



# Junction City High School

900 N. Eisenhower – Junction City, KS 66441

Phone 785.717.4214 - Fax 785.717.4202

Matt Westerhaus – Athletic Director / Deb Lumb - Athletic Dept. Secretary



## 2017-18 ATHLETIC PACKET

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Students 19 after Sept. 1st must submit age hardship to KSHSAA.  
(If applicable, please set up meeting with Athletic Director)

Sport(s): \_\_\_\_\_

A student will **not** be eligible to participate (games, practice, tryouts) in any sport without clearance from the Athletic Department. **ALL MATERIALS MUST BE COMPLETED AND RETURNED TO THE ATHLETIC OFFICE, ROOM 102 AT JCHS.** Students must complete all paperwork and meet all eligibility requirements to participate in sports at JCHS.

\_\_\_\_ 1. Read KSHSSA and JCHS ELIGIBILITY GUIDELINES – Page 2.

\_\_\_\_ 2. Complete PHYSICAL FORM – Pgs. 3-6

Front page must be completed by parent/guardian and student prior to examination by physician. An MD, DO, DC, PA-C, APRN must complete and sign page 3. Student and parent must read and sign pages 4-6. The KSHSAA requires that a physical form be on file at the school before participating. Completed physical forms are good for the current year only and must be signed and dated after **May 1, 2017**.

\_\_\_\_ 3. Complete ASTHMA ACTION PLAN with physician. (Only for those students diagnosed with Asthma) Pg. 7 & 8

\_\_\_\_ 4. Read/Sign RANDOM DRUG TESTING CONSENT FORM- Pg. 9 & 10 / Read CODE OF CONDUCT – Pgs. 15-18.

\_\_\_\_ 5. Read/Sign CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM. Pg. 11 & 12  
Both student and parent/guardian must read and sign this form prior to participation.

\_\_\_\_ 6. Read/Sign GEARY COUNTY USD 475 – ACTIVITY PARTICIPATION FORM. Pg. 13

**Students and Parents should read and indicate they understand the items addressed on our participation form.**

- A. Student Information
- B. Insurance Information
- C. Agreement to obey instructions and acknowledgement of risk –  
Minimizing risk video available at [www.kshsaa.org](http://www.kshsaa.org) – click on Sports Medicine & Safety tab
- D. Medical Authorization
- E. Code of Conduct and acknowledgement of expectations

**TRANSFER STUDENTS:** Reminder.... if you are a new student to the school district and want to participate in Activities/Athletics you **MUST** come to the Athletic Director's office and fill out transfer papers to become eligible.

**DETERMINING ELIGIBILITY** – The student-athlete must meet all requirements as it relates to the Kansas State High School Activities Association (KSHSAA): [www.kshsaa.org](http://www.kshsaa.org) and JCHS. See page 8 for general guidelines.

\*\*\*New students to Junction City High School, wishing to try out for an athletic team after the season has started will have an opportunity to do so if they meet all requirements listed above and the season is not nearing completion. New students wishing to do so should visit the athletic department room 102 to speak with the Athletic Director and the head coach of the sport they are interested in.

**New to District:** Y \_\_\_\_\_ N \_\_\_\_\_ **Enrollment date** (\_\_\_\_/\_\_\_\_/\_\_\_\_)

**Last school attended:** \_\_\_\_\_

**Age Hardship:** Y \_\_\_\_\_ N \_\_\_\_\_ (\_\_\_\_/\_\_\_\_/\_\_\_\_)

## **GENERAL KSHSAA ELIGIBILITY GUIDELINES**

The guidelines listed below are written in general terms and are a summary of some of the KSHSAA eligibility rules. More detailed explanations of these rules and guidelines can be found in the KSHSAA manual or can be accessed through the KSHSAA website at [www.kshsaa.org](http://www.kshsaa.org). Coaches and administrators are expected to be familiar with the rules of eligibility. If there are questions about eligibility, inquiries should be directed to the JCHS Athletic Director.

### **SCHOLARSHIP:**

A student must have passed at least five new subjects (those not previously passed) of unit weight, or its equivalency, the previous semester or the last semester of attendance.

### **ENROLLMENT:**

A student must be enrolled in and be attending a minimum of five new subjects (those not previously passed), of unit weight, or its equivalency, during the current semester.

### **TRANSFERS:**

A student who makes a bona fide move with his/her parents to a new permanent residence within the boundary of the school to which the student transfers is immediately eligible as it relates to the transfer rule.

A student changing school without an accompanying move on the part of his/her parents will be ineligible for interscholastic extracurricular activities for 18 weeks beginning with the first day of attendance.

### **OUTSIDE COMPETITION:**

A student who is a member of a school athletic squad effective Tuesday following Labor Day through Friday preceding Memorial Day may not participate as a member of an outside team or as an independent competitor in the same sport during the same season. Participation with an outside group may make the student ineligible for the remainder of that sport season.

