

PRE-PARTICIPATION PHYSICAL EVALUATION

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and **parent/guardian** prior to the physical examination)

Name		Sex	Age	Date of birt	.h	
Grade	School		Sport(s)			
Home Addres	55		Phone			
Personal phy	sician	Parent Email				
	d a versation languistica.					
List past ar	ad current medical conditions:					
-						
Have you e	ver had surgery? If yes, list all past surgical procedures:					
-						
	and Allergies:					
Please list a	all of the prescription and over-the-counter medicines, inhalers, and su	ppiements (nerbai and i	nutritional) that you are cu	rrently taking:	—	
					☐ No Me	dications
	re any allergies? Tyes No If yes, please identify specific allerg					
Medicii	nes Pollens Food	Stingir	ng Insects	*		
What was t	he reaction?					
Explain "Yes	answers at the end of this form. Circle questions if you don't l	know the answer.				
	QUESTIONS:				YES	NO
1. Do you	have any concerns that you would like to discuss with your provider?					
2. Has a p	rovider ever denied or restricted your participation in sports for any re	ason?				
3. Do you	have any ongoing medical issues or recent illness?					
4. Have yo	ou ever spent the night in the hospital?					
HEART HE	ALTH QUESTIONS ABOUT YOU:				YES	NO
5. Have yo	ou ever passed out or nearly passed out during or after exercise?					
6. Have yo	ou ever had discomfort, pain, tightness or pressure in your chest during	g exercise?				
7. Does yo	our heart ever race, flutter in your chest, or skip beats (irregular beats)	during exercise?				
8. Has a d	octor ever told you that you have any heart problems?					
9. Has a d	octor ever requested a test for your heart? For example, electrocardio	graphy (ECG) or echoca	rdiography.			
10. Do you	get light-headed or feel more short of breath than your friends during	exercise?				ΙĒ
11. Have yo	ou ever had a seizure?					
HEART HE	ALTH QUESTIONS ABOUT YOUR FAMILY:			= 0.00	YES	NO
12. Has any	y family member or relative died of heart problems or had an unexpect wning or unexplained car crash)?	ed or unexplained sudd	den death before age 35 ye	ears (includ-		
13. Does a	ovone in your family have a genetic heart problem such as hypertrophi	c cardiomyopathy (HCM	i), Marfan syndrome, arrhy	thmogenic		
	ntricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syrphic ventricular tachycardia (CPVT)?	yndrome (SQTS), Brugae	da syndrome, or catechola	minergic		
14. Has any	one in your family had a pacemaker or an implanted defibrillator befor	e age 35?				
BONE AN	D JOINT QUESTIONS:				YES	NO
15. Have yo	ou ever had a stress fracture or an injury to a bone, muscle, ligament, jo	oint, or tendon that caus	sed you to miss a practice	or game?		
16. Have yo	ou ever had any broken or fractured bones or dislocated joints?					
17. Have yo	ou ever had an injury that required x-rays, MRI, CT scan, injections or th	erapy?				
18. Have yo	ou ever had any injuries or conditions involving your spine (cervical, tho	racic, lumbar)?				
	regularly use, or have you ever had an injury that required the use of a		rthotics or other assistive	device?		
	have a bone, muscle, ligament, or joint injury that bothers you?					
	have any history of juvenile arthritis, other autoimmune disease or oth	er congenital genetic co	onditions (e.g., Downs Sync	Irome or		

