



UNION HIGH SCHOOL

"Home of the Golden Knights and Damsels"

354 Baker Street, Suite 1
Phone: 814-473-3121

Rimersburg, PA 16248-9211
www.unionsd.net

Information for all Union Athletes for the 2021-2022 School Year.

In order to prepare for the 2021-2022 school year, the Pennsylvania Interscholastic Athletic Association (PIAA) requires that students must complete a comprehensive initial pre-participation physical evaluation (CIPPE), performed by an Authorized Medical Examiner, before your first sport season's first practice of the school year. The physicals are for any students grade 7th - 12th that are planning on participating in any sports listed in Section 2 of the packet. Students only need one sports physical per school year. The physical will be good through May 31st 2022. The only exception would be if your student athlete becomes injured, then they would need to be cleared by a physician.

We will be offering physicals **JUNE 1st 2021 8 am – 2 pm**. The physicals will be held in the nurse's office at the high school. Students will be sent a google form via email to sign up. Parents are invited to be present. Physicals will be done at no cost to you. If you do not receive a physical through the school you are responsible for having a physical completed through your own doctor.

Your child will not be able to participate in any sport until he/she receives a current PIAA physical; this includes summer participation (open gyms, weight room, clinics, etc.)

THE ATTACHED PACKET OF FORMS MUST BE COMPLETED AND TURNED INTO THE HIGH SCHOOL OFFICE BY MAY 26th 2021 . The parent or guardian and student must sign all forms. If all forms are not completed and presented to the Athletic Trainer, the student will not be able to participate until they have been completed. *PIAA physicals can not be dated prior to June 1st and must be signed by a MD, DO, PAC, CRNP, or SNP licensed in the state of Pennsylvania.*

On the following page is a list of forms that must be completed. By signing the following forms, you are giving permission for your child to receive a physical on the dates listed above. If you have any questions please feel free to contact me.

Sincerely,

Heather Clover-Bair, LAT, ATC, ITAT, EMT

Head Athletic Trainer

Office: 814-473-3121 x1142

E-mail: cloverhj@unionsd.net

The Following Forms Must be Completed:

Pennsylvania Interscholastic Athletic Association (PIAA):

Section 1: Personal and Emergency Information

Section 2: Certification of Parent/Guardian

Section 3: Understanding of Risk of Concussion and Traumatic Brain Injury

Section 4: Understanding of sudden Cardiac Arrest Symptoms and Warning Signs

Section 5: Health History

Section 6: PIAA Comprehensive Initial Pre-Participation Physical Examination and
Certification of Authorized Medical Examiner

Section 10: Supplemental acknowledgement, waiver and release: COVID-19

Union Required Portion:

Concussion Protocol

Section 1: Acknowledgment of Risk and Consent Form

Section 2: Impact Testing Consent Form, Athletic Treatment Authorization

Section 3: COVID-19: acknowledgement and waiver

Section 4: Sports Warning Forms

Section 5: Union School District Drug and Alcohol Testing Authorization

Not included in this packet, but additional forms you need to be aware of:

Section 7: Re-Certification by Parent/Guardian (PIAA)

Section 8: Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine
(PIAA)

2021-2022 Sports Include:

- | | | |
|--|--|--|
| • Varsity / Junior
Varsity Football | • Varsity Golf | • Varsity / Junior
Varsity Baseball |
| • Junior High Football | • Junior High Girls'
basketball | • Varsity / Junior
Varsity Softball |
| • Varsity / Junior
Varsity Volleyball | • Junior High Boys'
Basketball | • Varsity / Junior
Varsity Track |
| • Junior High Volleyball | • Varsity/Junior Varsity
Boys' Basketball | |
| • Varsity / Junior
Varsity Football
Cheerleading | • Varsity / Junior
Varsity Girls'
Basketball | |
| • Junior High Football
Cheerleading | • Varsity/Junior
Varsity Wrestling | |
| • Junior High/ Varsity
Cross Country | • Junior High Wrestling | |



**PIAA COMPREHENSIVE INITIAL
PRE-PARTICIPATION PHYSICAL EVALUATION**



INITIAL EVALUATION: Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first seven Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, 5 and 6 by the student and parent/guardian; and Section 7 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1st and shall be effective, regardless of when performed during a school year, until the latter of the next May 31st or the conclusion of the spring sports season.

SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR: Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 8 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 9 need be completed.

SECTION 1: PERSONAL AND EMERGENCY INFORMATION

PERSONAL INFORMATION

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ____/____/____ Age of Student on Last Birthday: ____ Grade for Current School Year: ____

Current Physical Address _____

Current Home Phone # () _____ Parent/Guardian Current Cellular Phone # () _____

Fall Sport(s): _____ Winter Sport(s): _____ Spring Sport(s): _____

EMERGENCY INFORMATION

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

Student's Allergies _____

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware _____

Student's Prescription Medications and conditions of which they are being prescribed _____

SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for _____ born on _____ who turned _____ on his/her last birthday, a student of _____ School and a resident of the _____ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20____ - 20____ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at www.piaa.org, include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature _____ Date ____/____/____

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature _____ Date ____/____/____

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature _____ Date ____/____/____

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature _____ Date ____/____/____

F. **Confidentiality:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

How can students prevent a concussion? Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
 - The right equipment for the sport, position, or activity;
 - Worn correctly and the correct size and fit; and
 - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If a student believes they may have a concussion: Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature _____ Date ____/____/____

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature _____ Date ____/____/____

SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

What are the risks of practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

Act 73 – Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

Signature of Student-Athlete

Print Student-Athlete's Name

Date ____/____/____

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date ____/____/____

Section 5: SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19

The COVID-19 pandemic presents athletes with a myriad of challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of being infected with or furthering the spread of COVID-19, PIAA has urged all member schools to take necessary precautions and comply with guidelines from the federal, state, and local governments, the CDC and the PA Departments of Health and Education to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, PIAA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure to athletes, coaches and other involved persons. Additionally, each school has been required to adopt internal protocols to reduce the risk of transmission.

The undersigned acknowledge that they are aware of the highly contagious nature of COVID-19 and the risks that they may be exposed to or contract COVID-19 or other communicable diseases by permitting the undersigned student to participate in interscholastic athletics. We understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. We acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. The undersigned further acknowledge that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, these risks do exist. Additionally, persons with COVID-19 may transmit the disease to others who may be at higher risk of severe complications.

By signing this form, the undersigned acknowledge, after having undertaken to review and understand both symptoms and possible consequences of infection, that we understand that participation in interscholastic athletics during the COVID-19 pandemic is strictly voluntary and that we agree that the undersigned student may participate in such interscholastic athletics. The undersigned also understand that student participants will, in the course of competition, interact with and likely have contact with athletes from their own, as well as other, schools, including schools from other areas of the Commonwealth. Moreover, they understand and acknowledge that our school, PIAA and its member schools cannot guarantee that transmission will not occur for those participating in interscholastic athletics.

NOTWITHSTANDING THE RISKS ASSOCIATED WITH COVID-19, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ALLOWING STUDENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITH KNOWLEDGE OF THE DANGER INVOLVED. WE HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY AND/OR DEATH RELATED TO COVID-19, ARISING FROM SUCH PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF PIAA OR OTHERWISE.

We hereby expressly waive and release any and all claims, now known or hereafter known, against the student's school, PIAA, and its officers, directors, employees, agents, members, successors, and assigns (collectively, "Releasees"), on account of injury, illness, disability, death, or property damage arising out of or attributable to Student's participation in interscholastic athletics and being exposed to or contracting COVID-19, whether arising out of the negligence of PIAA or any Releasees or otherwise. We covenant not to make or bring any such claim against PIAA or any other Releasee, and forever release and discharge PIAA and all other Releasees from liability under such claims.

Additionally, we shall defend, indemnify, and hold harmless the student's school, PIAA and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification and the cost of pursuing any insurance providers, incurred by/awarded against the student's school, PIAA or any other Releasees in a final judgment arising out or resulting from any claim by, or on behalf of, any of us related to COVID-19.

We willingly agree to comply with the stated guidelines put forth by the student's school and PIAA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student is, to the best of our knowledge, in good physical condition and allow participation in this sport at our own risk. By signing this Supplement, we acknowledge that we have received and reviewed the student's school athletic plan.