### **CLINICS:**

A student cannot participate in group training/practice sessions, clinics, or tryouts held by outside agencies in a sport while he/she is a member of a school athletic team in that identical sport. A group is defined as two or more students receiving instruction from an instructor during the same period of instruction. A student may receive private instruction at any time during the year. Private instruction is defined as one student receiving instruction from one person during the period of instruction.

## **GENERAL JCHS ELIGIBILITY GUIDELINES**

In order for a student to be eligible to participate in KSHSAA activities at Junction City High School the student must be a bona fide undergraduate member of that school and in "good standing".

Junction City High School's definition of a student in "good standing" is, but not limited to, the following:

- A student must not be under penalty of suspension or be a student whose character or conduct brings discredit to the school as determined by building administration.
- A student shall have passed at least five new subjects (those not previously passed) of unit weight, or its equivalency, the previous semester or last semester of attendance. Credit recovery courses will not be allowed to be used for the purpose of becoming eligible at semester.
- A student must be enrolled in and attending a minimum of five new subjects (those not previously passed). Credit recovery courses do not count towards the minimum of five new subjects.
- A student must be on grade level as defined by JCHS graduation requirements. JCHS administration will address transfer students on an individual basis.
- A student may not enter into step 2 of the truancy process.
- A student must meet all other KSHSAA requirements regarding eligibility.
- A student-athlete must also comply with expectations set forth in the "Athletic Code of Conduct".

In addition to Junction City High School's definition of a student in "good standing", a head coach/lead sponsor may establish additional expectations that define a student in "good standing" for their program.



# Pre-Participation Physical Evaluation

# PPE

Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329

## HISTORY FORM (should be filled out by the student and parent/guardian prior to the physical examination)

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Personal physician \_\_\_\_\_ Parent Email \_\_\_\_\_

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

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking: \_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below: \_\_\_\_\_  No Medications

Medicines  Pollens  Food  Stinging Insects

What was the reaction? \_\_\_\_\_

Explain "Yes" answers below. Circle questions you don't know the answers to.

General Questions	Yes	No	Medical Questions	Yes	No
1. Have you had a medical condition or injury since your last check up or sports physical?			27. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Has a doctor ever denied or restricted your participation in sports for any reason?			28. Have you ever used an inhaler or taken asthma medicine?		
3. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			29. Is there anyone in your family who has asthma?		
4. Have you ever spent the night in the hospital?			30. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
5. Have you ever had surgery?			31. Do you have groin pain or a painful bulge or hernia in the groin area?		
<b>Heart Health Questions About You</b>			<b>Heart Health Questions About Your Family</b>		
6. Have you ever passed out or nearly passed out DURING or AFTER exercise?			14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
7. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
8. Does your heart ever race or skip beats (irregular beats) during exercise?			16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
9. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
10. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			<b>Bone And Joint Questions</b>		
11. Do you get lightheaded or feel more short of breath than expected during exercise?			18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
12. Have you ever had an unexplained seizure?			19. Have you ever had any broken or fractured bones or dislocated joints?		
13. Do you get more tired or short of breath more quickly than your friends during exercise?			20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
<b>Heart Health Questions About Your Family</b>			21. Have you ever had a stress fracture?		
14. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
15. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			23. Do you regularly use a brace, orthotics, or other assistive device?		
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			24. Do you have a bone, muscle, or joint injury that bothers you?		
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			25. Do any of your joints become painful, swollen, feel warm, or look red?		
<b>Bone And Joint Questions</b>			26. Do you have any history of juvenile arthritis or connective tissue disease?		
18. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			<b>Females Only</b>		
19. Have you ever had any broken or fractured bones or dislocated joints?			53. Have you ever had a menstrual period?		
20. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			54. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularly, pain, etc.)?		
21. Have you ever had a stress fracture?			55. How old were you when you had your first menstrual period?		
22. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			56. How many periods have you had in the last 12 months?		
23. Do you regularly use a brace, orthotics, or other assistive device?			Explain "yes" answers here		
24. Do you have a bone, muscle, or joint injury that bothers you?			_____		
25. Do any of your joints become painful, swollen, feel warm, or look red?			_____		
26. Do you have any history of juvenile arthritis or connective tissue disease?			_____		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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# Pre-Participation Physical Evaluation

# PPE

Kansas State High School Activities Association • 601 SW Commerce Place • PO Box 495 • Topeka, KS 66601 • 785-273-5329

## PHYSICAL EXAMINATION FORM

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

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

### PHYSICIAN REMINDERS

1. 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, 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 supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt and use a helmet?
2. Consider reviewing questions on cardiovascular symptoms (questions 6-17).

