

# Lake Central Middle School Athletics

## PHYSICAL PACKET

The information of this packet, including the completed medical evaluation must have a post APRIL 1<sup>st</sup>, 2017 for this to be valid for the 2017-2018 school year.

**This packet must be handed to the school's Athletic Director by the student**

### IMPORTANT INFORMATION:

WHEN SIGNING THE HANDBOOK AND THE LAKE CENTRAL SCHOOL CORPORATION EXTRACURRICULAR DRUG TESTING CONSENT FORM, YOU ARE COMMITTING TO THESE POLICIES FOR THE REMAINDER OF YOUR SCHOOL COMMITMENT. YOU WILL BE ASKED TO SIGN THE CODE AND THE EXTRACURRICULAR FORM EVERY YEAR IF YOU PARTICIPATE IN ATHLETICS, JUST TO REITERATE THE ATHLETIC CODE AND EXTRACURRICULAR DRUG TESTING CONSENT FORM.

Please remember the following:

1. A nurse practitioner may perform the physical, but a MD or DO must sign the physical (IHSSA-page 2).
2. Parent/Guardian must sign the physical (IHSSA-page 1).
3. Do not leave any question unanswered.
4. Please be sure to include an e-mail address on emergency file page.
5. Do not wait until the day before try-outs to attempt to have a physical completed.
6. **WHITE CARDS:** When all forms are completed and returned to the Athletic Director your athlete will receive a white card to give to their coach, indicating the athlete is cleared to participate.
7. A post April 1<sup>st</sup> physical is good for the entire following school year, but a white card must be obtained from the athletic director for each sport the athlete tryouts for/plays.
8. Lake Central School Corporation is a member of the Indiana High School Athletic Association (IHSSA), which has determined the overall pattern for inter-school athletics since 1904. The IHSSA recognizes the principal as the administrative head of the inter-school athletic activities.
9. Any Fulltime Student is Eligible to Participate when:
  - a. Student is enrolled and passing 6 subjects. In core classes, passing is a D-.
  - b. Student has a completed IHSSA physical packet on file with the AD.
  - c. A student-athlete must also be passing subjects as stated in letter a. above at the end of a semester in order to be eligible for the following grading period.

## CHECK LIST

- ☐ Complete IHSSA Physical Packet (2 pages) with applicable signatures
- ☐ Student Athletic Handbook signed by Athlete and Parent page
- ☐ Insurance Waiver & Release page
- ☐ Concussion Info., Acknowledgement, Protocol page signed by Athlete & Parent
- ☐ Emergency Form for Athletic Dept page
- ☐ Extracurricular Drug Testing Consent Form page signed by Athlete and Parent

**\*PARENT should detach and keep this page**

# **Lake Central Middle School Athletics**

## ***Student & Parent/Guardian***

### **Concussion Information & Acknowledgement**

In order to better protect and inform student-athletes and families, Lake Central Athletics has mandated that all athletes, parents/guardians, and coaches follow the IHSAA Concussion Policy and Indiana State Law, which requires an acknowledgement of having been informed about concussions.

A concussion is a brain injury, and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head.

A concussion can range from mild to severe and can disrupt the way the brain normally works. Even 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. One cannot see a concussion. Most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms/signs of concussion, seek medical attention right away.

#### **Symptoms may include one or more of the following:**

1. Headache.
2. Nausea/vomiting.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or foggiess.
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or agitation.
9. Depression or anxiety.
10. Sleep disturbance.

#### **Signs observed by teammates, parents and coaches include:**

1. Appears dazed, stunned, or disoriented.
2. Demonstrates short-term memory difficulties (e.g. is unsure of the game, score, plays, or opponent).
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.
5. Loses consciousness.
6. Demonstrates behavior or personality changes.
7. Unable to recall events prior to or after the hit.