Date: _____

Signature of Student

Print Student's Name

Signature of Parent/Guardian

Print Parent/Guardian's Name

Revised – October 7, 2020

Student's Name _____

Age _____

Grade _____

SECTION 6: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			CONCUSSION OR TRAUMATIC BRAIN INJURY 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> <input type="checkbox"/> 32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> <input type="checkbox"/> 33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> <input type="checkbox"/> 34. Have you ever had a seizure? <input type="checkbox"/> <input type="checkbox"/> 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> <input type="checkbox"/> 36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> <input type="checkbox"/> 37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> <input type="checkbox"/> 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> <input type="checkbox"/> 39. Have you had any problems with your eyes or vision? <input type="checkbox"/> <input type="checkbox"/> 40. Do you wear glasses or contact lenses? <input type="checkbox"/> <input type="checkbox"/> 41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> <input type="checkbox"/> 42. Are you unhappy with your weight? <input type="checkbox"/> <input type="checkbox"/> 43. Are you trying to gain or lose weight? <input type="checkbox"/> <input type="checkbox"/> 44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> <input type="checkbox"/> 45. Do you limit or carefully control what you eat? <input type="checkbox"/> <input type="checkbox"/> 46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> <input type="checkbox"/> FEMALES ONLY 47. Have you ever had a menstrual period? <input type="checkbox"/> <input type="checkbox"/> 48. How old were you when you had your first menstrual period? _____ 49. How many periods have you had in the last 12 months? _____ 50. Are you pregnant? <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> High blood pressure		<input type="checkbox"/> Heart murmur			
<input type="checkbox"/> High cholesterol		<input type="checkbox"/> Heart infection			
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>			
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>			
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>			
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>			
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>			
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>			
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>			
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>			
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>			
Head Neck Shoulder Upper arm Elbow Forearm Hand/Fingers Chest					
Upper back Lower back Hip Thigh Knee Calf/shin Ankle Foot/Toes					
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>			
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>			
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>			

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____

Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____

Date ____/____/____

**SECTION 7: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name _____ Age _____ Grade _____

Enrolled in _____ School _____ Sport(s) _____

Height _____ Weight _____ % Body Fat (optional) _____ Brachial Artery BP _____ / _____ (_____ / _____ , _____ / _____) RP _____

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/ _____ L 20/ _____ Corrected: YES NO (circle one) Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

☐ CLEARED ☐ CLEARED with recommendation(s) for further evaluation or treatment for: _____

☐ NOT CLEARED for the following types of sports (please check those that apply):

☐ COLLISION ☐ CONTACT ☐ NON-CONTACT ☐ STRENUOUS ☐ MODERATELY STRENUOUS ☐ NON-STRENUOUS

Due to _____

Recommendation(s)/Referral(s) _____

AME's Name (print/type) _____ License # _____

Address _____ Phone (_____) _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE ____/____/____

SECTION 8: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ____/____/____ Age of Student on Last Birthday: ____ Grade for Current School Year: ____

Winter Sport(s): _____ Spring Sport(s): _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

Current Home Telephone # () _____ Parent/Guardian Current Cellular Phone # () _____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

If any SUPPLEMENTAL HEALTH HISTORY questions below are either checked yes or circled, the herein named student shall submit a completed Section 9, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

Explain "Yes" answers at the bottom of this form.

Circle questions you don't know the answers to.

1. Since completion of the CIPPE, have you sustained a serious illness and/or serious injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? ☐ Yes ☐ No

An additional note to item #1, if serious illness or serious injury was marked "Yes", please provide additional information below

2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? ☐ Yes ☐ No

3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? ☐ Yes ☐ No

4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? ☐ Yes ☐ No

5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? ☐ Yes ☐ No

6. Do you have any concerns that you would like to discuss with a physician? ☐ Yes ☐ No

#'s	Explain yes answers; Include injury, type of treatment & the name of the medical professional seen by student

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

Section 9: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 9 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 6 and 7 of the herein named student's previously completed CIPPE Form. Section 8 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 8.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (circle one) Date _____

Section 10: CIPPE MINIMUM WRESTLING WEIGHT

INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME.

Student's Name _____ Age _____ Grade _____
Enrolled in _____ School _____

INITIAL ASSESSMENT

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA OPC, and have determined as follows:

Urine Specific Gravity/Body Weight _____ / _____ Percentage of Body Fat _____ MWW _____

Assessor's Name (print/type) _____ Assessor's I.D. # _____

Assessor's Signature _____ Date ____/____/____

CERTIFICATION

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is certified to wrestle at the MWW of _____ during the 20____-20____ wrestling season.

AME's Name (print/type) _____ License # _____

Address _____ Phone () _____

AME's Signature _____ MD, DO, PAC, CRNP, or SNP Date of Certification ____/____/____
(circle one)

For an appeal of the Initial Assessment, see NOTE 2.

NOTES:

1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15th and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.
2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.

CONCUSSION PROTOCOL

The purpose of this protocol is to educate and minimize the risks and potential injury that can be sustained during athletic activities. *The health and welfare of the student-athlete will be the primary consideration throughout this protocol.*

Definition of Sports Concussion

"Sports concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces." (Concussion in Sports Group, Vienna 2001, *Clin J Sports Med*, 12:6-11, 2002).

1. Concussions may be caused by a direct blow to the head, face, neck or elsewhere on the body with an "impulsive" force transmitted to the head.
2. Concussions typically result in the rapid onset of short-lived impairment of neurological function that resolves spontaneously.
3. Concussions may result in neuropathological changes, but the acute clinical symptoms largely reflect a functional disturbance rather than structural injury.
4. Concussions result in a graded set of clinical syndromes that may or may not involve loss of consciousness. Resolution of the clinical and cognitive symptoms typically follows a sequential course.

Signs and Symptoms

If a student-athlete has received head trauma, the next step is recognizing whether a concussion is present. A concussion will be suspected if any student-athlete presents with one or more of the below signs or symptoms after sustained direct or indirect contact with the head. In accordance with the Safety in Youth Sports Act (effective July 2012), a student-athlete that "exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity shall be removed by the coach from participation at that time." These signs or symptoms may be noticed by a game official, coach from the student-athlete's team, the Certified Athletic Trainer or a licensed physician and the athlete *must* be removed from participation. The Act also states, "The coach shall not return a student to participation until the student is evaluated and cleared for return to participation by an appropriate medical professional." If a concussion is suspected, the student-athlete will not return to participation the same day of injury.

The following is a list of possible signs or symptoms of a concussion or traumatic head injury. This list is not an all-inclusive list; other signs or symptoms may occur that are not listed below.

- Headache
- Nervous or anxiety
- "Pressure" in the head
- Trouble falling asleep
- Neck pain
- Sleeping more than usual
- Balance problems/dizzy
- Drowsiness
- Nausea or vomiting
- Fatigue
- Vision problems
- More emotional than usual
- Feeling like in a "fog"
- Slurred speech
- Convulsions or seizures
- Irritability
- Feeling dazed
- Hearing problems/ringing in ear(s)
- Sadness
- Confusion
- Sensitivity to light
- Sensitivity to noise
- Feeling slowed down
- Don't feel right
- Difficulty concentrating

A student-athlete that presents with any of the aforementioned signs or symptoms will be removed from play and monitored. They will be referred to the emergency room immediately if their condition drastically worsens or if they present with any of the following signs or symptoms:

- Deterioration of neurological function
- Decreasing level of consciousness
- Irregularity in respirations
- Irregularity in pulse
- Unequal, dilated, or unreactive pupils
- Any signs or symptoms of associated injury; i.e., spine or skull fracture
- Mental status change: lethargy, difficulty maintaining arousal, confusion or agitation
- Seizure activity
- Loss of consciousness
- Cranial deficits
- Vomiting

If a student-athlete is not referred to the emergency room, the parent/guardian will be notified of the injury and the student-athlete will be given take-home instructions to follow. The student-athlete must see the Certified Athletic Trainer the following day and every day thereafter until cleared to return-to-play by an appropriate medical professional.

Return to Play Guidelines

Once a student-athlete has displayed any of the signs or symptoms stated above resulting from direct or indirect contact to the head, the student-athlete will not return-to-play until they have been cleared by an appropriate medical professional. During this process, the student-athlete will be retested on IMPACT 48-72 hours post-injury. The student will not begin any physical exertion until their IMPACT test results have returned to their baseline and they have been

symptom free for 24 hours. Once ImPACT test results have returned to baseline and the student-athlete has remained symptom-free for 24 hours after the last ImPACT test, they may begin Physical Exertional Testing. The student-athlete must remain symptom free during the entire Physical Exertional Testing period. If they experience any signs or symptoms at any step, they must stop activity and cannot begin again until symptom-free for 24 hours once again. When they do start the testing, they will begin at the previous step they left off on.

- Step 1: Aerobic exercise
- Step 2: Sport-specific exercise
- Step 3: Non-contact drills
- Step 4: Controlled contact drill
- Step 5: Full-contact
- Step 6: Competition

Please note that some the above steps may be combined depending upon the severity of the student-athlete's concussion. There will, however, be a minimum of three days of Physical Exertional Testing before the athlete will be cleared for full return-to-play without any restrictions.

ACKNOWLEDGEMENT OF RISK AND CONSENT STATEMENT

I, a Union School District student-athlete and parent/guardian of a student-athlete understand that:

STUDENT

PARENT

Initial

Initial

a. Participation in athletics includes a risk of injury which may range from minor to long-term catastrophic or death, and I acknowledge and accept these inherent risks.

Initial

Initial

b. I must refrain from practice or play while ill or injured until cleared by appropriate medical personnel and/or their designated representative (Certified Athletic Trainer) whether receiving medical treatment or not.

Initial

Initial

c. Having passed the sports participation physical examination does not necessarily mean that I am physically qualified to participate in athletics, but only that the examiner did not find a medical reason for disqualification from participation.

Parent only

Initial

d. I consent to have my son/daughter represent Union School District in approved athletic activities. I agree not to hold the school district or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.

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 Certified Athletic Trainer, 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/collision sports.

Parent/Guardian

Date

Student-Athlete Signature

Date

Student Athlete Release to be Tested With ImPACT Concussion Assessment Software

Athletes may not understand the potential consequences of concussion and often minimize or deny symptoms so they can return to play. As a result, repeated concussions, from returning to sport too early, can cause symptoms to have a cumulative effect. Given such concerns, ranging from mild to catastrophic and the inherent difficulties in managing concussion, individualized and comprehensive management of concussion is optimal. At the forefront of proper concussion management is the implementation of baseline and/or post-injury neurocognitive testing. Such evaluation can help to objectively evaluate the concussed athlete's post-injury condition and track recovery for safe return to play, thus preventing the cumulative effects of concussion.

