

# Paola Middle School Physical Packet

**Important:** Physicals must be dated after **5/1/2024** for the 2024-2025 school year.

**PPE** - this form should be filled out, signed by the student and parent, and taken to your doctor when you get your physical.

**Eligibility** - this form is required for eligibility. Please answer all the questions and both the student and parent need to sign.

**Concussion** - please read over this form and both the student and parent need to sign that you understand our concussion protocol.

**Proof of Insurance** - please verify you have had no changes to your insurance (please notate any changes) and the parent needs to sign. (Note: If you do not have insurance, please, sign the second parent signature line and see Amy Tucker in the office for a school insurance packet.)

**Medical Consent Form** - please make changes and choose 2 people (not a parent or guardian) as Emergency Contacts-these people will only be contacted if the parents or guardians are not available. Parent signature at the bottom of this page ensures and is required so that USD 368 employees have permission to treat your child in the event of an emergency and you cannot be contacted.

**Students are not eligible to participate in practices or events until this packet is filled out in its entirety and is turned in to the Paola Middle School athletic office. There are 5 required parent signatures and 2 required student signatures. Please return this packet to the PMS office at your earliest convenience for processing.**

## **Pay to Participate Fee**

**The Paola School District collects a Pay-to-Participate fee that includes all students participating in an activity requiring a physical.**

### **Details:**

\*Every student participating in a school activity that requires a physical will pay the annual \$50 fee. *This is a one-time fee and not a per activity fee.*

\*The \$50 fee needs to be a separate payment payable to: Paola Middle School and turned into the middle school office. You can also pay the fee in Infinite Campus.

\*Once your child has committed to a team and begun practice, this fee will not be refunded if the child chooses to withdraw from the roster.

**This fee must be collected prior to your child participating in a game.**



**Paola Middle School Panthers**  
405 N. Hospital Dr.  
Paola, KS 66071  
913-294-8030

# PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

## STUDENTS/PARENTS

1.  Complete the History Form (pages 1 & 2) and the top section of the Medical Eligibility Form (page 4) PRIOR to your appointment with your healthcare provider.
2.  Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
3.  Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
4.  Review and sign the Concussion and Head Injury Release Form provided by the school.

## HEALTHCARE PROVIDERS

1.  Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2.  Review the Physician Reminders at the top of page 3 and complete the Physical Examination Form.
3.  Review the Student Information at the top of page 4, complete the Medical Eligibility Form, AND SIGN page 4.

***The PPE form becomes part of the student's record at their school and should not be sent to the KSHSAA.***

## SCHOOL ADMINISTRATORS AND SCHOOL MEDICAL PERSONNEL

1.  Collect the completed PPE forms with the appropriate signatures on pages 4 & 5. **ONLY** personnel with a medical or educational need to review this information should have access to the PPE form. Forms should be kept secure and confidential at all times. The PPE should **NOT** be collected by coaches at practice.
  2.  Based on your school's policy, determine which medical personnel or administrative staff are responsible to review and disseminate the student's medical information provided on the form. [Ensure Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) compliance]\*
  3.  Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
  4.  Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.
- \* Schools should have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

**NOTE: When providing PPE information to the school, the parent/guardian may choose to turn-in the complete PPE or pages 4 & 5 only.**

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.





# PRE-PARTICIPATION PHYSICAL EVALUATION

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

Pages 1-4 are adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

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

Name	Date of Birth	Age	*Sex at Birth
Grade	School	Sport(s)	
Home Address		Phone	
Personal Physician		Parent Email	

\*In cases of disorder of sexual development (DSD), designation of sex at birth may be delayed for a period of time until medical providers and family can make the appropriate determination.

**Students and parents/guardian should complete pages 1-2 together. Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.**

GENERAL QUESTIONS:	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU:	YES	NO
5. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY:	YES	NO
12. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>
BONE AND JOINT QUESTIONS:	YES	NO
15. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury that required x-rays, MRI, CT scan, injections or therapy?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had any injuries or conditions involving your spine (cervical, thoracic, lumbar)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you regularly use, or have you ever had an injury that required the use of a brace, crutches, cast, orthotics or other assistive device?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you have a bone, muscle, ligament, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have any history of juvenile arthritis, other autoimmune disease or other congenital genetic conditions (e.g., Downs Syndrome or Dwarfism)?	<input type="checkbox"/>	<input type="checkbox"/>

**KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Explain all Yes answers here from the previous two pages

**Parents/Students: Complete the Medical Eligibility Form (page 4) and the KSHSAA Eligibility Checklist (page 5).**

**KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION**

**PHYSICAL EXAMINATION FORM**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Date of recent immunizations: Td \_\_\_\_\_ Tdap \_\_\_\_\_ Hep B \_\_\_\_\_ Varicella \_\_\_\_\_ HPV \_\_\_\_\_ Meningococcal \_\_\_\_\_

**PHYSICIAN REMINDERS**

- Review the health history on pages 1 & 2 AND the student information section on page 4, prior to the exam.**
- Consider additional questions on more sensitive issues**
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?  
During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?  
Have you ever taken anabolic steroids or used any other performance enhancing supplement?  
Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet and adhere to safe sex practices?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).**
- Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.**
- Per Kansas Statute, students indicated as biological male at birth may not participate on girls teams.**

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (reference gender/height/age chart)**** / ( / ) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance — Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Eyes/ears/nose/throat — Pupils equal, Gross Hearing			
Lymph nodes			
Heart * — Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)			
Pulses — Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Skin --- Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis			
Neurological****			
Genitourinary (optional-males only)**			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional — e.g. double-leg squat test, single-leg squat test, and box drop or step drop test			

\*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. \*\*Consider GU exam if in appropriate medical setting. Having third party present is recommended. \*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. \*\*\*\*Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

**Healthcare Providers: You must complete the Medical Eligibility Form on the following page.**

**KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION**

**MEDICAL ELIGIBILITY FORM - PARENT/STUDENT SECTION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex at Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
 Emergency Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

STUDENT INFORMATION	YES	NO		YES	NO
Do you have any current or past medical conditions in which the school should be aware?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a heat stroke, or become sick while exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you use an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any cardiac/heart issues?	<input type="checkbox"/>	<input type="checkbox"/>	Do you or a family member have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Are you missing any organs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently taking any prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you take insulin?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently taking any nutritional supplements?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "YES" answers above:

**HEALTHCARE PROVIDER SECTION**

- Medically eligible for all sports without restriction.
- Medically eligible for all sports without restriction. **Recommend further evaluation/treatment (see comments below\*).**
- Medically eligible for certain sports (see comments below\*).
- Not medically eligible for any sports.  Not medically eligible for any sports pending further evaluation (see comments below\*).

\*Comments/Recommendations:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I have reviewed all patient information provided and completed the preparticipation physical examination of the student named on this form. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).*

Name of healthcare provider (print or type): \_\_\_\_\_ Date of Examination: \_\_\_\_\_  
 Signature of healthcare provider: \_\_\_\_\_ MD, DC, DO, PA, C, APRN \_\_\_\_\_  
 Provider address: \_\_\_\_\_ Provider phone: \_\_\_\_\_

**PARENT OR GUARDIAN CONSENT:**

*To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform this examination by their state's law and licensing body, or an advanced practice registered nurse who has been authorized to perform this examination by their state's law and licensing body, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.*

*I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I understand that any false or misleading information provided as part of this exam could result in disqualification from activity participation for my child and my child's teams. I approve participation in activities. I hereby authorize release to my child's medical providers, school medical personnel (whether employee or independent contractor of the school), school administration, school coaches, and KSHSAA the information contained in this document. I acknowledge I may choose to only submit to my child's school this medical eligibility page in lieu of the entire history and physical exam document. Upon written request, I may receive a copy of this document for my own personal health care records.*

*I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.*

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE  
FORM  
2024-2025**

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

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents, and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

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

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

## **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

### **Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

### **Return to Practice and Competition**

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

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



**PRIVATE HEALTH INFORMATION - KEEP CONFIDENTIAL**

**ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

**NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:**

**BEGINNING SEVENTH GRADER**—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

**BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL**—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

**ENTERING HIGH SCHOOL FOR THE FIRST TIME**—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

**For Middle/Junior High and Senior High School Students to Retain Eligibility**

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at [www.kshsaa.org](http://www.kshsaa.org).

**Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.**

**Rule 7 — Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.

**Rule 14 — Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.

**Rule 15 — Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.

**Rule 16 — Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.

*NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.*

**Rule 17 — Age Requirements**—Students are eligible if they are not 19 years of **age (16, 15 or 14 for junior high or middle school student)** on or before August 1 of the school year in which they compete.

