EAST BATON ROUGE PARISH SCHOOL SYSTEM

Office of Risk Management
P.O. Box 2950
Baton Rouge, LA 70821
Office 2259298683, Fax 2259298707

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 services 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

EAST BATON ROUGE PARISH SCHOOL SYSTEM

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 Junior Recreation Athletic Association and the North 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 _____ Middle 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 PRACTIONER BEFORE MY CHILD IS ALLOWED TO PRACTICE OR COMPETE.

The student must have health insurance before being eligible to participate in middle 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

In accordance with the East Baton Rouge Parish School Board Policy JGA and La. Rev. Stat. Ann. §17:81, I _____, the parent of _____
(Parent/Guardian) (Child's Name)
hereby decline the voluntary student insurance made available for purchase through the East Baton Rouge Parish School Board.

I also hereby acknowledge that if my child is participating in any middle 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 high school or middle 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
(Student's Name)
permission to take part in athletics at _____ Middle 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
Balance problems or dizziness
Sensitivity to light or noise
Feeling sluggish, hazy, foggy or groggy
Just not "feeling right" or is "feeling down"
Concentration or memory problems
Nausea or vomiting
Double vision
Confusion
Blurry vision

FOR more information:

cdc.gov/concussion

Signs Observed by Parents, Friends, Teachers, or Coaches

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

Concussion Danger Signs

One pupil larger than the other
A headache that get worse
Repeated vomiting or nausea
Convulsions or seizures
Has unusual behavior
Is drowsy or cannot be awakened
Weakness, numbness, or decreased coordination
Slurred speech
Cannot recognize people or places
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 _____

EAST BATON ROUGE PARISH SCHOOL SYSTEM

FIELD TRIP PERMISSION FORM – 2021-2022

1. Activities and Approximate Dates: (To be completed by the School)

For the (School Name) Girls/Boys Athletic Events Team to attend middle school Sports Contests from August 2021 to May 15, 2022.

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

Student Name (Please Print)	Student ID Number	School Name	
_____	_____		
Parent or Legal Guardian Name (Please Print) _____	**Legal Relationship** ( ) Parent ( ) Foster Parent ( ) Legal Guardian	**Signature** _____	**Date** _____

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 North 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.

Please Print

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?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____ .
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____ .
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____ .

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

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____ .
☐	☐	Elbow L /R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____ .
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____ .
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____ .
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____ .
☐	☐	Chest	_____	Previous Surgeries:			_____				

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

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
☐	☐	Heart Murmur / Chest Pain / Tightness	☐	☐	Asthmas / Prescribed Inhaler	☐	☐	Menstrual irregularities: Last Cycle: _____ .
☐	☐	Seizures	☐	☐	Shortness of breath / Coughing	☐	☐	Rapid weight loss / gain
☐	☐	Kidney Disease	☐	☐	Hernia	☐	☐	Take supplements / vitamins
☐	☐	Irregular Heartbeat	☐	☐	Knocked out / Concussion	☐	☐	Heat related problems
☐	☐	Single Testicle	☐	☐	Heart Disease	☐	☐	Recent Mononucleosis
☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Enlarged Spleen
☐	☐	Dizzy / Fainting	☐	☐	Liver Disease	☐	☐	Sickle Cell Trait/Anemia
☐	☐	Organ Loss (kidney, spleen, etc.)	☐	☐	Tuberculosis	☐	☐	Overnight in hospital
☐	☐	Surgery	☐	☐	Prescribed EPI PEN	☐	☐	Allergies (Food, Drugs) _____ .
☐	☐	Medications _____						

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 prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, 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 ..... Yes No
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 ..... Yes No
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. ..... Yes No
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)..... Yes No

_____ _____ _____ .

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)

Height _____ **Weight** _____ **Blood Pressure** _____ **Pulse** _____

GENERAL MEDICAL EXAM:

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Hernia	☐	☐

(if Needed) COMMENTS: _____

OPTIONAL EXAMS:

VISION:

L: _____ R: _____ Corrected: _____

DENTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM:

	Norm	Abnl
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 is good from July 1, 2021 to June 30, 2022 and must be signed by the MD, DO, APRN, or PA. **Revised 5/18**