#### **What can happen if my child/player keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the 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. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**\*PARENT should detach and keep this page**

### What should I do if I think your child/player has suffered a concussion?

Any athlete even 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. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play that day until the athlete is evaluated by a medical doctor, or doctor of osteopathy, or certified/licensed athletic trainer, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider that states the athlete has not suffered a concussion. If it is determined the athlete has suffered a concussion, the athlete may not return to competition that day under any circumstances and thereafter must be evaluated by and receive written clearance from a **medical doctor or doctor of osteopathy**.

You should also inform your child's Coach, Athletic Trainer (ATC), and/or Athletic Administrator, if you think that your child/player may have a concussion. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to the following sites:

<http://www.cdc.gov/ConcussionInYouthSports/>

[www.nfhslearn.com](http://www.nfhslearn.com)

#### **Lake Central Athletics' Concussion Protocol will be the following:**

- Game or Practice Suspect Concussion→
  - 1) Referee/Official, Coach, or Athletic Trainer notices signs of concussion in an athlete: Athlete is removed from contest/practice and evaluated by health care professional.
  - 2) Should a concussion be determined, an athlete will not be permitted to return to contest/practice until the following steps have been completed:
    - a- Impact Test shows return to baseline (1<sup>st</sup> test within 72-hrs)—**administered only to high school athletes;**
    - b- Athlete has been seen and cleared by an MD or DO to return to participation;
    - c- Athlete is symptom free at rest and at exertion;
    - d- Athlete has demonstrated successful ability to complete the 5-step return-to-play aerobic and agility protocol as monitored by the athletic trainer (ATC).
- At Home Suspect Concussion→
  - 1) Parent or Student-Athlete notices signs/symptoms of concussion while at home: The family should seek medical consultation and notify the Head Coach and Athletic Trainer.
  - 2) Should a concussion be determined, the athlete will not be permitted to return to contest/practice until the above Game or Practice Suspect Concussion steps have been completed.

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# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Parents*

### **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*

Developed and Reviewed by the Indiana Department of  
Education's Sudden Cardiac Arrest Advisory Board (1-7-15)

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

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong 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 preseason 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*

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# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Student Athletes*

**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:

- *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 prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong 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*

Developed and Reviewed by the Indiana Department of  
Education's Sudden Cardiac Arrest Advisory Board (1-7-15)

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## Lake Central School Corporation – Bylaws & Policies

### 5530.01 - EXTRACURRICULAR ACTIVITIES, ATHLETICS AND STUDENT DRIVER DRUG TESTING PROGRAM

The Lake Central School Corporation is committed to providing a safe and orderly learning environment. Concerted effort has been taken to secure the facilities and manage the behavior of the student population. However, an ominous intruder, substance abuse, also presents a serious risk to the safety and well being of the school community.

In an effort to address this growing concern, a program of deterrence will be instituted as a pro-active approach to the maintenance of a drug-free school. Because substance abuse poses such an immediate threat to student drivers and because students involved in extracurricular activities and athletics represent Lake Central and are expected to set positive examples for their peers, a program of deterrence will be instituted as a pro-active approach to a drug-free school and student well-being.

**Purpose:** The purpose of this program is three fold: (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 drugs detrimental to their health; and (3) to encourage students who use drugs to participate in drug treatment programs.

**Introduction:** The program does not affect the current policies, practices or rights of the Lake Central School Corporation regarding student drug and/or alcohol possession or use, where reasonable suspicion is established by means other than drug testing through this policy. The drug-testing program is non-punitive. It 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 certified "positive" test conducted by his/her school under this program.

No student will be penalized academically for testing positive for banned substances. The results of drug tests pursuant to this policy will not be documented in any student academic record. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities in the absence of legal compulsion by valid and binding subpoena or other legal processes, which the Lake Central School Corporation Board of School Trustees will not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent, legal guardian, or custodian will be notified at least seventy-two (72) hours before response is made by the Lake Central School Corporation Board of School Trustees, to the extent permitted by such subpoena or legal process.