ImPACT is a user-friendly, Windows based computer program specifically designed for the management of sport related concussion. ImPACT takes approximately 20 minutes to complete. The computer program measures multiple aspects of cognitive function in the athlete. ImPACT is currently the most widely utilized program in the world and is implemented effectively across high school, collegiate and professional levels of sport participation.

Your child will be baseline tested before the first practice of their first sport during the school year. If your child suffers a blow to the head or whiplash type injury during sport or gym-class participation, the athletic trainer will evaluate them clinically and with the ImPACT software. If the post-injury values reported by ImPACT fall outside an allowed deviation from the base-line values your child will be referred to their family physician or a specialist for further evaluation. If your child does indeed have a concussion they will be continually monitored by the ImPACT program to make a safe and objective decision on their return to sport participation. The doctor will have the final say in the release of your child to return to sport participation.

I _____ give permission to Union High School to perform ImPACT
(parent/guardian name)
concussion assessment testing on my son/daughter _____ to attain
(student athlete name)
baseline and post-injury values in the event a head injury may occur.

Athletic Trainer Treatment Authorization

I/We give permission to the NATA certified athletic trainer employed by Union School District to perform immediate care and emergency treatment to injuries incurred during any interscholastic or intramural activity in this school district, and if necessary, to transport him/her to the nearest medical facility. Parents further acknowledge that the Certified Athletic Trainer may contact the student's physician in order to obtain information concerning the extent of injuries sustained, the extent to which a student may participate in the sport, and what additional treatment the physician may want the athletic trainer to perform. Information obtained by the athletic trainer will be considered confidential and will be treated as such. By signing this form, the parent acknowledges the risks involved and understands that the school district, officials, coaches and/or athletic trainer will not be held responsible for any injury or damage. The parent/guardian must assume full responsibility for any injury or damage to his/her child through his/her hospital or insurance plan. If the parent does not sign this form, his/her child will not be permitted to participate in interscholastic or intramural activities.

I/We _____ have read and understand
(Parent/guardian) (Parent/guardian)
all the above information fully and give full consent as stated above to my child to participate in interscholastic/intramural activities at Union High School.

Date

Student Athlete Signature

Treatment Authorization

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, as a member of the Pennsylvania Interscholastic Athletic Association (PIAA), Union School District requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district/PIAA, to the extent the QMP deems necessary to prevent harm to the student/athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant or nurse practitioner licensed by the state of Pennsylvania (or the state in which the student/athlete is located at the time the injury/illness occurs), and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by Pennsylvania law. In emergency situations, the QMP may also be a certified paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

PLEASE PRINT LEGIBLY:

"I, _____ (Parent/ legal guardian's name), the undersigned, am the parent/legal guardian of, _____ (Student's Name), a minor and student/athlete at Union School District who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/PIAA employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Pennsylvania law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional

judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student/athlete's recovery and safe return to activity, and any treating QMP. If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/PIAA.

Date: _____ Parent Signature _____

**Union School District
Athletic Department
Participation Waiver for Communicable Diseases Including COVID-19**

The COVID-19 pandemic has presented athletics across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, USD will take necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, PA DOH, as well as the NFHS and PIAA, to reduce the risks to students, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, USD reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our staff, students, and spectators. Some precautionary methods in the USD Resocialization of Sports Recommendations include but may not be limited to:

1. Health screenings prior to any practice, event, or team meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.
2. Encourage social distancing and promote healthy hygiene practices such as hand washing, using hand sanitizer, etc.
3. Intensify cleaning of equipment
4. Educate Athletes, Coaches, and Staff on health and safety protocols.
5. Require Athletes and Coaches to provide their own water bottle for hydration

By signing this form, the undersigned voluntarily agree to the following Waiver and release of liability. The undersigned agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the Student named below, against the USD, its Board of Directors, successors, assigns, officers, agents, employees, and volunteers and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever which may be incurred by the Student or the undersigned relating to or as a result of the Student's participation in athletic programs, events, and activities during the COVID-19 pandemic.

The undersigned acknowledge that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While Particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for Student's participation in athletics during the COVID-19 pandemic. We willingly agree to comply with the stated recommendations put forth by USD to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that Student is in good physical condition or believe Student to be in good physical condition and allow participation in this sport at our own risk.

Sport: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student Athlete: _____ Date: _____

*Parents/Guardians may request a full copy of the USD Resocialization of Sports Recommendations.
Contact Scott Kindel, AD at kindelsr@unionsd.net , Ange Salvo Assistant Athletic Director at
salvoaj@unionsd.net or Heather Clover, ATC cloverhj@unionsd.net.

"Home of the Golden Knights"



Union School District

UNION HIGH SCHOOL

354 Baker Street
Suite 1

HIMERSBURG, PA 16248-9211

PHONE: 814-473-3121

FAX: 814-473-8201

UNION JR/SR HIGH SCHOOL INJURY WARNING

FOOTBALL

Many statistics are kept in the sport of football. This benefits the fans, players, and coaches. One of the statistics kept is on the injuries that occur during the season. They are never as glamorous as the game statistics, but nonetheless, they are real.

In 1982, data available revealed there were 24 catastrophic injuries and 7 deaths involved in football at all levels: youth, interscholastic and intercollegiate (Meuller and Blyth 1983). Although this is a very small percentage of participants, many other people are affected, such as family, friends, and coaches. Football is a contact sport and injuries will occur. The coaches working in our program are well qualified, professional people. Fundamentals related to playing football will continually and repeatedly be emphasized on and off the field.

Possible Catastrophic Injuries

Since blocking and tackling are basically the same technique, they will be looked at simultaneously. The most common injuries occurring during blocking and tackling are those involving the head and neck. One of these, the concussion, can lead to brain damage or death. A cervical injury to vertebrae one through seven can cause paraplegia, quadriplegia or even death. Blocking and tackling with the head down (neck in flexed position) and hitting an opponent's thigh or knee, or hitting the ground, can cause one or both of these injuries. Also, blocking and tackling with the head hyper-extended while hitting an opponent's thigh, knee, or the ground can result in catastrophic head and neck injury.

Warnings

Every athlete should be warned of the possible dangers involved when not performing the technique properly. In addition, since collisions among players occur frequently, and are inherent in the sport of football, the athlete and the parents or guardian should also be notified both in writing and verbally of the potential danger in participating in the game of football. The coaches are aware of potential danger and will use proper methods to teach the techniques of blocking and tackling. There is, however, no guarantee that a catastrophic injury, including paraplegia or quadriplegia, will not occur.

Equipment

Shoulder pads, helmets, hip pads, pants including pads and knee pads must have proper fitting and use.

Shoulder pads which are too small will leave the shoulder point vulnerable to bruises or separations; it could also be too tight in the neck area resulting in a possible pinched nerve. Shoulder pads which are too large will leave the neck area poorly protected and will slide on the shoulders making them vulnerable to bruises or separations.

Helmets must fit snugly at the contact points: front, back and top of head. The helmet must be safety NOCSAE branded; the chin straps must be fastened and the cheek pads must be of the proper thickness. On contact, too tight a helmet could result in a headache. Too loose a fit could result in headaches, a concussion, a face injury such as a broken nose or cheek bone, a blow to the neck causing a neck injury, possibly quite serious such as paralysis or even death.

Activity Skill Technique	Possible Injury(s)	Cause(s)	Prevention: Proper Instruction	Safety Hints
Blocking, tackling	Cervical injury, vertebrae 1-7, paraplegia, quadriplegia, death	Blocking or tackling with head down. Neck in inflexioned position. Hitting knee or thigh. Blocking or tackling with head in hyper-extension. Hit square with head in numbers of opponent.	Head and eyes up; hit with shoulders. Keep hips under center of gravity, prevents spearing.	Proper fitting approved equipment. Drills to teach proper techniques. Neck exercises to strengthen neck muscles. Strict adherence to rules.
	Concussion, brain damage, death	Hitting or being hit by opponent's head, knee, thigh or ground.	Same as above.	Same as above.
Being speared	Broken ribs, punctured lungs, kidney damage, spleen damage	Being speared by opponent in mid-section or back.	Rules, officials	Use of a "flack jacket" or similar protection
Karate chop (clotheslining)	Cervical injury	Striking head or neck with extended forearm.	Rules, officials	Does not apply

This warning does not cover all potential injury possibilities in playing football, but is an attempt to make the players and parents aware that fundamentals, coaching and proper fitting equipment is important to their safety.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the football program.

ATHLETE'S SIGNATURE _____

DATE _____

PARENT/GUARDIAN'S SIGNATURE _____

DATE _____

FOOTBALL ONLY!!

HELMET RELEASE FORM

As an athlete, you are entitled to know that your helmet is a piece of equipment which must be used in a proper manner. You must understand that the helmet is a protective device and not a weapon.

Do not strike an opponent with any part of this helmet or face mask. This is a violation of football rules and may cause you to suffer severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football. No helmet can prevent all such injuries. Use this helmet at your own risk.