EXAMINATION						
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	I	BP (corrected for height/age)	/	( / ) 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, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						
Eyes/ears/nose/throat • Pupils equal • Gross Hearing						
Lymph nodes						
Heart * • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)						
Pulses • Simultaneous femoral and radial pulses						
Lungs						
Abdomen						
Genitourinary (males only)**						
Skin • HSV, lesions suggestive of MRSA, tinea corporis						
Neurologic***						
MUSCULOSKELETAL						
Neck						
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/fingers						
Hip/thigh						
Knee						
Leg/ankle						
Foot/toes						
Functional • Duck-walk, single leg hop						

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. \*\*Consider GU exam if in private setting. Having third party present is recommended. \*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared

Pending further evaluation

For any sports

For certain sports \_\_\_\_\_

\*Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and student history and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of healthcare provider (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of healthcare provider \_\_\_\_\_ MD, DO, DC, PA-C, APRN  
(please circle one)

## ATTENTION PARENTS AND STUDENTS

### KSHSAA ELIGIBILITY CHECK LIST

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

**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 to be 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 and is available at your school principal's office.

**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 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 September 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 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.

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Student's Name \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

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 the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, 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.

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.

## Parent or Guardian Consent

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 approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer, school administrators, coach and medical provider of information contained in this 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.

**The above named student and I have read the  
KSHSAA Eligibility Check List  
and how to retain eligibility information listed in this form.**

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

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.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Grade

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# Kansas Asthma Action Plan

Student Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Primary Care Provider \_\_\_\_\_ Phone: \_\_\_\_\_

## Daily Medication

This is the student's daily medicine plan: <ul style="list-style-type: none"> <li>The student has no asthma symptoms.</li> <li>The student can do usual activities.</li> <li>The student can sleep without symptoms</li> </ul>	<input type="checkbox"/> Albuterol/Xopenex inhaler 2 puffs or 1 dosage nebulizer treatment every 4-6 hours <b>as needed</b> for wheezing/cough <input type="checkbox"/> Albuterol/Xopenex inhaler 2 puffs or 1 dosage nebulizer treatment 15-20 minutes before exercise, <b>only if needed</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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## Asthma Emergency Plan – What to do for increased asthma symptom

Do this <b>first</b> when asthma symptoms occur:	Have the student take rescue inhaler 2 puffs OR one nebulizer treatment every 20 minutes up to 3 times. This is a <b>test dose</b> to see if the student's asthma improves with Albuterol/Xopenex.	<b>Trigger List:</b>
<b>What to do next:</b>	<b>When to do it:</b>	<input type="checkbox"/> Chalk Dust <input type="checkbox"/> Cigarette Smoke <input type="checkbox"/> Colds/Flu <input type="checkbox"/> Dust or dust mites <input type="checkbox"/> Stuffed animals <input type="checkbox"/> Carpet <input type="checkbox"/> Exercise <input type="checkbox"/> Mold <input type="checkbox"/> Ozone alert days <input type="checkbox"/> Pests <input type="checkbox"/> Pets <input type="checkbox"/> Plants, flowers, cut grass, pollen <input type="checkbox"/> Strong odors, perfume, cleaning products <input type="checkbox"/> Sudden temperature change <input type="checkbox"/> Wood smoke <input type="checkbox"/> Foods: _____ _____ <input type="checkbox"/> Other: _____ _____
<input type="checkbox"/> Have the student return to the classroom <input type="checkbox"/> Notify parents of students need for a quick relief medicine.	<b>Good Response to Test Dose of Albuterol/Xopenex</b> <ul style="list-style-type: none"> <li>The student's symptoms improve after 1-2 treatments.</li> <li>The student no longer has symptoms (wheezing, coughing, shortness of breath, chest tightness.)</li> <li>Student may continue Albuterol/Xopenex every 4 hours for 24-48 hours.</li> </ul>	
<input type="checkbox"/> Contact parent or guardian <input type="checkbox"/> Contact the PCP for step-up medicine <input type="checkbox"/> _____	<b>Incomplete Response to Test Dose of Albuterol/Xopenex</b> <ul style="list-style-type: none"> <li>The student is experiencing mild to moderate symptoms (wheezing, coughing, shortness of breath, chest tightness) after taking 3 treatments.</li> <li>The student cannot do normal school activities</li> </ul>	
<input type="checkbox"/> See emergency medical care in most locations, call 911 <input type="checkbox"/> Call the PCP _____ <input type="checkbox"/> _____ <input type="checkbox"/> NOTE: Wheezing may be absent because air cannot move out of the airways.	<b>Poor Response to Test Dose of Albuterol/Xopenex</b> <ul style="list-style-type: none"> <li>The student does not feel better 20-30 minutes after taking the rescue inhaler.</li> <li>The student has severe symptoms (coughing, extreme shortness of breath, skin retractions between the ribs <b>or</b> at the neck).</li> <li>The student has trouble walking or talking.</li> <li>The student's lips or fingernails are blue.</li> <li>The student is struggling to breathe.</li> </ul>	

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Health Care Provider Signature and Parent Signature required on both sides of form.**

**USD #475**

**Secondary (Grades 6-12 only) Asthma Medication Self-Carry Permission Form**

**MUST COMPLETE BOTH SIDES OF FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Team \_\_\_\_\_ ID# \_\_\_\_\_

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

The above named student has been instructed in and understands the proper use of his/her asthma inhaler. He/she understands the purpose, appropriate method, and the frequency of use of the inhaler.

