TO: Parents of students participating in athletics in the East Baton Rouge Parish School system

FROM: Andrew Davis

DATE: August 8, 2016

SUBJECT: East Baton Rouge Parish School Board Student Insurance Program

Parents,

This memo serves as notice of the East Baton Rouge Parish School Board’s Student Insurance Program.

JGA/ LA R.S. Ann. §17:81 provides:

The East Baton Rouge Parish School Board shall make available student accident insurance for purchase for students attending East Baton Rouge Parish public schools. An application form provided by the insurance carrier shall be sent home with students during the first week of school. The schools shall not be liable for any premium payment. Claim forms shall be furnished by the insurance carrier and copies shall be available in the school office.

EXTRACURRICULAR ACTIVITIES INSURANCE COVERAGE

All students participating on any interscholastic athletic team, including varsity football, junior varsity football, junior high football, all basketball, baseball, track, swimming, any other competitive sport for boys or girls, and cheerleading squads, shall be required to purchase student accident insurance or shall be required to sign a form declining student insurance and acknowledging full responsibility for any expenses associated with any injury suffered by the student as a result of participating in any interscholastic athletic program. The insurance form must be presented to the school before the student shall be permitted to participate in any athletic activity.

Andrew Davis
Director of Risk Management
ATHLETE’S NAME: ____________________________________________ Date: ________________

SEX: Male or Female   AGE: ___________   D.O.B. __/__/   Grade: _______________
(Circle One)

PARENTAL CONSENT FORM FOR ATHLETICS - 2021-2022

I have been informed that my son/daughter desires to participate in athletics this year, and he/she has my consent to do so. In signing this form, I understand that he/she will participate in sport activities where there is the possibility of injury, ranging from minor to severe. I also understand that he/she must meet certain eligibility requirements set by the Elementary Recreation Athletic Association and the East Baton Rouge Parish School Board. I am also willing to abide by those rules as administered through the athletic association and the school staff.

I hereby give my consent for the above-named student to represent ________________ Elementary School in his/her sport and for him/her to accompany the team on athletic trips. This may include games, practices and scrimmages.

I understand my child must submit to their coach a LHSAA Medical History (Physical) Form (dated July 1, 2021 to present for the 2021-2022 school year). A copy of the physical exam will be good for all sports during the 2021-2022 year and will be kept on file in the designated location. THE MEDICAL EXAM MUST BE ADMINISTERED AND SIGNED BY A MEDICAL DOCTOR OR LICENSED NURSE PRACTITIONER BEFORE MY CHILD IS ALLOWED TO PRACTICE OR COMPETE.

The student must have health insurance before being eligible to participate in elementary school athletics. A copy of the student’s insurance card must be given to the coach and placed in my child’s folder.

The school system offers (for purchase) the voluntary student accident insurance that will cover your child for athletics in case of an injury. A Declaration Declining Student Accident Insurance Form must be signed if you do not wish to purchase this voluntary student accident insurance. Go to www.studentinsurance-kk.com; under parents, click Purchase Coverage; type in East Baton Rouge and enter LA; click View Insurance Products/Purchase Coverage; click Buy Online Now with a Debit or Credit Card or Print and Pay by Check.

Parent/Legal Guardian’s Signature: ____________________________________________

DECLARATION DECLINING STUDENT ACCIDENT INSURANCE - 2021-2022


I also hereby acknowledge that if my child is participating in any elementary school interscholastic athletic program, he or she, in accordance with the East Baton Rouge Parish School Board’s policy, CANNOT participate without insurance.

Additionally, whether my child is participating in any elementary school interscholastic athletic program, I hereby acknowledge full responsibility for any expenses associated with any injury suffered by my child as a result of participating in any interscholastic athletic program in the East Baton Rouge Parish School System.

Parent/Legal Guardian’s Signature: ____________________________________________
PARTICIPATION WITH AN INDEPENDENT TEAM/ORGANIZED GROUP - 2021-2022

A student shall not be permitted to take part in any branch of athletics not sponsored by the school while he/she is a member of a school team or squad in that same sport. This includes playing or participating with an organized group.

The penalty for violating this rule if it occurs while the student is practicing with an independent team or organized exhibition group, shall be suspension in the sport for the remainder of the school year should said student participate in an athletic contest with the school team after having committed the violation. The penalty for violation of this rule if it occurs while playing with an independent team or organized group will be suspension of one (1) calendar year in that same sport should said student participate in an athletic contest with the school team in that same sport after having committed the violation.

