

**BENZIE CENTRAL
HIGH SCHOOL**



ATHLETIC PACKET

Benzie Central Athletics

Dear Parent & Athlete,

Welcome to another fantastic season of Benzie Central Sports! We are delighted that you are joining us and want to help you be successful in completing the necessary documents for participation. The following includes a check list of items that we need to have in order to fulfill the obligations of the district & MHSAA. Please make sure that these forms are completed and signed prior to submitting to your coach. It is very important that all information is provided. Please notice that many forms including the Athletic Release form requires **both a parent & student signature.**

Thank you,
Benzie Central Athletic Dept.

- Student Athletic Emergency Information (for coach)
- Athletic Release Form (for School)
- Concussion Information Sheet
- Consent for Medical Treatment Form (for athletic trainer)
- Sports Physical (must be given on or after 4/15 to be valid for fall per MHSAA – see top of form)
- Pay PTP fees (student athlete submit to the HS office, checks should be written to **Benzie Central Athletics**)

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10/1/2008

BENZIE CENTRAL ATHLETIC DEPARTMENT

Parents and/or Guardians:

The following is a permission form that must be completed and signed by you and your student athlete before they may participate in an interscholastic athletic event for Benzie Central Schools. In signing this letter you should be aware of the following important points:

1. Benzie Central Schools **DOES NOT** provide an insurance program covering health or injury problems resulting from athletics. It is the responsibility of the athlete and their family to provide such insurance and to take care of any medical expenses.
2. In signing this form you are giving your student athlete permission to travel under the coach's direction and authority to and from athletic events.
3. The coaches shall have the authority to seek medical attention in case of injury in any athletic gathering (practice, contests or authorized team activity).
- 4.

STUDENT ATHLETE EMERGENCY INFORMATION FORM

Athlete Name: _____

Birth date: _____ Grade: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Phone (home/cell): _____ Work (mom/dad): _____

IF AN EMERGENCY SHOULD OCCUR AND PARENTS CANNOT BE REACHED THE FOLLOWING INDIVIDUALS WILL BE CALLED.

Emergency #1 _____ Phone: _____

Emergency #2 _____ Phone: _____

Physician _____ Phone: _____

Hospital Choice _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow their instructions. If the physician cannot be reached the school may make whatever arrangements deemed necessary for the well being of the child. I understand medical information may be provided to the Athletic Department for my child to participate in interscholastic athletics. This information will be treated with full confidentiality by this department.

Athlete Signature _____ Date _____

Parent Signature _____ Date _____

MEDICAL HISTORY

Indicate any issues we need to be aware of for the health and well being of your student -

ALLERGIES _____ ASTHMA _____

SEIZURES _____ DIABETIES _____

CARDIAC _____ SURGERIES _____

CURRENT MEDICATIONS _____

ATHLETIC RELEASE FORM

Athlete's Name _____

Grade _____ Sport(s) _____

Parents / Guardians Name _____

Phone (home) _____

Phone (cell) _____

Phone (work) _____

Home Address (physical) _____

Home Address (mailing) _____

City _____ Zip _____

Email (parents) _____

Email (student) _____

By signing this form, you are indicating that you have read, understand and will support the rules, policies and procedures of the Benzie County Central Schools.

You are also acknowledging the fact that you understand athletics have an inherent risk involved while participating in sports. The coaches and staff are trained to maintain your child's safety as their most important priority, but you must also remind your athlete they need to follow the directions given by the coaching staff.

Understand at times the media and other educational institutions request information about your athlete and their athletic activities, you understand we will provide only the following items: name, grade, individual and / or team pictures, game statistics, and annual awards, other information will only be supplied with proper releases from the counseling office and principals office.