**Health Care Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

I grant permission for my child to carry and self-administer inhaled asthma medications as prescribed by the health care provider. I will have on file with the school nurse a health care provider completed signed Asthma Action Plan prior to my child being allowed to carry and self-administer inhaled asthma medications.

I agree to release the USD #475 school district and all school personnel from any and all claims to liability for any injury resulting from the self-administration of medication and agreeing to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For School Use Only**

**Contract Between Student and School Nurse for Student Self-Carry Inhaler**

1. Student has demonstrated to the nurse correct use of inhaler.
2. Student agrees to never share the inhaler with another person.
3. Student agrees to go to the nurse if after 2 puffs there is not marked improvement.
4. Student agrees to have the inhaler identified with his/her name on it.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Health Care Provider Signature and Parent Signature required on both sides of form.**



## **Consent to Perform Random Drug Testing**

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the Student Random Drug Testing Policy for USD 475 Geary County Schools as approved by the Geary County USD 475 Board of Education.

We understand that the collection process will be overseen by a qualified vendor.

We understand that any samples will be sent only to a certified medical laboratory for actual testing and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Geary County USD 475 Board of Education, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor, to perform testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by Geary County USD 475 Board of Education, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the building principal or designated official and will also be made available to us.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all KSHSAA activities in which this student might participate during the current school year and remain in effect while attending Junction City High School.

**SIGN THE INFORMED CONSENT AGREEMENT ON THE REVERSE SIDE.**

## Geary County Schools USD 475 Informed Consent Agreement

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please Print)

### AS A STUDENT:

- I understand and agree that participation in KSHSAA activities is a privilege that may be withdrawn for violations as outlined in the **Student Random Drug Testing Guidelines for USD 475 and/or Student Random Drug Testing Policy for USD 475 Geary County Schools**.
- I have read the **Student Random Drug Testing Guidelines for USD 475 and/or Student Random Drug Testing Policy for USD 475 Geary County Schools** and understand the consequences that I will face if I am selected for a random drug test and have a positive test result.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that when I participate in any KSHSAA activity I will be subjected to random drug testing, and if I refuse, I will not be allowed to practice or participate in any KSHSAA activity. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while a student attending Geary County Schools.

\_\_\_\_\_  
(Student Signature) Date \_\_\_\_\_

### AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the **Student Random Drug Testing Guidelines for USD 475 and/or Student Random Drug Testing Policy for USD 475 Geary County Schools** and understand the responsibilities of my son/daughter/ward as a participant in KSHSAA activities in USD 475 Geary County Schools.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in KSHSAA activities.
- I understand that my son/daughter/ward, when participating in KSHSAA activities will be subjected to random drug testing, and if they refuse, will not be allowed to practice or participate in KSHSAA activities. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while my son/daughter/ward is a student attending Geary County Schools.

\_\_\_\_\_  
(Parent/Guardian/Custodian Signature) Date \_\_\_\_\_

\_\_\_\_\_  
(Parent Guardian/Custodian Name - Print)

**Geary County USD 475  
Concussion & Head Injury Information Release Form**

**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.

**Symptoms may include one or more of the following:**

- |  |   |
|--|---|
| <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> |
|--|---|

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

## What can happen if my child keeps on playing with a concussion or returns to 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 athlete 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 an apparent head injury or 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

**Geary County USD 475 – ACTIVITY PARTICIPATION FORM  
Emergency Medical and Insurance Information for Extracurricular Activities**

Student Last Name		Student First Name		Student Initial	Home Address	
Date of Birth	Grade	Student I.D.#	Male / Female	City / Zip	Home Phone	
Parent/Guardian Last Name		Parent/Guardian First Name		Contact Phone	Work Phone	
Parent/Guardian Last Name		Parent/Guardian First Name		Contact Phone	Work Phone	

**\*\*\*\*\*DOCTOR / HOSPITAL INFORMATION\*\*\*\*\***

Family Doctor		Phone		Family Dentist		Phone	
<b>Known Allergies / Other Concerns:</b>							
Hospital Preference		Address				Phone	
Insurance Company Name		Policy Number				Student self carries Asthma Inhaler? Yes      No	

**INSURANCE INFORMATION:** We / I the undersigned parent or legal guardian of the above named student verify that the above-indicated insurance policy is currently in effect, provides medical and health insurance coverage for the above-named student, and will remain in full force and effect at all times the above-named student participates in any extracurricular activity offered by Geary County USD 475 during the current school year. By signing this document, I agree to accept full responsibility for all medical care and treatment, including all expenses incurred for such medical care and treatment, provided to the above-named student as a result of participating in school extracurricular activities. I understand that USD 475 does not provide supplemental insurance for athletics.