Parent/Legal Guardian’s Signature: ______________________________

PARENTAL/LEGAL GUARDIAN MEDIA CONSENT FORM - 2021-2022

I hereby consent to the use of any photographs/video tape taken of my child by the East Baton Rouge Parish School System or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the East Baton Rouge Parish School System in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, the East Baton Rouge Parish School System protects the privacy of the students and is prohibited from releasing students’ personal information.

From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below and return to school.

_____ Yes, I allow my child/children to be identified in any good news district or school publication.

_____ No, I do not want my child/children identified in any good news district or school publication.

Parent/Legal Guardian’s Signature: ______________________________

I have read the and understand the above statements and regulations, and __________________________ has my permission to take part in athletics at __________________________ Elementary School this 2021-2022 school year.

Student’s Name: ___________________________ Student’s Signature: ___________________________

Please Print

Parent’s Name: __________________________ Parent’s signature: ___________________________ Date: ______

Please Print

APPROVED: _____________________________

Principal’s Signature
Concussion: Statement of Student-Athlete Responsibility and Parent Awareness - Louisiana Youth Concussion Act 314

What is a Concussion?
A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

Facts about Concussions
1. A concussion is a serious brain injury
2. Concussions can occur without a loss of consciousness or other obvious signs
3. Concussions can occur from blows to the body as well as to the head
4. Concussions can occur in any sport
5. Athletes can still get a concussion even if they are wearing a helmet
6. Recognition and proper response to concussions when they first occur can help prevent further injury or even death.

Symptoms Reported by Athlete:
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double vision
- Sensitivity to light or noise
- Confusion
- Feeling sluggish, hazy, foggy or groggy
- Blurry vision
- Just not “feeling right” or is “feeling down”
- Concentration or memory problems

Signs Observed by Parents, Friends, Teachers, or Coaches
- Appears dazed or stunned
- Loses Consciousness (even briefly)
- Is confused about what to do
- Moves clumsily
- Forgets plays or instruction
- Answers questions slowly
- Is unsure of game, score, or opponent
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Concussion Danger Signs
- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that get worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Has unusual behavior
- Becomes increasingly confused, restless, or agitated
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of a concussion listed above after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

Statement of Student Athlete Responsibility
I accept responsibility for reporting all injuries and illnesses to the coach and parent(s) including any signs and symptoms of a Concussion. I have read and understand the above information on concussions.

Student Printed Name ___________________________ Student’s Signature ___________________________

As a parent of the above-mentioned student, I am also aware of the issues concerning concussions as mentioned in this document and agree to adhere to these guidelines.

Parent’s Signature ___________________________ Date ___________________________
1. **Activities and Approximate Dates: (To be completed by the School)**
   For the (School Name) Girls/Boys Athletic Events Team to attend elementary school Sports Contests from September 2021 to May 15, 2022.

2. **I do hereby grant permission for the following student to attend and participate in the described activities.**

<table>
<thead>
<tr>
<th>Student Name (Please Print)</th>
<th>Student ID Number</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>_______________</td>
<td>___________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent or Legal Guardian Name (Please Print)</th>
<th>Legal Relationship</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>( ) Parent</td>
<td>___________</td>
<td>______</td>
</tr>
<tr>
<td></td>
<td>( ) Foster Parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>( ) Legal Guardian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **AUTHORIZATION TO PROVIDE MEDICAL TREATMENT**
   In the event of any injury sustained in the course of the above activity, school system representatives are authorized to render necessary medical treatment to the student listed above.

   **Signature of Parent or Legal Guardian:** ________________________________

4. **RELEASE OF MEDICAL RECORDS AND REPORTS**
   You or any physician, hospital, clinic or medical care provider are authorized to furnish to the East Baton Rouge Parish School Board, all medical records, information, facts, and particulars which may be requested and to furnish them copies of such.

   This information is to be used for the purposes of evaluating and handling this student’s claim of injury as a result of the accident on the date indicated in Section 5. A photocopy of this form may be accepted with the same authority as the original.