ATHLETE'S RESPONSIBILITY

Along with regular daily use of this helmet, you are also responsible for daily maintenance checks. These daily maintenance checks will help you to ensure the safety of your helmet and provide you with the best protection for you.

1. Upon daily inspection of your helmet, if you notice any parts loose or missing, you are responsible for reporting it to the head coach or athletic trainer immediately.
2. You must wear a mouth piece and chin strap at all times while using this helmet.

I have read and understand all instructions for the use of a football helmet.

Athlete's Name

Athlete's Signature

Parent or Guardian Signature



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Union JR/ SR High School Injury Warning

CHEERLEADING

Warnings

The occurrence of head, neck and back injuries in cheerleading usually result from falls. The primary concern of coaches and cheerleaders is to understand all the possible causes for falling and take precaution to prevent falls. The secondary concern is to manipulate the fall should one occur

Another common cause of injury in cheerleading stems from incorrect somersaults. Multiple somersaults, with or without twists and in different directions are common in higher levels of cheerleading. Coaches and Athletes should be careful to prevent uncontrolled landings on head, neck, or back. Proper lead-ups should be stressed so athlete will be familiar with their position in the air relative to landing area.

Disorientation is another problem for cheerleaders. Practicing a maneuver many times helps develop awareness in somersaulting. In multiple somersaults, a competent spotter should be present. It is imperative that athletes keep their eyes open throughout the maneuver to locate the landing area.

This warning does not cover all potential injury possibilities in cheerleading, but it is an attempt to make the cheerleaders and parents aware that fundamentals, coaching, and proper conduct are important to their safety and enjoyment in cheerleading at Union Jr./ Sr. High School.

The information above has been explained to me and I understand the procedures of cheerleading. I also understand the necessity of using the proper techniques while participating in cheerleading.

Athlete's Signature _____ Date _____

Parent's Signature _____ Date _____



Union Jr./Sr. High School Injury Warning

CROSS COUNTRY

Cross Country is a sport which can be both the safest and most dangerous of organized sports on the grade school, high school and college levels. It is mandatory the coach/teacher/organizer be familiar with all the potential risks involved, and have knowledge of correct techniques by coaches and athletes, appropriate supervision, and properly organized practices and competition.

Possible Catastrophic Injuries

RUNNING: Although catastrophic injury as a result of running is rare, there are two situations that can result in serious injury: being struck by an automobile, and illness due to over-exposure to heat. The types of traffic-related injuries sustained by runners are the same as those suffered by other pedestrians. To avoid problems it is advisable for the coach to warn the runners prior to the season that there is a risk of injury when training on the road. Of the countless circumstances that could be envisioned and forewarned of, the following suggestions should be given greatest emphasis:

1. When running along a road or its shoulder, run in the direction opposite to the flow of traffic.
2. Wear bright or reflective clothing when running at any time, day or night.
3. When running in groups, run in a single-file line.
4. Obey all traffic laws.

Catastrophic injuries can occur in runners as a result of illness from over-exposure to heat. In cases where patients recover from heat stroke, irreversible damage to the nervous system can remain, including impairment of the thermoregulatory function of the hypothalamus.

From an instructional standpoint it is important to inform the runner that it is vitally important to drink water and other fluid replacements on a regular basis especially during hot weather. Fluids should be consumed in the regular diet, during workouts, and before and during competition, when practical. It may be useful to mention that research has not shown water intake to be detrimental to performance.

From a coaching standpoint, it would be helpful to acclimatize or adapt the runners to unusually warm ambient temperatures to avoid the risk of heat disorders. This can be achieved with a progressive training schedule that exposes the team to longer bouts of exercise from day to day, over a five to eight day period. The American College of Sports Medicine issued a position paper recommending measures to be taken by race organizers and athletes when participating in conducting and in distance races (Mathews and Fox 1976). These recommendations have been incorporated into the preceding paragraphs.

Activity	Possible Injury	Causes	Prevention
Distance running	The possible catastrophic injuries to a distance runner would number any one of the many injuries that could be sustained by a pedestrian (injury by impact of an automobile, or other moving object. Injuries could be to the head or spinal column, and could include death.	Struck by a motor vehicle.	Coaches should instruct runners to run facing the opposite direction of the traffic flow when running on the roads or busy streets. Cross roads only at pedestrian crosswalks or intersections. Runners should follow pedestrian rules. Avoid thoroughfares which do not have sidewalks. Run on shoulder of road, not pavement, when there is no sidewalk available. Avoid areas where farming equipment is being used. Run single file. Front and back runners should make other athletes aware of possible dangers. Warn of oncoming traffic.
	Impairment of thermoregulatory system	Heat stroke	Administration of sufficient liquids before, during, and after workouts. Avoid running during peak temperature hours and high level of humidity. Acclimate runners to hot temperature through use of progressively longer exposures to heat.

This warning does not cover all potential possibilities in cross country but it is an attempt to make the players and parents aware that fundamentals, coaching and proper conduct are important to their safety and enjoyment in cross country at Union Junior/Senior High School.

The above information has been explained to me and I understand the procedures of cross country. I also understand the necessity of using proper techniques while participating in cross country.

ATHLETE'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

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UNION JR./SR. HIGH SCHOOL INJURY WARNING

GOLF

Possible Catastrophic Injuries

Coaches need to inform their players of the following possible catastrophic injuries:

- (a) Death
- (b) Loss of sight, and
- (c) Coma with varying degrees of paralysis.

Warning

Coaches must stress and make their golfers aware that the most prevalent cause of catastrophic injury is positionary and that the equipment used by the golfer is the primary potential cause of catastrophic injury. A combination of the hardness of the golf ball and the clubhead speed of these objects during performance creates an environment for potential injury.

Golfers need to be informed of the danger of a ricochet when playing a shot where an object is close and is near to the intended line of flight. When this danger is presented, golfers should be instructed to aim a comfortable, safe distance from the object. The golfer should inform other golfers of the possibility of a ricochet so they may seek a safe location and be alert to the flight of the ball.

Activity	Possible Injury	Causes	Prevention
Practice tee, teeing off, course play	Loss of sight, coma, death	Being struck by a club or ball	Alertness and instruction on standing in a safe location out of possible line of flight of the ball or a thrown club.
Drills	Loss of sight, coma, death	Being struck by a club or ball	Practice and drills performed in organizational patterns where a ball hit or a club swung or thrown cannot hit another golfer.
Ricochet	Loss of sight, coma, death	Being struck by a ball	Golfers making each other aware of possible ricochets so non-hitting golfers may seek a safe location. The golfer hitting the ball should be instructed to aim a comfortable safe distance from the object.

Practice, course play	Coma, disability, death	Being struck by lightning	If practicing stop and assume the safest spot available. If on the course, separate yourself from your clubs, take off spiked shoes, and assume the safest spot available.
Practice, course play	Coma, death	Sun stroke	Awareness of possibility and informed to drink plenty of liquids and to cool the head and body with water.

Another area of potential danger for catastrophic injury is being struck by lightning while playing or practicing golf. Metal spikes in the shoes and the metal in the club compound the potential danger. Golfers must eliminate or reduce as much as possible their chances of being struck by lightning at the first sign of danger. If on the course, the golfer should avoid touching the clubs and should take off spiked shoes. If golfers must remain on the course, they should keep away from hilltops, wire fences, isolated trees, and open spaces. They should seek shelter in the largest building available, lowest ground, dense woods, or should lie flat. If practicing, one should stop and assume the safest spot available.

Coaches need to caution golfers on hot days to be aware of sunstroke. Players should be informed to drink plenty of liquids and to cool the head and body with water. If golfers develop sunstroke, they should lie on their backs in the shade with their heads slightly elevated.

Coaches also need to inform their players that in damp or wet weather they need to check the grip of the club and wipe it dry if needed before using.

This warning does not cover all potential injury possibilities in playing golf, but it is an attempt to make the players and parents aware that fundamentals, coaching, equipment and proper conduct are important to their safety and enjoyment in playing golf at Union Jr./Sr. High School.

The above information has been explained to me and I understand the rules and procedures of golf. I also understand the necessity of using the proper techniques while participating in the golf program.

ATHLETE'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

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UNION JR/SR HIGH SCHOOL INJURY WARNING

VOLLEYBALL

Volleyball is one of the most popular participant sports in the world today. It is played at all levels of organization and by people in all walks of life. The game is best known by the bullet-like spikes and great diving saves made by the Olympic teams of Japan, China, the Soviet Union, and the United States, but it is more often enjoyed by friends and neighbors on a Sunday afternoon picnic.

Fortunately, volleyball is a relatively safe sport. The probability of a catastrophic injury occurring in volleyball is almost too small to calculate. Yet, serious injuries and death have occurred. Coaches, teachers, and participants need to be aware of the potential hazards of the game.

Possible Catastrophic Injuries

Catastrophic injuries related to volleyball include:

1. Loss of eye caused by collision with volleyball net equipment or with other players.
2. Severe brain damage or spinal cord damage caused by collision with net support equipment, the floor, the wall or other players.