#### Supporting Data

Random urine drug testing of a public school interscholastic athlete has been upheld by the United States Supreme Court in the case of **Veronia School District 47J (Oregon) v. Acton**.

Congressional findings in the Safe & Drug-Free Schools & Communities Act of 1994 [20 U.S. Code 7101 et seq.]

Indiana Code directs this School Corporation to plan for and maintain drug free schools.

Indiana Code directs this School Corporation to provide instruction concerning the harmful effects of illegal drugs.

Indiana Code sets forth health measures to be implemented by school officials and establishes the responsibility of schools to assist children found to be ill or in need of treatment.

**Scope:** This policy applies to all Lake Central School Corporation students in grades 6-12 who are issued student parking permits and/or who participate in school sponsored extracurricular activities and/or athletics. These programs are privileges afforded to our students.

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**Drug Education:** Each prospective participant shall receive a copy of this policy and the policy will be explained to him/her at that time. Students will receive information as to where they can seek professional help, if needed, for a use or abuse problem.

**Consent Form:** It is mandatory that each student in grades 6-12, prior to being issued a parking permit or allowed to participate in extracurricular activities or athletics, sign and return the Extracurricular/Driving Consent Form (Form 5530.01). Failure to comply will result in non-participation.

Such students shall be provided with a "consent form," a copy of which is attached hereto, which shall be dated and signed by the participant and by the parent/guardian. In doing so, the student is consenting to participate in the drug-testing program at Lake Central School Corporation.

**Banned Substances:** For the purpose of this policy, the following substances and their metabolites that can be tested, are banned or considered illicit for Lake Central School Corporation students. \*may be tested

<b>Alcohol</b>	<b>Amphetamines</b>	<b>*Anabolic Steroids</b>	<b>Barbiturates</b>	<b>Benzodiazepines</b>
<b>Cocaine Metabolites</b>	<b>LSD</b>	<b>Marijuana Metabolites</b>	<b>Methadone</b>	<b>Methaqualone</b>
<b>Propoxyphene</b>	<b>Phencyclidine</b>	<b>Opiates</b>	<b>Other Illegal Drugs</b>	

#### **Testing Procedures**

- A. The selection of participants to be tested will be done randomly by the principal/principal's designee or the testing company. Selections will be made from time to time throughout the school year. 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. This variable schedule will keep students conscious of the possibility of being tested at anytime during the year. Each student will be assigned a number that will be placed in the drawing.
- B. No student will be given advance notice or early warning of the testing. In addition, the chain of custody procedure will be observed to eliminate invalid tests or outside influences.
- C. Upon being selected for a urinalysis test under this policy, 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 unable to produce a 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 extracurricular activities, athletics or a parking permit. In addition, the parent/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.

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**Testing Procedures continued:**

- E All specimens registering below 90.5 degrees or above 99.8 degrees Fahrenheit will be invalid. There is a head strip on each of the specimen bottles indicating the 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 extracurricular activities, athletics or a parking permit for the remainder of the school year. 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/principal's designee must time and sign the pass.
- H The specimens will then be turned over to the testing laboratory. Each specimen will be tested for the banned substances listed in this policy. 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 directions 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/principal's designee will be responsible for escorting the student 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 principal/principal's designee 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 students to wait a long time, thereby creating a loss of important time from class. (Athletes may be called after school, perhaps during practice time.)
- C. Before the student's urine is tested by the laboratory, the student must fill out, sign and date any form which may be required by the testing laboratory. If a student chooses, s/he may notify the principal/principal's designee that s/he is taking a prescription or other medication.
- D. A sanitized kit containing two (2) specimen bottles will be given to each student. The bottles will remain in the student's possession until a seal is placed upon each bottle. The student will sign that the specimen has been sealed. The seals may be broken only by the lab testing the specimen.