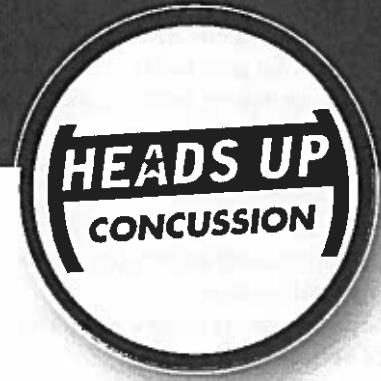
I hereby give my consent for my student (name) _____ to engage in interscholastic athletics and for the disclosure of the MHSAA of information otherwise protected by FERPA and HIPPA for the purpose of determining eligibility for interscholastic athletics: and I understand the possibility that serious injury may result from participating in athletic activities. My child has my permission to accompany the team as a member on its out - of - town trips. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of Benzie County Central Schools and the Michigan High School Athletic Association.

Student/athlete signature

Parent / guardian signature

Date

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

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

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

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

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

▶ **“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

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

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO [>> WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).





MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
Must be signed below by parent or guardian or 18-year-old.



A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Form with fields for Student's Name (Last, First, MI, Sex, Grade, Date of Birth, Age), Student's Address (Number and Street, City, ZIP), Name of Father or Guardian, Work Phone, Name of Mother or Guardian, Work Phone, Family Doctor, Office Phone, Student's Home Phone.

MEDICAL HISTORY

Table with columns for General Questions, Your Family's Heart Health Questions, Medical Questions, and Females Only. Includes various health-related questions with Yes/No columns.

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION - To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____

IN EMERGENCY 1) _____ Phone #: _____ Cell #: _____

CONTACT or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Drug Reactions: _____

Current Medications: _____



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



• To be completed by parent or guardian or 18-year-old.

• Must be signed in **two** places on this page by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PLEASE PRINT

STUDENT'S COMPLETE LEGAL NAME:			Last			First			Middle		
STUDENT'S DATE OF BIRTH:			Month	Day	Year	PLACE OF BIRTH:			State		
CIRCLE GRADE:			7	8	9	10	11	12	SCHOOL:		

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP:	/	Pulse:	Vision: R 20/	L 20/	Corrected: Yes	No
IMEDICAL			NORMAL	ABNORMAL	FINDINGS	MUSCULOSKELETAL	NORMAL	ABNORMAL	FINDINGS	
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						Neck				
Eyes/Ears/Nose/Throat: Pupils Equal Hearing						Back				
Lymph Nodes						Shoulder/Arm				
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)						Elbow/Forearm				
Pulse: Simultaneous femoral and radial pulses						Wrist/Hand/Fingers				
Lungs						Hip/Thigh				
Abdomen						Knee				
Genitourinary (Males Only)						Leg/Ankle				
Skin: HSV, lesions suggestive of MRSA, tinea corporis						Foot/Toes				
Neurologic:						Functional Duck Walk				

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

SIGNATURE OF EXAMINER _____ CIRCLE ONE
 PRINTED NAME OF EXAMINER _____ MD DO PA NP
 DATE _____

STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

I hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics, and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of STUDENT: _____ Date: _____
 Signature of PARENT: _____ Date: _____
 or GUARDIAN or 18 YEAR-OLD

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT - To Be Completed By Parent or Guardian or 18-Year-Old

I, _____, an 18 year-old, or the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD _____
 DATE _____

Consent for Medical Treatment

Benzie Central High School- Athletic Training



I, _____, an 18 year-old or Parent or legal guardian of _____, born _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personal may be unable to contact me for my consent for emergency medical care. The emergency medical care initially, will be provided by a Certified Athletic Trainer or Board Certified Sports Clinical Specialist in Physical Therapy (SCS). I do hereby consent in advance to such emergency care, including hospital care, as deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Students Name: _____ Gender: _____ Grade: _____

Emergency Contact 1 Name: _____ Relation: _____

Cell: _____ Work: _____

Emergency contact 2 Name: _____ Relation: _____

Cell: _____ Work: _____

Date: _____

Signature of Parent or Guardian or 18 year-old