**Rule 19 — Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.

**Rules 20/21 — Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.

**Rule 22 — Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.

*NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.*

**Rule 25 — Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.

**Rule 26 — Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.

**Rule 30 — Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

**For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling**

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

- | YES                         | NO                       |   |
|-----------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in <b>good standing</b> in school? (If there is a question, your principal will make that determination.)   |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Did you <b>pass at least five new subjects (those not previously passed)</b> last semester? ( <i>The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.</i> )                              |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to <b>enroll in at least five new subjects (those not previously passed)</b> of unit weight this coming semester? ( <i>The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.</i> ) |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Did you <b>attend</b> this school or a feeder school in your district last semester? ( <i>If the answer is "no" to this question, please answer Sections a and b.</i> )   |
| <input type="checkbox"/>    | <input type="checkbox"/> | a. Do you reside with your parents?   |
| <input type="checkbox"/>    | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center?   |

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

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of student \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

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

**NAME**

**SPORT(S)**

**PAOLA MIDDLE SCHOOL STUDENT PROOF OF INSURANCE FORM  
2024-2025**

**STUDENTS WHO PARTICIPATE IN ATHLETICS ARE REQUIRED TO HAVE INSURANCE.**

*\*\*\*This sheet, along with a current physical examination form, must be on file with the Athletic Director's office before participation will be allowed.*

**student/athlete is covered by our family insurance plan,  
and DOES NOT wish to participate in the School Plan.**  
(Print Student Name)

→	<b>Insurance Company</b>		<b>Policy Number</b>
→	<b>Parent's Signature</b>		<b>Date</b>

If you would like to participate in the school insurance plan in addition to your family plan,  
YOU MAY OBTAIN ADDITIONAL INFORMATION BY CALLING STUDENT ASSURANCE SERVICES  
at 1-800-328-2739 or 1-651-439-7098  
STUDENT ASSURANCE SERVICES, INC., PO BOX 196, STILLWATER, MN 55082  
YOU MAY OBTAIN AN ENROLLMENT FORM FROM THE PAOLA MIDDLE SCHOOL  
OFFICE.

**IS NOT COVERED BY OUR FAMILY INSURANCE.**  
(Print Student Name) **We must participate in the school plan.**

**TO ENROLL: OBTAIN AN ENROLLMENT FORM FROM THE PAOLA MIDDLE SCHOOL OFFICE.**

→	<b>Parent's Signature</b>		<b>Date</b>
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Enrollment date: \_\_\_\_\_

*For students who are not covered by a family policy, or who need additional coverage, Student Assurance Services will provide at a nominal cost the following insurance.*

*Coverage is not effective until enrollment form is received by the school.*

**THE INSURANCE PLAN IS A MINIMUM COVERAGE POLICY TO HELP OFFSET THE HIGH COST OF MEDICAL CARE! PLEASE READ THE BENEFIT OPTIONS VERY CAREFULLY!**

*\*\*\* obtain additional information and enrollment form in school office \*\*\**

**Below is a cost break down -- to enroll, obtain a form from the PMS office.**

**STUDENT ASSURANCE SERVICES  
PO Box 196, Stillwater, MN 55082  
(800)328-2739/(651)439-7098**

Interscholastic Sports coverage options are:	Annual Premium
Full time Coverage 7-12 w/Interscholastic Sports-NO FB	\$174
School time coverage 7-12 w/Interscholastic Sports-NO FB	\$91
Football Coverage Grades 9-12 only <small>(Major Expense Benefit will NOT apply)</small>	\$250
Extended Dental Coverage PK-12	\$9

**All Prices are Subject to Change  
To enroll - obtain form from school office.**



# MEDICAL CONSENT FORM

USD 368 Paola, KS

Paola High School ~ 401 North Angela Dr.  
Paola Middle School ~ 405 North Hospital Dr.  
(To be filled out by all students participating in Athletics/Activities)

Student Name: \_\_\_\_\_ Student Cell/Provider: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the sponsor/school official to provide the needed emergency treatment to the student prior to his admission to the medical facilities.

## EMERGENCY INFORMATION

Guardian 1 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Guardian 2 Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### Emergency Contact

*(someone other than parent or guardian)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Ins. Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Family Physician Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Signature of Parent or Guardian

Date