

LHSAA MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 60 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

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

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

Let 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,

- 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
- 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
- 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
- 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 DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

GENERAL MEDICAL EXAM :	OPTIONAL EXAMS:	ORTHOPAEDIC EXAM :
ENT Norm <input type="checkbox"/> Abnl <input type="checkbox"/>	VISION:	Norm Abnl
Lungs <input type="checkbox"/> <input type="checkbox"/>	L: _____ R: _____ Corrected: _____	I. Spine / Neck
Heart <input type="checkbox"/> <input type="checkbox"/>	DENTAL:	Cervical <input type="checkbox"/> <input type="checkbox"/>
Abdomen <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Thoracic <input type="checkbox"/> <input type="checkbox"/>
Skin <input type="checkbox"/> <input type="checkbox"/>	31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	Lumbar <input type="checkbox"/> <input type="checkbox"/>
Hernia <input type="checkbox"/> <input type="checkbox"/>		II. Upper Extremity
(If Needed)		Shoulder <input type="checkbox"/> <input type="checkbox"/>
COMMENTS:		Elbow <input type="checkbox"/> <input type="checkbox"/>
_____		Wrist <input type="checkbox"/> <input type="checkbox"/>
_____		Hand / Fingers <input type="checkbox"/> <input type="checkbox"/>
_____		III. Lower Extremity
_____		Hip <input type="checkbox"/> <input type="checkbox"/>
		Knee <input type="checkbox"/> <input type="checkbox"/>
		Ankle <input type="checkbox"/> <input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.
 Student is cleared
 Cleared after further evaluation and treatment for: _____
 Not cleared for: contact non-contact

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

This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA.

**WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT,
AND AGREEMENT TO PROVIDE PROOF OF INSURANCE**

The undersigned hereby acknowledges that he or she is the parent or guardian of the student enrolled at Riverfield Academy listed below (Student). The undersigned agrees to release Riverfield Academy, its employees, directors, agents, teachers, coaches, students, parents or guardians of students and each and all of them from any and all liability from damages or injuries resulting to Student listed herein while practicing for or participating in any sport or athletic event, contest, scrimmage, or exhibition that is deemed to be or could be considered to be sponsored by Riverfield Academy.

The undersigned agrees that Student is insured by insurance in the name of Student, the undersigned, or other persons and agrees to maintain or cause to be maintained such insurance at all times that Student is practicing for or participating in any sport or athletic event, contest, scrimmage, or exhibition that is deemed to be or could be considered to be sponsored by Riverfield Academy. The undersigned further agrees that he or she will provide proof of such insurance or, if no such insurance exists, will purchase student accident insurance through an insurance company approved by Riverfield Academy, with application forms being available in the administrative office of Riverfield Academy.

The undersigned also acknowledges that prior to participation in any sport or athletic event Student has received a physical examination by a medical practitioner capable to perform such an examination and undersigned has submitted the results of such to Riverfield Academy on an approved physical examination form.

Printed Name of Student

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date: _____

Riverfield Academy
115 Riverfield Drive
Rayville, Louisiana 71269

Riverfield Academy Extra-Curricular Activities

In order for any organized team to be successful, all members must work together for the benefit of the **TEAM**. Therefore, all members of the Riverfield Academy **Basketball** program are expected to set high standards for themselves not only on the field or activity, but also off the field or out of the activity especially in the classroom.

At school you are expected to follow the guidelines listed below:

- Maintain a passing average (preferably much better than passing) in each class.
- Report to class on time always
- Have good behavior in class
- Work hard and complete all assignments on time
- Be prepared for tests after missing for a game or event

As a member of a **TEAM** you will be representing the **TEAM** everywhere you go in school. I don't want anyone at our school talking about us in a negative way. If I hear of any negative behavior in school by any member of our program, I will take action necessary to end the problem.

On road trips, you are not only representing Riverfield Academy **Basketball**, but also our entire community, your coach, sponsor, school, your family, and most importantly, yourself.