**AGREEMENT TO OBEY INSTRUCTIONS AND ACKNOWLEDGEMENT OF RISK:** We / I the undersigned parent or legal guardian of the above named student recognize the importance of following the instructions of coaches and sponsors regarding playing techniques, training and other rules while participating in extracurricular activities. We / I understand that there is a possibility that students may suffer mild, moderate or severe injury, including paralysis or death due to participation in extracurricular activities. We / I further acknowledge any injury incurred may cause lifelong disability to joints, muscles, ligaments, tendons, or any vital organs. We / I also understand that participation in extracurricular activities may involve risk of injury and that some contact sports involve greater risk of injury than other sports. We / I have viewed and/or been given the opportunity to view the At Risk Video (located on athletic department website). Transportation of students to and from practice/events shall be in compliance with board policy and administrative guidelines.

**MEDICAL AUTHORIZATION:** We / I the undersigned parent or legal guardian of the above named student, do hereby give permission to authorized school representatives and/or coaches to act in my absence to authorize any hospital, emergency center, doctor, nurse, athletic trainer, and/or paramedic to provide emergency medical treatment to my child. Further, should the attending physician determine, after examination, that life-saving surgery or other life-saving procedures are necessary; we / I do hereby grant permission to administer necessary life-saving surgery or other life-saving procedures.

**ATHLETIC CODE OF CONDUCT AND ACKNOWLEDGEMENT OF EXPECTATIONS:** We / I fully understand and accept the requirements/expectations set forth in the Athletic Packet and Code of Conduct. We/I also accept and will meet all requirements/expectations as set forth by coach and/or sponsor. Please refer to athletic dept. website for handbook regarding general policies governing athletics, or you may request a hard copy thru the Athletic Department.

*I have read and fully understand the information on this form and all information contained in the Athletic Packet.  
My signature below indicates agreement with the information above and information contained in the Athletic Packet.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Athletic Department Office Use Only		Athletic Department Office Use Only	
Physical Date	1 <sup>st</sup> Day at School	_____ Date completed paperwork received in Athletic Department	
Semesters Completed	KSHSAA ENTRY	_____ Athletic Dept. Staff receiving/accepting completed paperwork	



# **ATHLETIC DEPARTMENT MISSION STATEMENT**

Athletics programs in USD 475 provide an educationally based opportunity that will positively influence students, school, community, and society and help prepare our student-athletes to become **Champions in Academics, Champions in Athletics, and Champions in Life.**

## **ATHLETIC DEPARTMENT CODE OF CONDUCT**

Extra-curricular programs are a valuable part of the educational experience in USD 475. The five core values which define our code of conduct for players, coaches, and parents are: **TEAMWORK, RESPECT, RESPONSIBILITY, INTEGRITY,** and **SPORTSMANSHIP.** Participants are highly visible representatives of their team, school, district, and community and as such participation is considered to be a privilege rather than a right.

**TEAMWORK:** To serve the greater good while focusing on the team's mission and purpose.

- I will encourage my team to improve
- I will work hard everyday
- I will be committed to my team
- I will accept my role on the team

**RESPECT:** Treating myself and others with honor and dignity - respect authority

- I will be an active listener
- I will be courteous and polite
- I will be tolerant and appreciative of others
- I will accept individual differences and beliefs without prejudice

**RESPONSIBILITY:** Being in Charge of choices

- I will dress/behave in a way to honor myself, team, school, and community
- I will meet attendance requirements of teachers, coaches and school
- I will do my best in the classroom and meet all academic requirements of teachers, coaches and school
- I will abide by this Activities Code of Conduct, District, State, School and team rules.

**INTEGRITY:** Always doing what is right even when no one is watching

- I will be honest to myself and to others
- I will positively represent my team and school.
- I will honor commitments
- I will be reliable and trustworthy

**SPORTSMANSHIP:** Character displayed in competition

- I will treat opponents with respect
- I will exercise self-control at all times, play hard and within rules
- I will win with grace and lose with dignity
- I will respect officials and accept their decisions without gesture or argument

It is important that your behavior be above reproach in school, classroom, home, community, practice, competition and travel.

## Coaches Code of Conduct

- Coaches will promote positive relationships with students, staff, community, officials, spectators, news media, parents, opponent schools, and fellow coaches through all modes of communication.  
*teamwork*
- Coaches will conduct themselves in a way, by action and public communication, which reflects confidence and respect upon USD 475 and its student athletes.  
*respect*
- Coaches will be organized and plan well in advance of the season. *Responsibility*
- Coaches are honest and fair while respecting the fundamental rights, dignity, and worth of all those taking part in sport.  
*integrity*
- Coaches will model the attributes of sportsmanship that are expected from players and fans by winning with grace and losing with dignity. *Sportsmanship*

## Players Code of Conduct

- I will remember that I am part of a team and will do my utmost, on and off of the fields of play, to positively promote the success of my team.  
*teamwork*
- I will demonstrate respect to my teammates, opponents, coaches, and officials at all times. *respect*
- I commit to honor myself, family, team, and school by being responsible for meeting expectations set forth by coaches and school. *responsibility*
- I will not engage in any activity which would reflect poorly on me, my team, or my school. *integrity*
- I will encourage good sportsmanship from my coaches, officials, parents and peers at all events in which I participate by modeling the same.  
*Sportsmanship*