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:	200		YES	NO
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?				
23. Have you ever used an inhaler or taken asthma medicine?				
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?				
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?				
26. Have you had infectious mononucleosis (mono)?				
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Stap (MRSA)?	hylococcus aur	eus		
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?				
If yes, how many?				
What is the longest time it took for full recovery?				
When were you last released?				
29. Do you have headaches with exercise?				
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to mafter being hit or falling?	ove your arms	or legs		
31. Have you ever become ill while exercising in the heat?				
32. Do you get frequent muscle cramps when exercising?				
33. Do you or does someone in your family have sickle cell trait or disease?				
34. Have you ever had or do you have any problems with your eyes or vision?				
35. Do you wear protective eyewear, such as goggles or a face shield?				
36. Do you worry about your weight?				
37. Are you trying to or has anyone recommended that you gain or lose weight?				
38. Are you on a special diet or do you avoid certain types of foods or food groups?				\sqcup
39. Have you ever had an eating disorder?				
40. How do you currently identify your gender?		Other_		
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)	NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge	0	1	2 🔲	3 🔲
Not being able to stop or control worrying	0 🔲	1 🗆	2	3 🔲
Little interest or pleasure in doing things	0 🔲	1 🔲	2	3
Feeling down, depressed, or hopeless	0 🔲	1	2	3
(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)				
FEMALES ONLY:			YES	NO
42. Have you ever had a menstrual period?			\Box	
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?				
44. How old were you when you had your first menstrual period?				
45. When was your most recent menstrual period?				
46. How many menstrual periods have you had in the past 12 months?				
Explain all Yes answers here from the previous two pages.				
I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Signature of student-athlete		Date		

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name					Date of birth					
Date of recent immunizations:	Td	Tdap	Нер В	Varicella	HPV	Meningococcal				

PHYSICIAN REMINDERS

- 1. Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, 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 enhancing 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 adhere to safe sex practices?
- 2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).
- Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

EXAMINAT	ION										
Height	Weight	Male 🗌 Fer	male []	BP (reference gen	der/height/age cha	irt)****	/	(1) Pulse	
Vision R 20/	L 20/	Corrected	l: Yes 🔲	No 🗆							
MEDICAL	13/1/9	100	Ships.	1 Y - 1 1 2 1	100	100	7,1	NORN	/AL	ABNORMAL FINDING	S
		phoscoliosis, high prolapse [MVP],		palate, pectus exc ic insufficiency)	cavatum, arachno	dactyly, hype	erlaxity,				
Eyes/ears/no - Pupil:	se/throat s equal, Gross I	Hearing									
Lymph nodes	S										
Heart * - Murn	nurs (auscultati	on standing, aus	cultation	supine, and ± Val	salva maneuver)						
Pulses - Simul	ltaneous femor	al and radial puls	ses								
Lungs											
Abdomen											
	es simplex virus nea corporis	s (HSV), lesions su	uggestive	of methicillin-res	iistant <i>Staphylocod</i>	ccus aureus (MRSA),				
Neurological ³	***										
Genitourinar	y (optional-male	es only)**									
MUSCULOS	VELETAL									The second of the second	
	RELEIAL							NORN	ЛAL	ABNORMAL FINDING	S
Neck	RELETAL	3,321 8						NORN	AAL	ABNORMAL FINDING	S
	RELETAL	14,001.00						NORN	AAL	ABNORMAL FINDING	S
Neck		2,001.9		Ph 1. 11152				NORN	/AL	ABNORMAL FINDING	S
Neck Back	n			milina				NORM	MAL	ABNORMAL FINDING	S
Neck Back Shoulder/arm	n m							NORN	//AL	ABNORMAL FINDING	S
Neck Back Shoulder/arm Elbow/forear	n m							NORN	//AL	ABNORMAL FINDING	S
Neck Back Shoulder/arn Elbow/forear Wrist/hand/fi	n m							NORN	//AL	ABNORMAL FINDING	S
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Neck Back Shoulder/arn Elbow/forear Wrist/hand/fi Hip/thigh Knee	n m							NORM	//AL	ABNORMAL FINDING	S
Neck Back Shoulder/arm Elbow/forear Wrist/hand/fi Hip/thigh Knee Leg/ankle Foot/toes Functional	n m ingers	t test, single-leg s	squat tes	t, and box drop o	r step drop test			NORM	/AL	ABNORMAL FINDING	S
Neck Back Shoulder/arn Elbow/forear Wrist/hand/fi Hip/thigh Knee Leg/ankle Foot/toes Functional - e.g. d *Consider electro	n m ingers ouble-leg squai	CG), echocardiogra	phy, refer	ral to a cardiologist mended. ***Consi	for abnormal cardi der cognitive evalua	ation or baseli	ne neuropsy	findings, or	a combir ting if a si	nation of those. **Consider GU exaignificant history of concussion. ***ediatrics. 2017;140(3):e20171904.	m if in ap-
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Healthcare Providers: You must complete the Medical Eligibility Form on the following page

