

JHS Athletics Consent

1) **Existing Conditions / Injuries**

I will notify my coach and the athletic director in writing or by email of any significant conditions or injuries they should be aware of, including but not limited to: head/neck/spine injuries, previous broken bones, concussions, joint injuries, cardiopulmonary conditions, allergies, asthma, or mental health conditions.

2) **Permission to Seek Medical Attention**

In the event of serious injury and my regular physician cannot be contacted, I give the coaching staff/athletic trainer permission to seek medical attention from the nearest physician.

3) **Health Insurance is Recommended**

I understand that it is strongly recommended that every athlete have health insurance. The school district's insurance does not cover athletic injuries. I know that athletic health insurance may be purchased at the high school office.

4) **Physical Requirements**

I understand that each athlete must have a physical on file in the athletic director's office or uploaded to my athlete's account RegisterMyAthlete.com. Physicals are required during freshmen and junior years by the IHSAA. The interim physical questionnaire form must be completed the year between physicals as long as a physical from the previous year is on file. I understand that if a student has had surgery since the last physical, another physical or a written release from the attending physician is required before they participate in athletics.

5) **Notice of Risk for Student Athletes**

I understand the dangers of practicing, playing, and participating in sports. I also recognize the importance of following the instructions given by the coach(es) regarding playing techniques, training, and obeying team rules. I specifically acknowledge that risk occurs for student athletes and that all athletic sports involve risk of injury or death.

6) **Student Consent**

My participation in interscholastic athletics for Jerome High School is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the IHSAA.

7) **Parental Consent**

I hereby consent for my son/daughter to participate in the athletic program at Jerome High School. This includes travel to and from athletic contests and practice session. I further consent to treatment deemed necessary by the physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

8) **Drug Testing**

I understand that my son/daughter has been enrolled in Jerome School Districts' random drug testing policy according to School District Policy #3400 / 3400F. In accordance with this policy, I understand that this policy is limited to activities that are in compliance with IHSAA regulations or those set aside by the Jerome School District. A parent may also request to have their child added to the list if they are not in any activity by signing this waiver. This test will be conducted in a random manner. I also understand that this policy will cover all student who participate in IHSAA or District sponsored

activities and that the policy will be in effect from the start of the sports of activity season. I understand that the only people that will be notified in the case of a positive test will be School officials and me (parent or guardian).

9) Activities Code of Conduct Handbook

I have read and understand the rules, consequences, and the purpose of the Activities Code of Conduct Handbook, which is located in the Jerome High School Student Handbook available on the Jerome School District Web Site. I understand that all student in extracurricular activities at Jerome High School are subject to these rules and consequences. Furthermore, I am informed that the Activities Code of Conduct Handbook has been reviewed and endorsed by the School Board of Jerome School District #261.

10) Harassment of Students, Teachers, and Coaches

I have read Jerome School District Policy #4320 regarding harassment of students, teachers, and coaches. I understand that I may be subject to removal from school events if this were to occur. Examples include constant calling, emailing, or texting of staff members, profanity towards staff members, verbal abuse, defying or belittling staff members at the school or school event, and any act or series of acts that cause undue stress.

11) PARENTAL ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES (Form 3505F1)

I acknowledge that I have received information related to student athlete concussions from Jerome School District, including information from the Idaho High School Activities Association in conjunction with The Centers for Disease Control and Prevention, and District Policy 3505, and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and hereby agree to waive all liability against Jerome School District, #261, its employees, agents, and trustees, related to any injury or damages that my student may experience or incur as a result of participation in such school athletics leagues or sports.

12) STUDENT ACKNOWLEDGMENT OF RECEIPT OF CONCUSSION GUIDELINES

I acknowledge that I am a student of Jerome School District #261, or otherwise am allowed to participate in school athletics leagues or sports, that I have received information related to student athlete concussions from the District, including information related to student athlete concussions from the District, including information from the Idaho High School Activities Association in conjunction with The Centers for Disease Control and Prevention, and District Policy 3505, and have reviewed such information. I understand that participation in school athletics leagues or sports is dangerous, and accept the risk of the potential consequences of such dangers.

13) CONSENT FOR COGNITIVE TESTING AND RELEASE OF INFORMATION

I give my permission for my child to have baseline and, if the need arises, post-concussion(s) ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at the Jerome High School. I understand that my child may need to be tested more than once, depending upon the results of the post-concussion test, as compared to my child's baseline test, which is on file at JHS. I understand there is no charge for the testing. Jerome High School may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, or other treating physician, as requested.