## Parents Code of Conduct

- I will demonstrate support for the adults working with my child in order to encourage a beneficial, positive, educationally based athletic experience.  
*teamwork*
- I will demonstrate respect for fans, officials, players, and coaches at all times.  
*respect*
- I commit to helping my child be accountable to the expectations set forth by coaches and the school, creating honor for themselves, family, team, and school. *responsibility*
- I will discourage my child from engaging in any activity which would reflect poorly on themselves, their team, or their school.  
*integrity*
- I will encourage sportsmanship through demonstrating positive support for all coaches, officials, and players at all events which I attend.  
*Sportsmanship*

*Coaches, Players, and Parents will report safety concerns to appropriate personnel.*

**KNOW YOUR ROLE**  
COACH \* PLAYER  
PARENT \* OFFICIAL



# **CODE OF CONDUCT EXPECTATIONS**

## **Student Athletes Will Refrain from the Use/Possession of Tobacco, Alcohol or Controlled Substances**

Use of tobacco, cereal malt beverages or other intoxicants, narcotic or hallucinogenic drugs, amphetamines, barbiturates, marijuana, synthetic drugs, or anabolic steroids is prohibited for students involved in KSHSAA extra-curricular activities. Verification of substance violations will come in one of the following formats:

- a. Self-admitted involvement by the student or their parent/guardian/custodian.
- b. Witnessed student involvement by the sponsor, coach, or staff member.
- c. Verification by an official law enforcement report.
- d. Investigation by school officials, coaches, or sponsors.
- e. Positive result of a certified drug test.

### **Alcohol, Tobacco, and Over-the Counter Drug Violation**

1st violation: Loss of eligibility for the next 7 school days or 2 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

2nd violation: The student will lose eligibility for the next 14 school days or 4 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

3rd violation: The student will lose eligibility for the next 21 school days or 8 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

4th and subsequent violations: The student will forfeit eligibility for the remainder of the school year. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. If the violation occurs during the last quarter of a school year, the student will be ineligible during the first semester of the next academic school year.

\*\*During middle/high school enrollment, students are afforded only one 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> violation. Subsequent violations will begin with the 4<sup>th</sup> violation status.

\*\*\*Pending outcome of a due process hearing, the student may be subjected to 5 drug tests within the next 12 month period.

### **Drug Violation**

1st violation: The student will lose eligibility for the next 28 school days or 12 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

2nd violation: The student will lose eligibility for the remainder of the school year. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. If the violation occurs during the last quarter of a school year, the student will be ineligible during the first semester of the next academic school year.

3rd and subsequent violations: The student will be ineligible to participate for one calendar year starting at the date the offense occurred. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family.

\*\*During middle/high school enrollment, students are afforded only one 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> violation. Subsequent violations will begin with the 4<sup>th</sup> violation status.

\*\*\*Pending outcome of a due process hearing, the student may be subjected to 5 drug tests within the next 12 month period.

## **Student Athletes Will Refrain from Unlawful or Delinquent Behavior**

An unlawful or delinquent act is a violation of any civil or criminal statute, ordinance, regulation, or court order (except for minor traffic offenses) including, but not limited to civil rights violations, theft, vandalism, or destruction of property (or other misdemeanors or felonies as defined by the Kansas Criminal Code). A student who pleads guilty, is found guilty, or is found to have committed a delinquent act by any court of law, pleads no contest to, or dispositions through a settlement and is charged with an unlawful act is also subject to sanctions within the athletic department. Notwithstanding the foregoing, the athletic director and/or coach, reserves the right to determine whether the student committed an unlawful or delinquent act rather than to be bound necessarily by the decision of the courts or others. Incidents involving students, either directly or as an accomplice, will be subject to review. The athletic director and/or coach will decide the appropriate penalty for the student, taking into consideration the seriousness of the offense, any harm or injury to person or property, the remorse of the student, and any other relevant factors.

## **Student Athletes Will Use Technology in an Appropriate Manner**

### *Network/Internet: Acceptable Use Policy – USD 475*

The goal of USD 475 is to maximize the educational benefits of network and Internet capacities. To better prepare students for the future, USD 475 provides opportunities for students to problem solve, manage, and retrieve information, think creatively, and communicate effectively. These skills can also be reinforced through technology, giving the students additional preparation for an information-based society and technological workplace. In compliance with FERPA and CIPA guidelines, USD 475 is committed to making advanced technology and increased access to learning opportunities available to all students and staff members.

Technology protection measures (or Internet filters), to the extent practical, shall be used to block or filter Internet access (or other forms of electronic communications) to inappropriate information. Specifically, as required by the Children's Internet Protection Act, blocking shall be applied to visual depictions of material deemed obscene or child pornography, or to any material deemed harmful to minors. Technology protection measures may be disabled or, in the case of minors, minimized only for bona fide research or other lawful purposes subject to staff supervision. To the extent practical, steps shall be taken to promote the safety and security of users of the Geary County School District online computer network when using electronic messaging and media.

