athlete: _____

Signature of parent/guardian (if under 18): _____

Date: _____

SDHSAA PREPARTICIPATION PHYSICAL EXAM FORM

Athlete Name: _____

Date of Birth: _____

Date of Exam: _____

Annual/Biennial/Triennial: _____

Physician Reminders:

1. 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, e-cigarettes, vaping, chewing tobacco, snuff or dip?
- Over the past 30 days, have you used 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-enhancing supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seatbelt or helmet?

2. Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)

EXAMINATION		
Height:	Weight:	BP:
Pulse:	Vision: R 20/ L 20/	Corrected?:

MEDICAL	Normal	Abnormal Findings
Appearance		
Head/Mouth		
Eyes, ears, nose and throat - Pupils equal & Hearing		
Lymph Nodes		
Heart* -Heart sounds, murmurs, pulse, rhythm, auscultation		
Lungs		
Abdomen - Liver/Spleen, masses		
Skin - HSV, Lesions, Staphy, MRSA, etc		
Neurological		
MUSCULOSKELETAL	Normal	Abnormal Findings
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, Hand and Fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional		
• Double-leg squat test, single-leg squat test, box drop or step drop test		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination

Sports Participation Recommended for (Mark One):

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendation for further evaluation or treatment of: _____
- Medically eligible for certain sports (list here): _____
- Not medically eligible pending further evaluation _____
- Not medically eligible for any sports _____

Name of Examiner: _____

Signature of Examiner: _____

Date of Exam: _____

Note: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physician Assistant and Licensed Nurse Practitioners as those that can provide this recommendation.

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SDHSAA CONSENT FOR PARTICIPATION IN ACTIVITIES

Student Name: _____

Date of Birth: _____

School Year: 2020-21 School Year

Place of Birth: _____

Name of High School: _____

The parent and student, by signing this form, hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.

2. Understand and agree that:
 - (a) By this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation;
 - (b) Participation in any athletic activity may involve injury of some type;
 - (c) The severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death;
 - (d) Even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility; and;
 - (e) By signing this form, I/we give our consent for the listed student to compete in SDHSAA approved athletics for the school year as listed on this form. Further, I/we give our permission for our child to participate in organized high school athletics, realizing that such activity involves the potential for injury and harm which exists as an inherent element in all sports.

3. Understand, consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and

4. Understand, consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. If I/we do not wish to have any or all such information disclosed, I/we must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.

Signature of Parent

Date

Signature of Student

Date

SDHSAA CONSENT FOR MEDICAL TREATMENT FORM

Student Name: _____

Date of Birth: _____

The SDHSAA recommends that all member schools receive consent from all students and parent/guardians prior to activities, to ensure that medical care can be provided to the student during any activity away from home. This form should be kept both on-file at the school, as well as in the possession of a student's coach/sponsor authorizing as below:

CONSENT FOR MEDICAL TREATMENT (for those children 18 and under at any time during the 2020-21 school year):

I, _____, am the (circle one) Parent or Legal Guardian, of

_____, who participates in activities and/or athletics for

_____ High School. I hereby consent to any medical services that

may be required while said child is under the supervision of an employee of the fore-mentioned high school

while on a school-sponsored activity, and hereby appoint said employee to act on behalf of myself in

securing medical services from any duly licensed medical provider.

Signature of Parent

Date

CONSENT OF PARTICIPANT (for all students to complete):

I, _____, have read the above consent for medical treatment

form signed above, or, as an individual of majority age, consent to those same medical services and

actions as indicated above on this form.

Signature of Student

Date

SDHSAA CONSENT FOR MEDICAL RELEASE FORM (HIPAA)

Student Name: _____

Date of Birth: _____

I/We the undersigned do hereby:

1. Authorize the use or disclosure of the above named individual’s health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student’s ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing and creating treatment plans for injuries that occur during the time period covered by this form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered by this form.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the medical care of this student.
3. This information for which I/we are authorizing disclosure will be used for the purpose of determining the student’s eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2021.
6. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. Schools, School districts and school personnel are to uphold the bounds of FERPA. As such, disclosure and re-disclosure by schools or school employees must be done in compliance with FERPA guidelines.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student’s eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

Signature of Parent

Date

Signature of Student (if over 18 or turning 18 before July 1, 2021)

Date

SDHSAA CONCUSSION FACT SHEET FOR STUDENTS

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

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

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

IT IS BETTER TO MISS ONE GAME THAN A WHOLE SEASON – SEE SOMETHING – SAY SOMETHING!!!

Student's Name (Please Print)

Date

Signature of Student

Date

Parent's Signature

Date

SDHSAA CONCUSSION FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

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 after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

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

1. **Keep your child out of play.** If your child has a concussion, her/his brain needs time to heal. Don't let your child return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your child is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
3. **Teach your child that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your child convince you that s/he's "just fine".
4. **Tell all of your child's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your child has ever had a concussion. Your child may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your child's coaches, school nurse, and teachers. If needed, they can help adjust your child's school activities during her/his recovery.