Activity	Possible Injury	Cause	Prevention
Collision with net equipment	Eye, brain, spinal column	Uncontrolled pursuit of the ball	Reminders to players of danger. Teaching of rules
Opposing players colliding at net	Brain damage, death	Uncontrolled jump by blocker or spiker	Teach blocker to jump with control, no broad-jump. Spikers must never jump into net or over centerline.
Player landing on floor	Cervical neck damage	Improper techniques for landing on the floor	Follow sound teaching progressions. Learn proper landing techniques. Use arms to cushion landing and prevent head from hitting floor.
Player-to-player collisions	Eye, brain, spinal column	Unclear defensive strategies or uncontrolled player activity	Defensive areas of responsibility must be understood. Good judgement must be reinforced.
Sustained vigorous action	Cardiorespiratory failure, falling on head	C-V medical problem, fatigue	Physical exam by physician. Proper cardiovascular conditioning. Stopping play when fatigued.
Impact with net equipment	Eye, brain	Unsafe equipment, unsafe storage	Well designed and safe equipment

Warnings

There are five types of situations which create serious hazards to volleyball players. These are:

1. Player collisions with the net and net support equipment.
2. Uncontrolled player-to-player collisions at the net between players on opposite teams.
3. Player collisions with the floor while attempting to play balls that are difficult to retrieve.
4. Uncontrolled player-to-player collisions between players on the same team.
5. Players who have exceeded their cardiovascular health and fitness levels.

This warning does not cover all the potential injury possibilities in playing volleyball, but it is an attempt to make the players and parents aware that fundamentals, coaching, and proper conduct are important to their safety and enjoyment in playing volleyball at Union Jr./Sr. High School.

The above information has been explained to me and I understand the rules and procedures of volleyball. I also understand the necessity of using the proper techniques while participating in the volleyball program.

ATHLETE'S SIGNATURE _____

DATE _____

PARENT'S SIGNATURE _____

DATE _____

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Union Jr./Sr. High School Injury Warning

BASKETBALL

Basketball can be a sport in which injuries will occur. The coaches working in our program are well qualified people. Fundamentals related to playing basketball will continually and repeatedly be emphasized on and off the court. It will be our purpose to inform the young men and women in our basketball program of the proper techniques to practice for maximum safety in the sport of basketball.

Coaches need to inform their players of the following possible catastrophic injuries:

- (a) Death
- (b) Loss of sight
- (c) Paraplegia
- (d) Quadriplegia
- (e) Coma, with varying degrees of paralysis

The walls at the ends of the court are padded, but play around them should be with caution. Contact with such could cause serious injury, paralysis or even death. Another of the dangers in the sport of basketball include diving or falling on the hardwood surface. This could lead to skin abrasions, cuts, or even head injuries. Minor injuries such as muscle pulls, sprained ankles, etc., should be expected. Much of the activity involved in this sport could lead to these types of dangers. Also illegal play by participating athletes will not be tolerated and all players are repeatedly reminded of the dangers of unsportsmanlike acts.

This warning does not cover all potential injury possibilities in playing basketball, but it is an attempt to make the players and parents aware that fundamentals, coaching, and proper conduct are important to their safety and enjoyment in playing basketball at Union Junior/Senior High School.

The above information has been explained to me and I understand the rules and procedures of basketball. I also understand the necessity of using the proper techniques while participating in the basketball program.

ATHLETE'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____



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UNION JR. & SR. HIGH SCHOOL INJURY WARNING

SOFTBALL

Softball is a game played on a field with two teams of nine active participants. The offensive team (team at bat) is attempting to score runs by hitting a pitched ball with force, running around three bases and returning to the initial point, home base. The defensive team (team in the field) is trying to prevent the offensive team from scoring the runs by fielding the batted ball, often moving at high velocity and throwing it at another player at one of the bases that the offensive player is running towards. During this interaction there is a possibility of catastrophic injury occurring. There is a potential or catastrophic injury as a result of being struck by the ball.

Possible Catastrophic Injuries

- 1) Loss of vision, paralysis, or death as a result of being struck in the head by a pitched, batted, or thrown ball, or contact with metal cleats.
- 2) Paralysis, death or permanent impairment of physical functions resulting from being struck by objects or colliding with another player or object. Such impacts can result in injury to the head, neck, back, or organs.

Prevention of Injuries

The following warnings should be clearly communicated with all player:

- 1) Lack of knowledge concerning the correct performance of a skill and game increases the risk of possible injury.
- 2) Protective equipment is designed to reduce the risk of possible injury. Not using it or misusing it take away the effectiveness.
- 3) Protective equipment/ other equipment should not be used if broken or poor quality.
- 4) Lack of knowledge, misunderstanding or improper use of the rules and strategies of the game increase risk of injury.

- 5) Ineffective team work or throwing the bat after hitting puts others at risk for possible injury.

Activity	Possible Injury	Cause	Prevention
Batting	Head/brain injury, loss of sight, organ damage.	Being struck by a ball.	Batting helmet, alertness, knowledge.
Base running	Head, neck, back injury.	Hit by a ball, collision with the defense.	Knowledge, application of rules and strategy, alertness.
Sliding	Head, Neck, Back Injury.	Collision with another player or object, being struck by the ball	Alertness, skills.
Fielding	Head, neck, organ, injury	Collision with another player or object, being struck by the ball	Teamwork, alertness, skills.
Pitching	Head, neck organ injury.	Being struck by batted ball	Pitching technique and development of fielding skills.

This warning does not cover all potential injuries or possibilities. However this is an attempt to make players and parents aware that fundamentals, coaching, and proper conduct are all very important to the player's safety.

I have read the above information and I understand the necessity of uses proper techniques while participating in the softball program.

ATHLETE'S
SIGNATURE _____ DATE _____

PARENT'S
SIGNATURE _____ DATE _____

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Union JR./SR. HIGH SCHOOL INJURY WARNING

BASEBALL

Baseball is a game played on a field with two teams of nine active participants. The offensive team, or the team at bat, is attempting to score runs by hitting a pitched ball with great force, running around three bases and returning to the initial point, home base. The defensive team, or the team that is out in the field, is trying to prevent the offensive team from scoring runs by fielding the batted ball, often moving at high velocity, and throwing it, at high velocity, toward another player at one of the bases to which the offensive player is running. During this interaction there is some possibility of a catastrophic injury occurring. The ball is smaller and harder and there is the potential for catastrophic injury as a result of being struck by the ball in baseball. Particular attention should be paid, then, to all circumstances where a player may be struck by a pitched, batted, or thrown ball.

Possible Catastrophic Injuries

1. Loss of vision, paralysis, or death as a result of being struck in the head by a pitched, batted, or thrown ball, or by metal cleats.
2. Paralysis, death, or other permanent impairment of physical functions resulting from being struck by a bat or colliding with another player or some part of the structure housing the playing field. Such impacts can result in injury to the head, neck, back, or specific organs.

Prevention of Catastrophic Injuries

Warning of Dangers and Dangerous Behavior

The following warnings should be clearly and very specifically communicated to all players:

1. Lack of knowledge concerning the correct performance of the skills and of the game increases the possibility of injury.
2. Protective equipment is designed to reduce the risk of injuries to players. Not using it, or misusing it takes away its effectiveness.
3. Protective equipment, as well as other equipment, that is broken or which is of inferior quality should not be used. This leads to greater chance of injury.
4. Lack of knowledge, misunderstanding, or improper use of the rules and strategies of the game increase the chance of injury.
5. Ineffective teamwork, such as not "calling" for a fly ball, puts players in a position of possible injury.
6. Throwing the bat after hitting a pitched ball puts others in a position of possible injury.

7. Being inattentive during a game results in increased chance of injury to the inattentive player as well as others.
8. Every playing field has potentially dangerous areas. Not knowing of possible "dangerous areas" and how to respond to them contributes to the possibility of injury during play.

Activity	Possible Injury	Cause	Prevention
Batting	Head or brain injury, loss of sight, organ damage	Being struck by the ball	Batting helmet, alertness, knowledge of moving away from a pitch.
Baserunning	Head, neck, or back injury	Hit by a thrown ball, collision with defensive player	Knowledge and application of rules and strategy. Alertness.
Sliding	Head, neck, back, or organ injury	Collision with base or defensive player	Correct technique and appropriate use of skills.
Fielding	Head, neck, organ, or eye injury	Collision with another player or obstacle. Being struck by the ball.	Teamwork, "calling" for the ball, alertness, appropriate positioning
Pitching	Head or eye injury	Being struck by a batted ball	Correct pitching technique and development of fielding skills

This warning does not cover all potential injury possibilities in playing baseball, but it is an attempt to make the players and parents aware that fundamentals, coaching, and proper conduct are important to their safety and enjoyment in playing baseball at Union Junior/Senior High School.

The above information has been explained to me and I understand the rules and procedures of baseball. I also understand the necessity of using the proper techniques while participating in the baseball program.

ATHLETE'S
SIGNATURE _____ DATE _____

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SIGNATURE _____ DATE _____

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UNION JR/SR HIGH SCHOOL INJURY WARNING

TRACK AND FIELD

Track and field is a sport which can be both the safest and most dangerous of organized sports on the grade school, high school, and college levels. The twenty individual and team events have different characteristics and are performed at different sites. Thus it is mandatory that the coach/teacher/organizer be familiar with all the events and be aware of potential risks in each. The determining factors in the safe execution of each event include the proper use of well maintained equipment, knowledge of correct techniques by coaches and athletes, appropriate supervision, and properly organized practices and competition.

The twenty different events in track and field should be divided into three main areas: throwing, jumping, and running. Each area involves different kinds and degrees of risk, and only a few of the total number of events are of major concern with respect to catastrophic injury. Throwing events involve an airborne phase of the athlete, and running events can require a large proportion of training to be done away from the direct supervision of the coach, for example distance running.