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- E. If the seals are 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 to submit another sample. The student will remain eligible subsequent to a retest.
- F. The student will be instructed to remove all coats and wash his/her hands in the presence of the principal/principal's designee prior to entering the restroom. The commode will contain a blue dye so the water cannot be used to dilute the sample and the faucets will be shut off. The door will be closed so that the student is by himself/herself in the restroom to provide a urine specimen. The principal/principal's designee will wait outside the restroom. The student will have two (2) minutes to produce a urine specimen.
- 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/principal's designee.
- H. In order to maintain confidentiality, the bottles which contain the urine specimen to be tested will not have the name of the student on them. Instead, the student's random identification number will appear on the containers. Also, the results sheet for the urinalysis will be mailed back to the principal/principal's designee with no name attached; only the student's random identification number will appear on the results sheet.

### **Test Results**

- A. This program seeks to provide needed help for students who have a certified "positive test".
- B. The principal/principal's designee will be notified of a student testing "positive". The principal/principal's 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. In addition, the student or parent/guardian may appeal by requesting that the urine specimen be tested again by the certified laboratory. The cost of a retest will be the financial responsibility of the student or his/her parents/guardians.
- C. If the test is verified "positive", the principal/principal's designee will meet with the student and his/her parent/guardian at the School Corporation facility. The student and parent/guardian will be given the names of counseling and assistance agencies that the family may want to contact for help. The student will be prevented from participating in extracurricular activities, athletics and/or driving to school until after a "follow up" test is requested by the principal/principal's designee and the results are reported.
- D. A "follow up" test will be requested by the principal/principal's designee 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 extracurricular activities and/or driving to school. If the student is an athlete, she/he is subject to the school's athletic code as determined by the Athletic Director. If a second "positive" result is obtained from the "follow up" test, or any later test of that participant, B and C (Test Results), will be followed. In addition, the Lake Central 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.

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**Test Results continued:**

- E. Information on a certified "positive" test result will be shared on a "need to know" basis with the student's principal, coach/sponsor. The results of "negative" tests will be kept confidential to protect the identity of all students being tested.
- F. Drug testing result sheets will be returned to the principal/principal's 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 locked and secured in a location that is only accessible to the principal/principal's designee and separate from the student's regular file.

**Financial Responsibility**

- A. Under this policy, Lake Central School Corporation will pay for all initial random drug tests, all initial reasonable suspicion drug tests, and all initial "follow up" drug tests.
- 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 Lake Central School Corporation who has 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 unless legally subpoenaed. Once again, this will underscore the Lake Central School Corporation's commitment to confidentiality with regard to the program.

The testing laboratory may not release any statistics on the rate of positive drug tests to any person, organization, or media without the written consent of the Lake Central School Corporation. However, the lab will provide the building principal with a quarterly report indicating the number of tests performed, rate of positive and negative tests, and what substances were found in the positive urine specimens.

The Superintendent shall establish administrative guidelines necessary to implement this policy.

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# Lake Central Middle Schools Student Athletic Handbook

*Clark Middle School, Grimmer Middle School, and Kahler Middle School*

**Eligibility:** All Lake Central Middle School students will follow the eligibility rules for middle schools established by the IHSAA, the Lake Middle School Athletic Conference, as well as local guidelines established by LCSC School Board Policy.

**Grades:** To be eligible to try out for or join an extracurricular activity, a student must pass 6 subjects with no more than one (1) "F." The most recent 9-week report card grade is used to determine the student's eligibility. For fall extracurricular activities, the previous year's 4<sup>th</sup> report card from the last 9 week grading period of that school year will be used to determine eligibility.