   **Signature of Parent or Legal Guardian:** ________________________________

5. **TO BE COMPLETED BY PHYSICIAN ONLY IN THE EVENT OF INJURY**
   Date of Injury________________ Initial Diagnosis________________________
   ______________________________________________________________________
   ______________________________________________________________________

   **Signature of Physician or Authorized Representative** | **Date**
   __________________________________________________________ | ____________

   **Name, Address, and Phone Number of Medical Facility** | **Date**
   __________________________________________________________ | ____________
MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed each academic year. Kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Name: ___________________________ School: __________________________ _ Grade: ________ Date: ________

Sport(s): ___________________________ Sex: M / F Date of Birth: __________ Age: ________ Cell Phone: ____________________________

Home Address: ___________________________ City: __________ State: __________ Zip Code: __________ Home Phone: ____________________________

Parent / Guardian: ___________________________ Employer: ___________________________ Work Phone: ____________________________

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

<table>
<thead>
<tr>
<th>Yes No Condition</th>
<th>Whom</th>
<th>Yes No Condition</th>
<th>Whom</th>
<th>Yes No Condition</th>
<th>Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack/Disease</td>
<td>□</td>
<td>□</td>
<td>Sudden Death</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Stroke</td>
<td>□</td>
<td>□</td>
<td>High Blood Pressure</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Diabetes</td>
<td>□</td>
<td>□</td>
<td>Sickle Cell Trait/Anemia</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Arthritis</td>
<td>□</td>
<td>□</td>
<td>Kidney Disease</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATHLETE’S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

<table>
<thead>
<tr>
<th>Yes No Condition</th>
<th>Date</th>
<th>Yes No Condition</th>
<th>Date</th>
<th>Yes No Condition</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Injury / Concussion</td>
<td>□</td>
<td>□</td>
<td>Neck Injury / Stinger</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Elbow L / R</td>
<td>□</td>
<td>□</td>
<td>Arm / Wrist / Hand L / R</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Hip L / R</td>
<td>□</td>
<td>□</td>
<td>Thigh L / R</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lower Leg L / R</td>
<td>□</td>
<td>□</td>
<td>Chronic Shin Splints</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Foot L / R</td>
<td>□</td>
<td>□</td>
<td>Severe Muscle Strain</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Chest</td>
<td>□</td>
<td>□</td>
<td>Previous Surgeries:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

<table>
<thead>
<tr>
<th>Yes No Condition</th>
<th>Yes No Condition</th>
<th>Yes No Condition</th>
<th>Yes No Condition</th>
<th>Yes No Condition</th>
<th>Yes No Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Murmur / Chest Pain / Tightness</td>
<td>□</td>
<td>□</td>
<td>Asthma / Prescribed Inhaler</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Seizures</td>
<td>□</td>
<td>□</td>
<td>Shortness of breath / Coughing</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>□</td>
<td>□</td>
<td>Hernia</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Irregular Heartbeat</td>
<td>□</td>
<td>□</td>
<td>Knocked out / Concussion</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Single Testicle</td>
<td>□</td>
<td>□</td>
<td>Heart Disease</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>□</td>
<td>□</td>
<td>Diabetes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Dizzy / Fainting</td>
<td>□</td>
<td>□</td>
<td>Liver Disease</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Organ Loss (kidney, spleen, etc.)</td>
<td>□</td>
<td>□</td>
<td>Tuberculosis</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Surgery</td>
<td>□</td>
<td>□</td>
<td>Prescribed EPI PEN</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Medications</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List Dates for: Last Tetanus Shot: __________ Measles Immunization: __________ Meningitis Vaccine: __________

PARENTS: WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it preclude any individual from athletic participation. Additionally,

1. I, in the judgment of a school representative, the named student athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary.

2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately.

3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school.

4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s).

Date Signed by Parent: ___________________________ Signature of Parent: ___________________________ Typed or Printed Name of Parent: ___________________________

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DOCTOR, (DO), NURSE PRACTITIONER (APRN) OR PHYSICIAN'S ASSISTANT (PA)

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Pulse</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GENERAL MEDICAL EXAM:</th>
<th>OPTIONAL EXAMS:</th>
<th>ORTHOPAEDIC EXAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norm  Abnl</td>
<td>Vision:</td>
<td>Norm  Abnl</td>
</tr>
<tr>
<td>ENT</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Lungs</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Heart</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Abdomen</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Skin</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>(if Needed)</td>
<td>COMMENTS:</td>
<td></td>
</tr>
</tbody>
</table>

Orthopaedic Exam:

I. Spine / Neck
- Cervical
- Thoracic
- Lumbar

II. Upper Extremity
- Shoulder
- Elbow
- Wrist
- Hand / Fingers

III. Lower Extremity
- Hip
- Knee
- Ankle

From this limited screening, I see no reason why this student cannot participate in athletics.

( ) Student is cleared
( ) Cleared after further evaluation and treatment for:
( ) Not cleared for: contact non-contact

Printed Name of MD, DO, APRN, or PA: ___________________________ Signature of MD, DO, APRN, or PA: ___________________________ Date of Medical Examination: ___________________________

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN, or PA. Revised 6/18