Possible Catastrophic Injuries

Most accidental catastrophic injuries that occur during participation in the throwing events include injuries involving impact of airborne projectiles: concussion, skull fracturing, and stabbing wounds. The distance covered by the implements, their speed, and the unpredictability of their landing are the main reasons why throwing events are dangerous. In the hammer throw, the maintenance of the implement is of major concern. The lack of awareness of the environment on the part of participants and spectators combined with the fact that in track and field a number of events are taking place at one time generates risk. Athletes, coaches, and officials, and on occasion a spectator, become so involved in their own activities that they lose perception of the potential from other activities. Very often people cross the throwing sectors without realizing what they are doing.

Vertical jumping events include an airborne phase and a landing phase which can place vital body parts in a position vulnerable to injury at impact. The major risks in these events involve landing on the head, which can cause severe damage to the nervous system, the spinal cord, and/or broken neck due to a technical error in the execution of the event. Inappropriate, insufficient, and poorly maintained equipment (combined with erroneous technique) is also a common cause of catastrophic injuries (e.g. landing pit not large enough resulting in the athlete missing the landing pit completely, or the vault pole breaking because it is not stiff enough).

The basic exercises for bar clearance and appropriate movements in mid-air and landing are:

1. Mobility drills mainly at hip level.
2. Acrobatics on mat, and agility exercises related to jumping.
3. Standing facing away from the pit with the bar slightly above hip level, the athlete takes off powerfully from both feet. The hips are extended and brought up and forward (arching) while legs are kept hanging loose. The arched position is maintained until the hips have cleared the bar. Then the hips are flexed, legs are lifted up, and the head is tucked achieving an L-position with the body. (The head is never thrown back while going over the bar. The head is turned towards the shoulder on the same side as the lead leg.)

4. Same exercise as above, but take off from a platform which allows a longer flight time.

The athlete has to be discouraged from landing with the neck of head as a point of contact, even on a soft landing pit.

Since the rotational movements are largely determined during the plant/take-off stage, it is very important for the coach to provide adequate supervision, evaluation, and feedback during the learning stages of the whole technique.

POLE VAULT: Injuries incurred while participating in pole vaulting include: paraplegia, quadriplegia, and death resulting from damage to the spinal cord, caused by impact at landing of the vaulter's head, neck, or back with hard surfaces. These can include the exposed ground, the runway surface, the plant box, and the crossbar support standard or cement pads underneath the stands. The potential vaulter should be warned of the inherent risk of injury involved with participation prior to the first practice session.

Choosing the proper pole is important. The athlete's weight, the height at which the upper hand grips the pole, and the speed attained at take-off are the main factors in pole selections. The pole manufacturers give recommendations for matching pole to athlete. Too light a pole can break resulting in injury from the pole or landing outside the dimensions of the pit. The coach should stress proper care of the pole to avoid cracks, dents, or other exterior damage.

Most errors in technique in the pole vault have their origin during the plant and take-off. According to Steve Miller, a coach for the Olympic Development Program for the pole vault, probably the single most dangerous error is a loss in approach speed in the last few strides. Beginning vaulters must learn to maintain running speed throughout the entire approach. In this way the vaulter is almost assured to land in the padded pit, regardless of subsequent mistakes in the attempt.

Vaulters must be told to abort any trials in which improper plant of pole, loss of control, excess veering to the right or left of the line of travel, or inadequate momentum exist. The vaulter must be made to realize that the landing pit is designed to protect landing of reasonably correct vaults and cannot protect in situations where vault should not have been attempted. Particularly in a competitive situation, vaulters must be reminded to abort a trial when conditions are such that a catastrophic injury could probably occur should the athlete attempt "to save the vault".

RUNNING: Although catastrophic injury as a result of running is rare, there are two situations that can result in serious injury: being struck by an automobile, and illness due to over-exposure to heat. The types of traffic-related injuries sustained by runners are the same as those suffered by other pedestrians. To avoid problems it is advisable for the coach to warn the runners prior to the season that there is a risk of injury when training on the road. Of the countless circumstances that could be envisioned and forewarned of, the following suggestions should be given greatest emphasis:

1. When running along a road or its shoulder, run in the direction opposite to the flow of traffic.
2. Wear bright or reflective clothing when running at any time, day or night.
3. When running in groups, run in a single-file line.
4. Obey all traffic laws.

Catastrophic injuries can occur in runners as a result of illness from over-exposure to heat. In cases where patients recover from heat stroke, irreversible damage to the nervous system can remain, including impairment of the thermoregulatory function of the hypothalamus.

From an instructional standpoint it is important to inform the runner that it is vitally important to drink water and other fluid replacements on a regular basis especially during hot weather. Fluids should be consumed in the regular diet, during workouts, and before and during competition, when practical. It may be useful to mention that research has not shown water intake to be detrimental to performance.

From a coaching standpoint, it would be helpful to acclimatize or adapt the runners to unusually warm ambient temperatures to avoid the risk of heat disorders. This can be achieved with a progressive training schedule that exposes the team to longer bouts of exercise from day to day, over a five to eight day period. The American College of Sports Medicine issued a position paper recommending measures to be taken by race organizers and athletes when participating in conducting and in distance races (Mathews and Fox 1976). These recommendations have been incorporated into the preceding paragraphs.

Possible catastrophic injuries to runner, although uncommon, need to be brought to the attention of participants. Those injuries would number any one of the many injuries that could be sustained by a pedestrian injured by the impact of a moving vehicle. Injuries could be anything from a concussion, to spinal cord damage, to death. The unawareness of possible dangers while running on the roads and the assumption that all drivers will be aware of a runner and will be able to stop for them is the major cause of accidents among runners. Within the running events hurdling should be mentioned as a potential risk to broken neck and concussion. Although not common as a major cause of catastrophic injuries, hurdling can be dangerous if an athlete runs over a hurdle placed in the wrong direction, or uses an improper technique causing him to flip over the hurdle and land on the back, neck, or head.

Prevention of Catastrophic Injuries

As a general rule prior to participation in any activity in track and field, coaches and administrators have to require physical examinations for all prospective student-athletes. As practices start, but before coaching or instruction begins each season, it is in the best interest of the coach to warn all candidates that the activities they are involved in have the risk of catastrophic injury.

THROWING: Throwers should be advised that attentiveness to instruction, awareness of activities around the throwing area, responsibility for throwing and retrieving, and having the proper and well maintained equipment are the major areas of concern to avoid injuries. Landing sectors should be of limited access and they should be roped off to ensure safety of other track athletes, spectators, and coaches. During instruction periods, throwers have to be advised not to throw until the instructor or coach allows them to do so, and not to retrieve implements until all the throwers have completed all of their throws.

Within the category of throwing events, there are safety considerations for each event. In the shot put the main concern should be simply that the implement is being thrown. The flight of the shot is shorter and is more predictable than other throws, but it is commonly seen that individuals who are not involved in the event cross through the landing area, without realizing the potential danger. While an athlete is throwing, other throwers and coaches should be aware of any person attempting to cross in front of the throw, since the shot putter starts the movements facing the opposite direction to the landing area. In the past few years, the rotational technique in the shot put has gained some popularity, adding extra concerns in terms of safety. While in the O'Brien (traditional) technique, the shot describes a linear path, in the rotational technique a circular path is described by the shot while the athlete completes the turns in the circle, generating centrifugal forces. Keeping control of the shot while turning one and half times until a controlled release is achieved is of the greatest concern to athletes and coaches. The shot has to be kept in contact with the neck until the moment of the release. This is a rule which should be enforced to avoid uncontrolled releases.

Discus and hammer throwers incur similar risks as shot putters using rotational technique, but to a larger scale. Throwers have less control over the implement while generating speed and force as they complete their turns in the circle. To provide some protection to athletes, coaches, and spectators all hammer throws should be made from a cage built around the circle. The same cage could be used for the discus.

If there is no cage available for the discus, coaches, and athletes should be advised to stand behind and away from the circle, or on the opposite side to the circle from where the discus will be released (left side of the circle —when facing the direction of the throw — for right hand throwers).

Activity	Possible Injury	Cause	Prevention
Javelin throw	Trauma to major organs, circulatory to nervous pathway, death, puncture wounds.	Impact of javelin	Instruct athletes not to throw when non-participants are wandering around throwing area. Clearly mark or restrict throwing/landing area with pennants, rope, or fencing. Place practice area away from track and infield, especially during learning stage, and when there are different groups of athletes on the field. Control traffic inside the landing sector during a meet. Designate a marshal. When teaching students how to throw, have all the athletes throw before retrieving the javelins. Throwers should wait until coach signals before retrieving implements
Hammer and discus throws, shot put	Trauma to major organs, concussion, damage to the spinal cord and head, broken neck, skull fracture	Impact of a projectile	Have a cage enclosing at least $\frac{3}{4}$ of the circle. Instruct other athletes to be aware of throwing dangers. Keep the implement in good condition (check wires and handles in the hammer). Do not allow throwing when facilities are inadequate (no cage, not enough space). Warn all persons within the possible range of the path of an airborne implement (members of the coaching staff, managers) of the danger involved. All persons not directly involved with the track and field team should be prohibited entirely from throwing event areas. At the competitive sites access to the throwing sectors should be restricted to event officials, coaches, and event participants. Participants should be taught to look before throwing. Encourage throwers to work with each other, or under a coach's supervision at all times.