Parent's Name

Date

Signature of Parent

Date

Student's Name

Common Sport Related Injuries

Bison Community Clinic

	Definition	Diagnosis	Treatment	Prevention
Sprains and Strains	Overstretching of connective tissue such as ligaments and tendons.	Pain with motion, swelling, bruising, tender to touch.	Rest Ice Compression Elevation	Warm-ups and stretching before exercise.
Contusions (Bruising)	Breaking of blood vessels beneath the skin, usually due to trauma	Discoloration of skin, possible swelling at or below the affected area.	Ice for the first 48-72 hours then alternate between heat and cold until healed. Seek medical attention if bruise fails to heal or gets progressively worse.	Wear protective gear.
Abrasions	Tearing away of epidermis from the underlying tissue.		Clean site with mild soap and water. Apply antibiotic ointment and cover with gauze to speed healing.	Wear protective gear.
Lacerations	Type of injury in which the skin is torn, cut or punctured. Caused by blunt trauma.		Wound requires proper cleaning and closure. It is possible that stitches will be needed.	Wear protective gear.
Blisters	Pockets of body fluid under the skin. Usually caused by local thermal injury (burns, friction, extreme cold, caustic chemicals), allergic reactions, or trauma in the case of blood blisters.		Leave the blister intact. Opening the sterile blister may allow in bacteria leading to infection and delay the healing of the wound. Ice heat injury blisters immediately. Keep site clean and dry to prevent infection.	Wear proper fitting foot wear or two pairs of socks.

	Definition	Diagnosis	Treatment	Prevention
Dislocations	One bone is displaced from another within a joint.	Loss of movement at the joint, obvious deformity, swelling, tenderness, and pain.	Seek professional medical attention immediately. DO NOT attempt to reduce (<i>put in place</i>) the dislocation yourself.	Wearing protective gear. Strengthening exercises to correct muscle imbalances.
Fractures	Break or crack in a bone.	Pain with motion, swelling, bruising, tender to touch, possible deformity. Please note that these are all similar symptoms of sprains/strains.	Stabilize the extremity by splinting. Seek immediate medical care. Observe victim for signs of shock (dizziness, nausea, blacking out).	Observe safety rules and wear protective gear.
Head/Neck Injuries	Trauma, usually blunt force, to head or neck, possibly causing concussions, neck fractures, or spinal injuries.	Headache, altered level of consciousness, neck pain, weakness or loss of feeling to arms or legs. It is very difficult to diagnose these injuries.	Immobilization of neck. Call for ambulance. Failure to recognize head or neck injuries can result in permanent paralysis or death.	Wear protective gear.
Dental Injuries	Chip, fracture or loss of tooth.		Chips and fractures need dental care within several days. A lost tooth may be rinsed (but not scrubbed) and immediately placed back into the socket, with a dental follow up.	Wear protective gear.

Bison High School Athletic Department

RISK OF INJURY

It is now policy that all students who wish to participate in athletics read information regarding injuries before they are allowed to begin participation in their respective sports. Once the student has read the information it will cover all sport areas for the entire school year. The sole purpose is to inform parents and student athletes of the possibility of sustaining injuries along with the importance of learning proper skills and techniques from the coaching staff during their participation in interscholastic athletics.

These injuries range from minor sprains and strains to more severe injuries involving the head, neck and spinal cord regions. After reading the information we ask both parents and student athlete to sign the form below. In signing this form you are stating that you, as a student athlete, have read the information, and you, as a parent or guardian, understand there is a chance of sustaining a wide range of injuries.

Learning proper skills and techniques from our coaching staff during participation in inter-scholastic athletics is of high importance. Our coaching staff understands the importance of safety in athletics and will install these qualities and techniques in our daily practice and game schedule.

The responsibility of communicating injuries with the coaching staff rests on the shoulders of the athlete. It is important to listen to your body. We thank you for your cooperation and understanding and we look forward to an exciting, rewarding and safe upcoming athletic year.

Sincerely,

Athletic Director
Bison High School

Bison High School Athletic Department

RISK OF INJURY FORM

In signing this form you are stating that you, as a parent or guardian, understand your child has a chance of sustaining a wide range of injuries while participating in a sport offered within the Bison School District #52.1.

PARENT/GUARDIAN _____ Date: _____

In signing this form you are stating that you, as a student athlete, have read the injury information provided by the Bison School District #52.1.

STUDENT ATHLETE _____ Date: _____

This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.

CONSENT FOR MEDICAL TREATMENT

I am the **PLEASE CIRCLE ONE** Mother Father Legal Guardian of _____
_____, who participates in co-curricular activities for _____
_____ High School. I hereby consent to any medical
services that may be required while said child is under the supervision of an employee of the
_____ School District while on a school-sponsored activity and hereby
appoint said employee to act on behalf in securing necessary medical services from any duly
licensed medical provider.

Dated this _____ day of _____, 20_____

Parent(s)/Legal Guardian Signature: _____

CONSENT OF CHILD

I, _____, have read the above Consent For Medical Treatment
Form signed by my (**PLEASE CIRCLE ONE**) Mother Father Legal Guardian and join with
(**PLEASE CIRCLE ONE**) him her in the consent.

Dated this _____ day of _____, 20_____

Student's Signature: _____