#### **Unacceptable Use:**

- Sending, posting, or downloading electronic messages or pictures that are abusive, obscene, sexually oriented, threatening, harassing or cyber bullying
- Using the network for commercial or financial gain
- Damaging computers, electronic media, or computer networks
- Vandalizing the data of another user or other networks including so-called "hacking" and other unlawful activities
- Using another's password, folders, or files
- Unauthorized use of copyrighted material
- Purposefully bypassing Internet safeguards
- Willfully accessing inappropriate Internet content
- Unauthorized disclosure, use, and dissemination of personal identification information regarding minors

## **Student Athletes Will Meet Attendance/Academic/Behavior Requirements**

Students are expected to meet team and school expectations in regards to attendance, academics, and behavior. Students are expected to be on time and attend all of their classes. Students will display academic honesty and responsible decision-making at all times. The coach, and/or the administration, reserves the right to limit extra-curricular participation in cases of non-compliance.

## **Student Athletes Will Refrain from Unsportsmanlike Conduct and Other Unacceptable Behavior**

Behaviors not specifically covered in the Code of Conduct, Student and/or Team Handbooks, but which are contrary to the spirit of the Code of Conduct, are subject to an appropriate penalty at the discretion of the Principal, Athletic Director, and/or Coach, taking into consideration the seriousness of the offense, any harm or injury to person or property, the remorse of the athlete and any other relevant factors.

## **Due Process**

The determination of suspension/dismissal of students from extra-curricular activities will remain the responsibility of the coach and/or athletic director. When a student is suspended/dismissed from an extra-curricular activity the student and his/her parent(s), guardian(s)/custodian may appeal the decision to the building administration within two days of the suspension/dismissal. The administration will render their decision within 3 days of the consideration of the appeal. A final last step appeal may be made by the student and his parent(s)/guardian(s)/custodian to the District Hearing Officer within 2 days in writing or by phone wherein a hearing will be held to review the circumstances of the case and the Hearing Officer will render a decision as to the facts presented. The decision of the Hearing Officer will be final. Any penalties put in place at the onset will remain in effect during the time of the appeal. If at any level the decision is reversed, the student will be immediately eligible and re-instated.

A student is deemed to be a participant, for purposes of the Code of Conduct, once the student is notified by the coach/sponsor that the student has made their first team. Thereafter, the student is deemed to be a participant for the remainder of their middle/high school career. The Code of Conduct applies to behavior that takes place **ON or OFF** school grounds and at **ANY TIME** during the student's enrollment, this includes the off season as well as summertime.

Coaches may set higher expectations and impose stricter penalties for their athletes. School consequences resulting from hearings may take precedence over coach/AD consequences. Consequences resulting from violating school, team, and/or code of conduct rules/expectations may carry over into the next season, even if this means carrying over into the next academic year. (Clarification: If a student violation occurs towards the end of a season the penalties may carry over to the next activity.) Students who are suspended from school are prohibited from participation in practices and interscholastic events during the length of the suspension and/or until they are considered to be in "good standing" with the administration.

## Student Random Drug Testing Guidelines for USD 475 Junction City High School

### OVERVIEW

The USD 475 board of Education, in an effort to protect the health and safety of its students involved in extra-curricular activities from illegal drug and alcohol use and abuse or injuries resulting from the use of illegal drugs and or alcohol, has adopted a policy for drug testing of students participating in Kansas State High School Activities Association (KSHSAA) activities at Junction City High School. The procedure for random drug testing of high school students participating in extra-curricular activities as defined in this policy is accomplished in conjunction with an independent drug-testing Vendor selected by the USD 475 Board of Education. To facilitate random testing, the Designated Official(s) will provide the Vendor with a list of eligible students and in turn the Vendor will randomly select those students from that list to be tested. The number of students selected for each test will be determined by the Designated Official(s). The Vendor will send qualified collectors to the school to oversee the collection of all specimens as outlined in this policy and procedure. The Vendor will provide Medical Review Officer (MRO) services for interpretation and verification of results. Results are reported to the Building Principals or Designated Official(s) by the MRO. Specimens are collected as split specimens.

### 1. A STATEMENT OF NEED AND PURPOSE

Recognizing that observed and suspected use of tobacco, alcohol and illicit drugs by USD 475 students (grades 9-12) is a serious concern, a program of deterrence (namely, Student Random Drug Testing of Extra-curricular Participants) will be instituted as a pro-active approach to promote a drug free school environment. The purpose of the program is:

- 1.) to provide for the safety of all students.
- 2.) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal drugs.
- 3.) to encourage students who use drugs to participate in drug treatment programs.
- 4.) to promote achievement of each student's full academic potential by preventing the impact drug and alcohol use has on the learning centers of the brain.

The random drug testing program is academically non-punitive. This policy is designed to create a safe, drug free environment for students and to assist them in getting help when needed. Consequences for positive results resulting from positive drug tests are outlined section 6 of these guidelines (Procedures/Consequences in the event of a positive result).