Do not perform any actions which will make people look down upon our program. On road trips I expect the following behaviors:

- Keep the noise on the bus low. Rest, relax, study or concentrate on the game
- Make sure to keep the bus clean when we arrive home (no one leaves until clean)
- At restaurants, sit and eat together as a **TEAM**. Eat quietly and be courteous to your waiter, waitress, or server so that we can enjoy good service and be invited back. **MAKE SURE PATRONS IN THE RESTURANT NOTICE OUR GOOD MANNERS!!!**

Practice and Game Policies:

- Always arrive on time
- If you must miss practice or a game because of illness or family emergency, you or your parents must notify the coach or sponsor
- Do not show any negative emotion while participating or gripe at any time.
- NEVER USE PROFANITY!
- Do not throw things in anger
- Concern yourself with our team. Our efforts must be in the form of positive acts toward our team and not negative acts toward the members of the other team
- YOU ARE RESPONSIBLE FOR YOUR ACTIONS. If Riverfield Academy is to have a first class school, then its students must be first class both on and off the field.

Playing Time is decided by the coach of the particular sport. The coach or sponsor is held fully responsible by Riverfield's Board of Directors to make our programs successful and to be desired by students to participate. Playing time or positions will not be discussed with anyone outside the **TEAM** including parents. We will be playing to win, as this is a school team, not a recreational activity. Decisions on playing time and positions will be made to benefit the team not individuals. Coaches and Sponsors are not perfect-sometimes mistakes are made, but we will do the best we

benefits when the team does well!

IF YOU FEEL THAT YOU ARE NOT BEING TREATED FAIRLY THEN YOU THE PLAYER SHOULD SET UP A TIME TO TALK TO THE COACH OR SPONSOR PRIVATELY. After talking and addressing the problem, if you feel like you are not being treated fairly then and only then will the coach/sponsor talk to the parent with the student in the Athletic Director's Office or Principal's office with an administrator present. This is your mode of action. Discussions with a Board member will not help your situation!

Parents:

Parents play a vital role in the success of our program. Parents are needed to be supportive of the entire TEAM. Some things to keep in mind:

- Keep negative comments to yourself during the game or activity.
- Parents need to set good examples of sportsmanship. Please DO NOT make comments about other teams, their players, coaches, umpires, referees, dance teams, or cheer squads. We do not win battles when we yell and scream at umpires or referees.
- If you feel your child is not being treated fairly, encourage them to speak to the coach or sponsor and give them the opportunity to work things out before getting involved. After the coach and sponsor have the opportunity to work it out, then you may setup a meeting at school. DO NOT CALL THE COACH OR SPONSOR AT HOME AND NEVER APPROACH THEM AFTER PRACTICE OR A GAME. No one will speak to you when you are angry!

IF YOU VIOLATE THE ABOVE REQUEST AND APPROACH THE COACH OR SPONSOR IN AN ANGRY WAY AT ANY TIME, YOUR CHILD WILL NO LONGER BE PART OF Basketball. Disrespect from players or parents will not be tolerated.

Additional Information:

Signature of Coach or Sponsor: _____ Date _____

Acknowledgement of Rules Form

I, _____, have received and read the Riverfield Academy Extra-Curricular Activity rules for 2015-2016 and will follow them to the best of my abilities.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

HELP RIVERFIELD GROW AND SUCCEED

TALK UP THE POSITIVE AND KEEP THE MOMENTUM IN MOTION

MISSISSIPPI ASSOCIATION OF INDEPENDENT SCHOOLS

Concussion Information Form to be Sent Home With Each Student-Athlete
(Required by MAIS Annually)



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 cannot 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
- 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

(Continued on next page)

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 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 fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key to a student-athlete's safety.

MAIS Concussion Policy:

- An athlete who reports or displays any symptoms or signs of a concussion in a practice or game setting should be removed immediately from the practice or game. The athlete should not be allowed to return to the practice or game for the remainder of the day regardless of whether the athlete appears or states that he/she is normal.
- The athlete should be evaluated by a licensed, qualified medical professional working within their scope of practice as soon as can be practically arranged.
- If an athlete has sustained a concussion, the athlete should be referred to a licensed physician preferably one with experience in managing sports concussion injuries.
- The athlete who has been diagnosed with a concussion should be returned to play only after full recovery and clearance by a physician. Recovery from a concussion, regardless of loss on consciousness, usually takes 7-14 days after resolution of all symptoms.
- Return to play after a concussion should be gradual and follow a progressive return to competition. An athlete should not return to a competitive game before demonstrating that he/she has no symptoms in a fully supervised practice.
- Athletes should not continue to practice or return to play while still having symptoms of a concussion. Sustaining an impact to the head while recovering from a concussion may cause Second Impact Syndrome, a catastrophic neurological brain injury.

Remember, it is better to miss one game than to miss the whole season.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent Name Printed

Parent Signature

Date