Distance running	The possible catastrophic injuries to a distance runner would number any one of the many injuries that could be sustained by a pedestrian. (injury by impact of an automobile, or other moving object). Injuries could be to the head or spinal column, and could include death.	Struck by a motor vehicle	Coaches should instruct runners to run facing the opposite direction of the traffic flow when running on the roads or busy streets. Cross roads only at pedestrian crosswalks or intersections. Runners should follow pedestrian rules. Avoid thoroughfares which do not have sidewalks. Run on shoulder of road, not pavement, when there is no sidewalk available. Avoid areas where farming equipment is being used. Run single file. Front and back runners should make other athletes aware of possible dangers. Warn of oncoming traffic.
	Impairment of thermoregulatory system	Heat stroke	Administration of sufficient liquids before, during, after workouts. Avoid running during peak temperature hours and high levels of humidity. Acclimate runners to hot temperatures through use of progressively longer exposures to heat.
Hurdling	Broken neck, concussion	Hurdler hits hurdle placed in opposite direction, catching the hurdle with leg or foot.	Teach proper hurdling techniques. Teach proper use of hurdles (hurdles are built to fall in one direction – built to be knocked over in one direction).
Vertical Jumps: Pole Vault	Concussion, death, injury to back and neck soft tissue, fractures to back and neck.	Missing the pit	Landing pit meets guidelines in National Federation of High School (NFHS) or International Amateur Athletics Federation (IAAF) guidebooks. Cover base of crossbar standards with six inches of foam padding. Have person stationed near plant box to catch vaulting pole before it strikes ground or standards. Match vaulting pole size to individual vaulter's characteristics; avoid poles that are too light in weight. Maintain speed throughout entire run up. Do not practice when extremely tired.

Vertical jumps: High Jump	Concussion, death, injury to back and neck soft tissue, fractures to back and neck.	Missing the pit on landing, inadequate landing pit.	Teaching proper landing technique. Landing pit meets guidelines in NFHS, NCAA, or IAAF. Have adequate equipment. Maintain it in good condition. Teach events in a reasonable progression, and proper landing technique (upper body, head tucked). Landing area should be soft and of adequate size (Check on possible holes caused by overuse). Always work out under supervision of a coach. Do not practice when extremely tired.
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This warning does not cover all potential possibilities in Track and Field, but it is an attempt to make the players and parents aware that fundamentals, coaching and proper conduct are important to their safety and enjoyment in Track and Field at Union Junior/Senior High School.

The above information has been explained to me and I understand the procedures of Track and Field. I also understand the necessity of using proper techniques while participating in Track and Field.

ATHLETE'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

UNION SCHOOL DISTRICT

No. 227.1

SECTION: PUPILS

TITLE: DRUG/ALCOHOL TESTING
FOR COCURRICULAR
ACTIVITY(IES)
PARTICIPATION, DRIVING
AND PARKING PERMIT
PRIVILEGES

ADOPTED: May 15, 2008 :

REVISED:

1. Purpose

227.1. DRUG/ALCOHOL TESTING FOR COCURRICULAR ACTIVITY(IES) PARTICIPATION, DRIVING, AND PARKING PERMIT PRIVILEGES

The Union School District considers participation in a cocurricular program, driving to school, and the issuance of parking permits for parking upon school property to be privileges and voluntary activities. As representatives of the school district and leaders in their schools, students involved in cocurricular programs and students who drive to school are expected to exemplify high standards by the public and are held in high esteem by other students. Participants in cocurricular programs and those who drive to school are expected to accept the responsibilities accompanying these opportunities.

Detering drug use by school students is important. School years are the time when physical, psychological and addictive effects of drugs are most severe. The effects of a drug-infested school are visited not just upon the users, but upon the entire student body and faculty because the educational process is disrupted.

With regard to school athletes and student drivers, the risk of immediate physical harm to the drug and alcohol user or those with whom s/he is playing a sport or sharing the highway is particularly high. Apart from psychological effects, which include impairment of judgment, slowing of reaction time, and a lessening of the perception of pain, alcohol and the particular drugs screened by this policy pose substantial physical risks to athletes and drivers. Cocurricular participants, whether athletes or not, are student leaders and, as such, serve as role models for their peers and for young children as well. The use of drugs and alcohol by these role models exacerbates the problem of illegal substances in our schools.

The purpose of this policy is:

1. To prevent student participants in cocurricular programs and students with driving privileges from using drugs.
2. To protect the health and safety of students.

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<p>2. Authority SC 510</p>	<p>3. To prevent accidents and injuries resulting from the use of alcohol or controlled substances.</p> <p>4. To provide drug and alcohol users with assistance programs.</p> <p>This policy is adopted in accordance with the authority granted to school boards, permitting school boards to adopt reasonable rules and regulations regarding the management of school district affairs and the conduct and deportment of all students during the time that they are under the supervision of the Board of School Directors and teachers, including the time necessarily spent coming to and returning from school.</p> <p><u>Reasonable Suspicion Standard</u></p> <p>Individualized searches of public school students conducted by school officials are subject to a reasonable suspicion standard under Article 1, Section 8 of the Pennsylvania Constitution.</p> <p>Further, the adoption of a reasonable suspicion standard for individualized school searches under our state constitution does not undermine the emotional development of students; to the contrary, such standards promote the well-being of the youth of the Commonwealth. First and foremost, this standard demonstrates to students that the law recognizes they have a legitimate privacy interest while attending school; however, it also reminds them that no rights are without limit.</p> <p>Alcohol, drugs and violence detrimentally affect the safety, security and education of Pennsylvania school students. Consequently, any privacy interest which a student has or may expect must be balanced against the need to maintain order and diplomacy in school. The adoption of reasonable suspicion standards signals to students that the law of the Commonwealth will not tolerate the presence of drugs, alcohol or weapons on school property.</p>
<p>3. Guidelines</p>	<p><u>Requirements</u></p> <p>No member of a cocurricular program and no student who has been given permission by the school officials to drive to school and has been issued a school parking permit shall have a breath alcohol concentration of 0.02 or higher, and no student who has been given permission by school officials to drive to school and has been issued a school parking permit shall use any controlled substance, as verified by the testing of a urine sample. Cocurricular students shall notify the sponsor of their cocurricular program if they are taking any therapeutic drugs and shall supply a</p>

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written certification from the physician prescribing the drug that the substance will not adversely affect the student's ability to safely and effectively participate in the cocurricular program. Student drivers shall provide the same notice and documentation to the school principal.

No student shall refuse to submit to an alcohol or controlled substances test required under this policy. Such refusal includes, by way of example and not limitation:

1. A student's failure to provide adequate breath for testing without a valid medical explanation after s/he has received notice of the requirement for breath testing in accordance with this policy.
2. A student's failure to provide adequate urine for controlled substances testing without a valid medical explanation after s/he has received notice of the requirement for urine testing in accordance with this policy.
3. A student's conduct that clearly obstructs the testing process. Any attempt by a student to adulterate a sample shall be treated as conduct that clearly obstructs the testing process.

Testing shall take place when the student is at school, when the student is participating in the cocurricular program, or otherwise as designated by this policy.

Scope

This policy shall apply to students participating in cocurricular programs in the district's secondary schools, middle schools and high schools, and voluntary at the elementary grades, and those who have been given permission by school officials to drive to school and/or have been issued a parking permit. Cocurricular participation shall include all interscholastic athletics, clubs, and other activities in which students participate on a voluntary basis and for which credit is not awarded toward meeting graduation requirements. A list of the cocurricular activities in a school shall be available from the principal.

There shall be four (4) types of tests: random testing; reasonable suspicion testing; return-to-activity testing; and follow-up testing.

Random Testing –

Random testing shall be conducted on a monthly basis for the cocurricular and driving students. The students selected for testing shall be chosen at random. Selection shall be by a scientifically valid method. Each student shall have an equal

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chance to be selected with each random sampling. Random testing shall be unannounced and spread reasonably throughout the year. When the student is notified that s/he has been selected, the student shall proceed to the test site immediately.

Reasonable Suspicion Testing –

Reasonable suspicion testing shall be conducted when the sponsor of the cocurricular activity or Student Assistance Program team member has reasonable suspicion that a cocurricular student or student with driving privileges and/or a school parking permit is using or has used alcohol or controlled substances in violation of this policy. Reasonable suspicion shall be based on specific, contemporaneous, articulable observations of appearance, behavior, speech or body odors when the student is at school, at a school-sponsored event, or taking part in the cocurricular program. The alcohol test shall be conducted as soon as possible after observation, but no more than eight (8) hours after observation. If the test is not conducted within two (2) hours of the observation, records shall be kept stating why the testing was not performed within two (2) hours. A written record of observations shall be made and, in the case of controlled substance testing, the report shall be made within twenty-four (24) hours or before the release of the test results, whichever is earlier.

Reasonable suspicion will include students not participating in an activity and will include students in grades 4-12.

Return-To-Activity Testing –

Return-to-activity testing shall be required before a student is allowed to return to participation in a cocurricular activity or to resume driving to school after having violated any of the prohibitions in this policy relating to drug and alcohol use. The alcohol test shall show a result of less than 0.02 in order for the student to return to the cocurricular activity or to resume driving privileges. A controlled substances test shall be negative.