- a. For sports and extracurricular activities with a limited number of roster spots for participants, including but not limited to volleyball, basketball, cheerleading, and dance, only students who meet the academic criteria may try out. A spot cannot be held for a student that may or may not become eligible to participate later on during the season when there are already a limited number of spaces for our middle school students.
- b. For sports and extracurricular activities that have room for unlimited participants, such as cross country, wrestling, and football, a student who is ineligible may still join the team, but he/she will have to wait until the first grade check three (3) weeks into the season to determine if he/she has earned eligibility.
- c. The academic eligibility standards must be maintained throughout the duration of the extracurricular activity. Grade checks will be held every three (3) weeks. If a student fails to meet this standard during the season after a grade check, he/she will be placed on probation until the next grade check.
- d. A student who is on probation may not participate in any sanctioned contests during this time period of ineligibility. However, the student may attend practices during this time period at the coach's or sponsor's discretion.
- e. A student is removed from probation by improving his/her grades to meet the eligibility criteria. If a student who is on probation does not improve their academics by the next grade check, he/she may be excused from the activity at the coach's or sponsor's discretion.
- f. **Must participate in PE class to be eligible to participate in that day's activity**

**Resident Requirements:** A team is composed of students who attend the middle school or live within its boundaries. If a student attends a parochial school located within the Lake Central School Corporation district and resides within the middle school boundaries, he/she may participate in athletics at the middle school if the parochial school does not offer the sport.

**Age:** A sixth grade student who is eligible to participate on a middle school team must not reach his/her 14<sup>th</sup> birthday before the end of the IHSAA state tournament of that sport. A seventh grade team shall be composed of students who have not reached their 15<sup>th</sup> birthday before the end of the IHSAA tournament of that sport. An eighth grade team shall be composed of students who have not reached their 16<sup>th</sup> birthday before the end of the IHSAA state tournament of that sport.

**Drug/Alcohol/Tobacco Abuse:** Student-athletes in grades 7 and 8, according to Lake Central School Board Policy, are subject to random drug testing throughout the school year. Student-athletes and parents must sign the LCSC Middle School Drug Testing Consent Form for Extracurricular and Athletics before participation in that sport. One (1) form is valid for the entire school year. Student-athletes who test negative (test shows no drug use) for banned substances will continue participation in their current sport without disruption. Student-athletes who test positive for the first time (1st test shows drug use) will be placed on a six (6) week non-participation (practices and contests) period for the current sport they are in. The student-athlete will become eligible to participate after the six (6) week period by receiving a negative result in another drug test and must show proof of counseling which is approved by an administrator or Athletic Director. Student-athletes who test positive for a second time (2nd test shows drug use) will be suspended from Lake Central Middle School Athletics for 1 full calendar year. The Middle School Administration and the Athletic Director will encourage the student to seek outside counseling throughout the year. A record of these tests will be sent to the High School Administration and the High School Athletic Director.

**Non-School Sponsored Sports:** Athletes may not participate simultaneously in an interscholastic sport at a middle school and in the same sport with a non-school sponsored organization.

**Parents/Physicians Consent Form:** Before a student may try out or practice with an athletic team, he/she must have a current physical consent form on file with the school. This form/packet must be renewed each school year. A parent and physician must sign the consent form.

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**Practice Rules/Participation:** A student must participate in ten (10) days of practice prior to participating in an interscholastic event. If a student joins a team directly from another sport, he/she must have had ten (10) practices in the new sport in order to be eligible to compete. Any athlete who quits a sport may not go out for another sport until the end of the regular season for that sport which he/she quits, unless he/she receives permission from the coach.

**School Suspension:** A student-athlete who is serving an all-day suspension, in or out of school, will not participate in a LCMS or LCHS athletic event or practice that is scheduled the day of the suspension. The student-athlete will not return to action until he/she has completed a full day of classes according to his/her official schedule.

**Absence due to Illness/Injury:** A member of any squad who is unable to practice for five (5) consecutive days due to illness or injury must present a statement to the coach from his/her physician indicating that he/she is able to return to practice. Should a coach observe a physical problem that causes an athlete to require constant medication or repeated doctor visits, that coach may request clearance from the doctor before permitting further participation in practice or competition. An athlete must be in school on the day of the athletic contest for a minimum of three (3) classes. Exceptions include funerals, religious holidays, or other personal emergencies approved at the discretion of the administration or athletic director.