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

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KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION **MEDICAL ELIGIBILITY FORM**

Name Date of birth
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of Medically eligible for certain sports Not medically eligible pending further evaluation Not medically eligible pending further evaluation Not medically eligible pending further evaluation Not medically eligible for any sports Recommendations: Thave examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindical practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation physical envaluation arise after the athlete has been cleared for participation physical envaluation arise after the athlete has been cleared for participation physical envaluation. If the problem is resolved and the potential consequences are completely explained to the athlete (and parents or Name of healthcare provider (print or type): Date: Signature of healthcare provider: MP, DO, DC, or PA-C, Address: Phone: Phone: Phone: Cher information: Cher information: Cher information: Cher information: Definition of Guardian Consent To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed state physical, chiropractor, physician's assistant with o has been authorized to perform the examination by a Kansas licensed supervising physician or an advance registered nurse who has been authorized to perform the examination by a Kansas licensed supervising physician or an advance of the participates in KSHSA interscholastic Science Science Supervising physician certifying the student has passed a physical examination and is physically fit to participation science supervising physician certifying the student has passed a physical examination and physical examination must be perform the contribution of the property of the participates in the s
Medically eligible for certain sports Not medically eligible pending further evaluation Not medically eligible pending further evaluation Not medically eligible for any sports commendations: ave examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindica actice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participate systican may rescribe the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or may result the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or grature of healthcare provider (print or type): Date: Sphature of healthcare provider: , MD, DO, DC, or PA-C, indicated and the potential consequences are completely explained to the athlete (and parents or explaints) and the potential consequences are completely explained to the athlete (and parents or explaints). Phone: HARED EMERGENCY INFORMATION Regies: Phone: Phone: arent or Guardian Consent be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed state system of the participate of the student has passed a systical examination by a Kansas licensed supervising physician, certifying the student has passed a systical examination and shydrad, necessary and physical examination must be perform the examination by a Kansas licensed supervising physician, certifying the student has passed a systical examination and shydrad examination must be perform the examination by a Kansas licensed supervising physician or an advantance of the participate in the student has passed a systical examination and physical examination must be perform the examination of the student has passed a systical examination an
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SHARED EMERGENCY INFORMATION Wedications: Other information: Emergency contacts: Parent or Guardian Consent To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed state subsystican, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advance and the superintendent or principal in the superintendent or principal in the superintendent or principal, a signed state of the superintendent or principal, a signed state of the superintendent or principal in the superintendent or principal, a signed state of the superintendent or principal state of the sup
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do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the ques IISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to ti chool nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of i ontained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.
acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood to the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment is chool to the student.
Signature of parent/guardian Date
Parent/guardian phone:

ATTE	ITION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST	
	Student's Name	(PLEASE PRINT CLEARLY)
NOTE: Tran	sfer Rule 18 states in part, a student is eligible transfer-wise if:	
BEGINNING S choose to atte	EVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the and. In addition, age and academic eligibility requirements must also be met.	Transfer Rule at any school he or she may
senior high so	INTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are tre hool, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may hool at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grac high school of their school system. Should they attend a different school as a tenth grader, they would be inel	transfer to the ninth grade of a three-year ler must then, as a tenth grader, attend the
ENTERING HIG when senior h	H SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior igh is entered for the first time at the beginning of the school year. In addition, age and academic eligibility re	high school he or she may choose to attend quirements must also be met.
	e/Junior High and Senior High School Students to Retain Eligibility	
Schools may eligible to par	have stricter rules than those pertaining to the questions above or listed below. Contact the principal or co Licipate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.	oach on any matter of eligibility. A studen
All KSHSAA ru	es and regulations are published in the official KSHSAA Handbook which is distributed annually to schools and	is available at www.kshsaa.org.
Below Are Bri	of Summaries Of Selected Rules. Please See Your Principal For Complete Information.	
Rule 7	Physical Evaluation - Parental Consent —Students shall have passed the attached evaluation and have the guardian.	
Rule 14	Bona Fide Student—Eligible students shall be a bona fide undergraduate member of his/her school in good	_
Rule 15	Enrollment/Attendance —Students must be regularly enrolled and in attendance not later than Monday of they participate.	of the fourth week of the semester in which
Rule 16	Semester Requirements —A student shall not have more than two semesters of possible eligibility in grade student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twis included in junior high or in a senior high school. NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted.	elve, regardless of whether the ninth grade
Rule 17	Age Requirements —Students are eligible if they are not 19 years of age (16, 15 or 14 for junior high or mide the school year in which they compete.	
Rule 19	Undue Influence —The use of undue influence by any person to secure or retain a student shall cause ine shall meet the requirements of the KSHSAA.	ligibility. If tuition is charged or reduced, i
Rules 20/21	Amateur and Awards Rules —Students are eligible if they have not competed under a false name or for m have observed all other provisions of the Amateur and Awards Rules.	oney or merchandise of intrinsic value, and
Rule 22 ,	Outside Competition —Students may not engage in outside competition in the same sport during a season <i>NOTE</i> : Consult the coach, athletic director or principal before participating individually or on a team in any game, by an outside organization.	in which they are representing their school training session, contest, or tryout conducted
Rule 25	Anti-Fraternity—Students are eligible if they are not members of any fraternity or other organization prohibits.	bited by law or by the rules of the KSHSAA
Rule 26	Anti-Tryout and Private Instruction —Students are eligible if they have not participated in training sessions agencies or organizations in the same sport while a member of a school athletic team.	or tryouts held by colleges or other outside
Rule 30	Seasons of Sport —Students are not eligible for more than four seasons in one sport in a four-year high school or two seasons in a two-year high school.	ol, three seasons in a three-year high schoo
If a negativ done before the KSHSAA	dle/Junior High and Senior High School Students to Determine Eligibility a response is given to any of the following questions, this enrollee should contact his/her administrator in char the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, th for a final determination of eligibility. (Schools shall process a Certificate of Transfer Form T-E on all transfer stud	ge of evaluating eligibility. This should be ne school administrator should telephone
1. [Are you a bona fide student in good standing in school? (If there is a question, your principal will make that on Did you pass at least five new subjects (those not previously passed) last semester? (The KSHSAA has	
	to pass at least five subjects of unit weight in your last semester of attendance.) Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this cor	
3. L	The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of	unit weight)
	Did you attend this school or a feeder school in your district last semester? (If the answer is "no" to this question	on, please answer Sections a and b.)
	a. Do you reside with your parents?	
	b. If you reside with your parents, have they made a permanent and bona fide move into your school's a	attendance center?
The above no	med student and I have read the KSHSAA Fligibility Checklist and how to retain eligibility information	listed in this form. The student/naren

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

Signature of parent/guardian		Date
Signature of student	Birth Date Grade_	Date

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2022-2023

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

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They 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. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns

- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- · Answers questions slowly
- Slurred speech

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

- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child 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 young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling 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.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately and an urgent referral to a health care provider should be arranged (if not already onsite). No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

Cognitive Rest & Return to Learn

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. After the initial 24-48 hours from the injury, under direction from their health care provider, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (i.e., the physical activity should never bring on or worsen their symptoms). No consideration should be given to returning to full sport activity until the student is fully integrated back into the classroom setting and is symptom free. Occasionally a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concuss http://www.kansasconcussion.org/	-		
For concussion information and educational resound http://www.kshsaa.org/Public/General/Concuss	· · · · · · · · · · · · · · · · · · ·		
Student-athlete Name Printed	Student-athlete Signature	Date	
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date	

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

EMERGENCY CARD / PARENT PERMISSION FOR STUDENT ATHLETIC PARTICIPATION

The school's athletic program is an integral part of the curriculum, and school personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to long-term catastrophic; including paralysis and death. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach or athletic trainer to follow a proper conditioning program and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, especially in contact sports, the head is not never to be used as a "ram" and the head should not be used as an initial contact point.

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