Follow-Up Testing –

Follow-up testing shall be required when any cocurricular student or student with driving privileges is in need of assistance in resolving problems associated with the use of alcohol and/or controlled substances as determined by a substance abuse professional, and shall be subject to unannounced testing as directed by the substance abuse professional. When required, a student may be tested a number of times.

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Procedures

As a prerequisite for joining and becoming a member of a cocurricular program and for the privilege of driving to school and/or obtaining a school parking permit, a student shall consent to testing for alcohol and controlled substances. Prior to admittance to each cocurricular program and to the receipt of driving privileges in a school year, a contract shall be signed authorizing the school district to collect urine and breath samples. The contract shall be signed by a parent/guardian of a student. A contract shall be in effect for only (1) school year.

Testing shall be conducted according to established protocol. Breath alcohol testing shall be conducted by a certified Breath Alcohol Technician using an instrument approved by the National Highway Safety Administration as an evidential breath testing device. A breath alcohol concentration of 0.02 or higher shall be followed by a confirmation test at least fifteen (15) minutes after the screening test. Prior to conducting the confirmation test, the Breath Alcohol Technician shall obtain an air blank registering 0.000. Following the confirmation test, the student shall be given a printout of confirmation results, which shall be identified with a unique, sequential confirmation test number.

Urine samples shall be collected by trained medical personnel in a manner that balances the values of privacy and confidentiality with the accuracy of the tests. Tests shall utilize the split sample method and a laboratory which follows procedures required by the Substance Abuse and Mental Health Service Administration. The laboratory's chain of custody procedures shall be followed. There shall be an initial screening test using an immunoassay test. All specimens identified as positive in the initial screening test shall then be subject to a confirmation test using a gas chromatography/mass spectrometry technique. If the confirmation test is positive, the results shall be submitted to a medical review officer. The medical review officer shall conduct a review of the test to determine the existence of possible alternative medical explanations for the positive results. This review may include a medical interview and review of the student's medical history, or review of other biomedical factors and medical records. The medical review officer shall give the student or the student's parent/guardian an opportunity to discuss a positive test result.

When a medical review officer's services are used, the principal shall:

1. Make reasonable efforts to contact each student who submitted a specimen under this policy or the student's parent/guardian and to request that they discuss the results of the controlled substances test with the medical review officer who has been unable to reach the student or parent/guardian.

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2. Notify the medical review officer within twenty-four (24) hours that the student or parent/guardian has been notified to contact the medical review officer. If the medical review officer believes that there is no adequate alternative explanation for the positive result, the positive result shall be reported to the building administrator, who shall forward the report to the student's principal. The test shall be reported as negative if a negative finding is found on the initial screening test, through the confirmation test, or through a determination by the medical review officer. Within three (3) days of notice of a positive result, the student or the student's parent/guardian may request a retest of the split sample that was retained.

In order to ensure the accuracy of the tests, samples shall be collected at the nurse's office within the school building. Specified control forms shall be utilized to ensure accurate identification of the sample and chain of custody. Techniques shall be adopted to prevent tampering. A certified laboratory shall be used for the tests.

Alcohol testing shall be conducted by a trained Breath Alcohol Technician using an evidential breath testing device approved by the National Highway Traffic Safety Administration. Alcohol testing shall be conducted in a location selected for its visual and aural privacy for the student being tested. If a test result is 0.2 or higher, a confirmation test shall be performed at least fifteen (15) minutes later. The results of the confirmation test shall control whether the test is deemed positive or negative. The Breath Alcohol Technician shall transmit all results to the school principal in a confidential manner.

All costs with the random testing shall be paid by the school district. The principal shall recommend the actions necessary to ensure that the school district can perform the testing described in this policy and has the services of a qualified medical review officer, a qualified substance abuse professional, and a certified laboratory. The testing lab will be instructed to test for one (1) or more illegal drugs. Testing for controlled substances shall focus on a set of drugs selected by the school nurse, in consultation with the secondary principals, who shall decide which illegal drugs will be screened, but in no event shall that determination be made after selection of students for testing. Student's samples will not be screened for the presence of any substances other than an illegal drug or for the existence of any physical condition other than drug intoxication. An example of an appropriate set of drugs is the following group: marijuana; cocaine, to include crack; opiates, to include heroin and codeine; amphetamines, to include speed; phencyclidine, to include PCP and angel dust; barbiturates; benzodiazepines; methaqualone; methadone; and propoxyphene. The results of the tests for alcohol and drugs shall be disclosed only to the student,

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his/her parents/guardians, and a limited class of school personnel who have a need to know; Athletic Director; the principal; the student assistance team; the substance abuse professional who works with the student; the guidance counselor, the coach and/or advisor; otherwise known as the implementation committee. These school representatives shall protect the confidentiality of test results.

Penalties

If the student tests positive for alcohol or controlled substances, the following responses shall be activated:

1. The principal or his/her designee shall hold a parental conference to discuss the results of the testing.
2. The student shall participate in the Student Assistance Program. The student shall participate in a drug/alcohol assessment with a certified drug and alcohol evaluator. Failure to comply with the evaluator's recommendations shall result in dismissal from cocurricular activities, the loss of driving privileges to school and forfeiture of a school parking permit.
3. Consequences for Violating The Drug/Alcohol Policy or Testing Positive – No student participating in this testing program shall be penalized academically for testing positive for illegal drugs. The results of drug tests pursuant to this policy will not be documented in any students' academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the district shall not solicit. In the event of service of any such subpoena or legal process, the student and the custodial parent or legal guardian will be notified at least seventy-two (72) hours before a response is made by the district.

The records of all students who tested negative will be destroyed at the end of the school year. Only the records of those students who tested positive and whose penalties transcend the school year into subsequent school years shall have their records maintained.

a. **First Offense –**

The student participant will be suspended for thirty (30) calendar days from the sport or activity(ies) and parking privileges. The student will also be referred to a licensed facility for drug assessment. Participation is contingent upon the student following through and complying with the facility's

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recommendation. The student will also be required to submit weekly urine specimens, via the vendor, for five (5) weeks. The expenses of the assessment and the five (5) weekly drug tests will be incurred by the parent/guardian. The student will also be referred to the SAP team of the appropriate building and receive an appropriate educational program.

b. The Second Offense Within A Six-Year Time Period -

The student participant will receive a suspension of both athletic or activity(ies) and driving privileges for one (1) calendar year. The student will also be referred to a licensed facility for a drug assessment. Participation is contingent upon the student following through and complying with the facility's recommendation. The student will also be required to submit weekly urine specimens, via the vendor, for five (5) weeks. The expenses of the assessment and the five (5) weekly drug tests will be incurred by the parent/guardian. The student will also be referred to the SAP team of the appropriate building and receive an appropriate educational program.

c. The Third Offense Within A Six-Year Time Period -

The student participant will receive a permanent suspension of driving privileges as well as a permanent suspension from any sport or activity(ies). The student will also be referred to a licensed facility for a drug assessment. The student will also be referred to the SAP team of the appropriate building.

4. If any cocurricular student or student with the driving privilege and/or a school parking permit at any time refuses to submit a urine or breath sample for testing in accordance with this policy, the refusal shall be treated as an offense. Any covered student who attempts to obstruct the testing process, for example by adulterating a sample, shall be treated as having received a positive test result.
5. Since the presence of any prohibited substance does not necessarily mean that the student was in possession or under the influence of such substance on school premises, such detection shall not result in suspension or expulsion from school. School district and school-based policies relating to the use, possession, or distribution of illegal substances on school premises, on school buses and at school-sponsored events shall remain unaffected by this policy.

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6. No student shall be penalized academically for testing positive for alcohol or illegal drugs. The results of alcohol and drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of alcohol and drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the district shall not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent or legal guardian will be notified at least seventy-two (72) hours before a response is made by the district.

Prohibition Of Over-The-Counter Sports Enhancing Supplements

There exist several over-the-counter products known as sports enhancing supplements. The purpose of those supplements are to assist an athlete, enhance his/her overall physical development, and some are designed to enhance a specific athletic event.

The Union School District wants to be clear in conveying the thought that the use of any supplement(s) or product(s) designed to enhance performance is not endorsed or condoned. It is our hope that parents/guardians will support our view that the use of such supplements should be prohibited.

As a means of conveying our opinions on the topic, our coaches, trainers and health teachers shall, through our curriculum and annual team orientations, address the issue with our students. The message we want to convey to our students is that preparation for athletic performance is best served through a proper and well-balanced nutritional diet and appropriate physical activity designed by our coaches, trainers and weight room supervisors.

References:

School Code – 24 P.S. Sec. 510

Board Policy – 122, 123, 223, 227

UNION SCHOOL DISTRICT
354 BAKER ST., STE. 2
RIMERSBURG, PA 16248

DRUG AND ALCOHOL TESTING POLICY
GENERAL AUTHORIZATION FORM

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Union School District Policy #227.1 - Drug/Alcohol Testing For Cocurricular Activity(ies) Participation, Driving And Parking Permit Privileges.

I also authorize Union School District to conduct a test on a urine or breath sample which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Union School District and to the parents/guardians of the student.

This shall be deemed a consent pursuant to the Family Educational Right and Privacy Act for the release of the above information to the parties named above.

Student Signature

Date

Parent/Guardian Signature

Date