**Rules of Conduct:** Students should be familiar with and follow all student rules. The Student Rules of Conduct apply to all students while in attendance at the middle school, at activities involving the school, when on Lake Central School Corporation property, and while wearing a school uniform off school property during the school season. Students of the Lake Central Middle Schools who participate in athletic or other extracurricular programs are governed by all of the Student Rules of Conduct. A violation of any of the rules can result in disciplinary action in school, and the student may also be subject to suspension or dismissal from the team at the discretion of the coach, athletic director, or administration.

**Due Process:** If the administration declares the student-athlete ineligible for interscholastic competition, the student-athlete may request a hearing by an athletic council which will consist of the student-athlete's coach, administration, the athletic director and members of the academic review board for the school. The decision of the council will be final.

**Injuries:** All injuries incurred during practice or a game must be reported immediately to the coach. Neither the athletic department nor the Lake Central School Corporation will assume responsibility of payment for medical treatment for any injury which was incurred during a practice or game. The school does not carry injury insurance on players. This is the responsibility of the parents. If an athlete must seek professional advice or treatment, the physician consulted must make a final decision as to when the athlete may continue to participate in athletics. Parents may not waive liability. If injuries occur that are not severe enough to warrant a doctor visit, the coach will decide the status of the athlete with regard to further athletic participation. The coach's decision is final in such cases.

**Transportation:** When an athletic team takes a bus to an athletic event, all athletes should ride the bus to and from the athletic event. If a parent decides to take his/her student-athlete home, the parent must notify the coach in writing of their decision to take their child home prior to departure for the event. The coach has the right to refuse such a request and he/she will receive full support of this administration. Students will only be released to a Parent/Guardian.

**Special IHSA Rules:** No game, meet, or tournament will be played by schools without the sanction of the principal. In all contests, the decision of the officials shall be considered final and binding. Students may represent only one team in any sport during a tournament series. Boys and girls teams should not participate against each other in athletic events. There should be no inter-school athletic contest played or practices or clinics held on Sunday. This includes viewing game film, etc.

I, \_\_\_\_\_, have read and understand the Lake Central School  
(Print Student Name)

Corporation Middle School Athletic Handbook and agree to follow the rules and expectations in order to participate in Lake Central Middle School Athletics.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Grade \_\_\_\_\_

(Note: This form is to be filled out by the patient and parent prior to seeing the physician.)

# HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep 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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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

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

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 \_\_\_\_\_

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# PHYSICAL EXAMINATION

The physical examination must be performed on or after April 1st by a physician holding an unlimited license to practice medicine to be valid for the following school year (IHSAA By-Law C 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 <ul style="list-style-type: none"><li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li></ul>		
Eyes/ears/nose/throat <ul style="list-style-type: none"><li>Pupils equal</li><li>Hearing</li></ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"><li>Murmurs (auscultation standing, supine, +/- Valsalva)</li><li>Location of point of maximal impulse (PMI)</li></ul>		
Pulses <ul style="list-style-type: none"><li>Simultaneous femoral and radial pulses</li></ul>		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin <ul style="list-style-type: none"><li>HSV, lesions suggestive of MRSA, tinea corporis</li></ul>		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional <ul style="list-style-type: none"><li>Duck-walk, single leg hop</li></ul>		

<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).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician \_\_\_\_\_, MD or DO



## INSURANCE ACKNOWLEDGEMENT & INFORMATION FORM

The Lake Central Athletic Department is concerned about student welfare. During the course of participation in an athletic practice or contest it is possible to become injured. Therefore we highly recommend that each individual who will be participating on a sports team be covered with some type of insurance. If you do not have insurance or would like to supplement your insurance, Lake Central has a working arrangement with Student Athletic Protection, Inc. out of Kalamazoo, Michigan. The various plans will be briefly explained but it is critical that students enroll in the program during the enrollment period which begins at the beginning of the school year and lasts for approximately one month.

**Plan 1** - is a 24 hour-a-day plan which protects the student for the entire school year. This extends throughout the summer up until the day school starts in the fall. This includes accidents that happen at home, at school, while engaged in covered sports, at play, during covered travel, and on vacation. Coverage begins with the opening day of school or the date the premium is received by the company. It provides coverage 24 hours a day for all covered activities. Coverage is provided during time necessary to travel between insured's home and school and during participation or attendance at school organized, sponsored, and supervised activities.

**Plan 2** - is an economy plan which covers the student while attending school during the hours on the days school is in session. Travel directly to and from school with some restrictions is also covered. Coverage is provided while the student is participating or attending an activity exclusively organized, sponsored, and supervised by the school including travel directly to and from an activity via school furnished transportation. Coverage begins with the opening day of school or the date the premium is received by the company. Coverage expires with the close of the school year.

An optional school plan is available which covers students participating in interscholastic football.

**I have read the information on school insurance and understand the concerns of participating in athletics. I will not hold the Lake Central School Corporation liable for injuries which may occur during practice and game situations that are conducted in a prudent manner.**



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**Student Name**

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**Grade**

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**Parent/Guardian's Signature**

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**Date**

**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.

\_\_\_\_\_  
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)



## Emergency Contact Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

If you cannot be reached using the above information at time of serious injury or illness, school authorities have permission to contact either of the below individuals who will help assure responsibility until you can be located.

### *Emergency Person -1*

Full Name: \_\_\_\_\_ Relation to family: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### *Emergency Person -2*

Full Name: \_\_\_\_\_ Relation to family: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

The athletic department is seeking your permission to have your son or daughter treated at a doctor's office or a hospital emergency room in the event that he or she is found in need of emergency medical treatment. If an emergency occurs every effort will be made to contact you. If such contact is not possible this sheet may facilitate prompt treatment.

I hereby give my permission for the above stated student to receive emergency medical treatment.

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

Insurance Co. Name & Policy No. \_\_\_\_\_

*On the back of this form, please list any additional medical conditions or injuries that you feel we should be aware of, such as allergies, asthma, diabetes, etc.*

**This Copy will be retained by the Athletic Office.**

**LCSC MIDDLE SCHOOL DRUG TESTING CONSENT FORM  
FOR EXTRACURRICULARS & ATHLETICS (7<sup>th</sup> & 8<sup>th</sup> Grade Only)**

Last Name

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First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student ID Number

--	--	--	--	--	--	--	--

Grade

--	--

The policy entitled "Lake Central School Corporation Extracurricular Activities, Athletics, and Student Driver Drug Testing Program" is available on the Lake Central School Corporation web site under, "About LCSC"/"Student Policies"/"Student Code of Conduct" (pg. 26-40).

I, \_\_\_\_\_, want to participate in this program, and in  
(Print Student's Name)

the extracurricular and/or athletic programs of Lake Central School Corporation. Therefore, I voluntarily agree to be subject to the terms of the testing program for the remainder of my middle school career. 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 urine 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 called for under the program.

I understand that once I have tested "positive" I can be retested at anytime during that school year. I also understand that in order to participate in any extracurricular activities and/or athletics programs sponsored by Lake Central School Corporation for (grades 7<sup>th</sup> – 12<sup>th</sup>) I must consent to the terms of the Drug Testing Program and submit a signed consent form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

\*\*\*\*\*

**Note:** You may be asked to sign the above form more than once during your school career. The act of re-signing this document should serve as a reminder that you have made a yearlong commitment as well as a commitment to your entire middle school career to participate and abide by the terms of the Drug Testing Program found in the Student Code of Conduct and Middle School Student Athletic Handbook.

**The terms of the Drug Testing Program are given to all students who choose to participate in an athletic or extracurricular program at the middle school level. The terms are available online in the Student Code of Conduct found on the Lake Central School Corporation website. A copy may also be obtained in the school office.**