Participation in school sponsored extra-curricular activities in USD 475 is a privilege. Accordingly, students in extra-curricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs and alcohol.

Although the USD 475 random drug testing policy is designed for students participating in KSHSAA sponsored activities, any USD 475 parent/guardian/custodian may request to have their student **OPT –IN** to the random pool of student rosters. A consent form to **OPT –IN** to the policy may be picked up in the activities office and/or any academy office.

## 2. DEFINITIONS

**Adulterant/Adulteration** – Any attempt to alter the outcome of the sample.

**Banned Substance** – A substance defined by school policy as being banned from use by students

**Chain-of-Custody Form** – A preprinted form provided by the testing laboratory that records all contact with the provided specimen. The form is initiated by the collector and donor then follows with the specimen until the results are certified by the testing scientist and forwarded to the MRO for final certification.

**Designated Official(s)** – The individual or individuals hired by the school or district to oversee the drug testing program of the school or district.

**Extra-curricular Activities** – School sponsored student activities that take place outside the regular course of study in school. Such activities include all KSHSAA sponsored activities including, but not limited to interscholastic sports teams, forensics, debate, music, band, cheerleading and dance team.

**GC/MS** – Gas chromatography/Mass Spectroscopy; a scientific process to identify specific chemical compounds.

**Illegal drugs** – Any controlled substance which an individual may not legally sell, possess, use, distribute, or purchase under either Federal or Kansas Law. For the purposes of this policy, "illegal drugs" includes, but is not limited to, all scheduled drugs as defined by Kansas Law, all prescription drugs obtained or used without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose.

**Medical Review Officer (MRO)** – A licensed physician trained and certified in the process and interpretation of drug testing results.

**Parent/Guardian/Custodian** – The adult who has legal documented custody of the student.

**Quantitative Levels** – The measurement levels of specific chemicals in the sample.

**SAMSHA** – The Substance Abuse and Mental Health Services Administration is a governmental agency that certifies toxicology laboratories that perform drug testing following strict guidelines and constant quality assurance programs.

**Split Specimen** – Sample is split into two containers to allow for additional testing if necessary.

**Student Participant** – A USD 475 student participating in an extra-curricular activity as defined by the Kansas State High School Activities Association.

**Vendor** – The medical office or company selected by the Board of Education to carry out the policy and procedure.

### **3. PROCEDURES FOR STUDENTS**

#### **a. Informed Consent for Students –**

Prior to the start of any KSHSAA activity, parent/guardian/custodian and student will be informed on the dangers and problems of drug/alcohol use and receive and review a copy of the random drug testing policy. The procedures of the random drug testing policy will be discussed, and the parent/guardian/custodian will have the opportunity to ask any questions they have regarding the program. A consent form shall be signed by the student and parent/guardian/custodian. A student will not be allowed to participate in any KSHSAA sponsored activities as defined by this policy until a consent form is properly executed and on file with the school.

#### **b. Drug Testing Frequency**

All students wishing to participate in KSHSAA extra-curricular activities as defined by this policy may be subject to testing for illegal or banned substances as specified in Section 8 below. Eligible students will be randomly tested anytime during the school year. Any student who refuses to submit to urine drug testing will not be allowed to participate in extra-curricular activities as defined by this policy. The refusal to submit to a urine drug test will be considered the same as a positive drug test result. Prior to reinstatement the student will be required to complete a negative drug analysis, paid for by the student, provided by the district vendor before participation is allowed.

#### **c. Sample Collection**

Samples will be collected as outlined under Vendor Requirements, Section 5, below.

Any eligible student randomly selected for drug testing who is not in school on the day of testing will be tested at the next available testing time. Students not able to provide an adequate specimen at the testing time will be unable to participate in KSHSAA extra-curricular activities and the failure will be considered the same as a positive drug test result. Arrangements may be made for special collections at a Vendor Collection site with prior approval of the Building Principal or Designated Official.

### **4. Confidentiality Results**

All drug test results are considered confidential information and will be handled accordingly. Those persons having results reported to them as set forth by this policy must sign a Confidentiality Statement.

### **5. Vendor Requirements**

At a minimum, the Vendor must be able to provide the following services:

#### **a. Random Selection of Eligible Students**

Once provided a list of eligible students, the Vendor must select the required number of students in a random and confidential manner. The Vendor will arrange with the Designated Official(s) a day and time to do the collection of specimens. The schedule will not follow any recognizable pattern. The selected student names will be given to the designated Official, who will arrange for these students to report to the collection area.

#### **b. Collection of Specimens**

The Vendor will oversee the collection of specimens as outlined in the Procedures for Random Drug Testing of Geary County USD 475 Students. Chain of Custody forms will be provided by the Vendor that meets the criteria of this policy and that of the testing laboratory. Students will be given as much privacy as possible in the obtaining of the specimen. Only specimens collected by the vendor will be allowed.

### **c. Testing of specimens**

The Vendor will have all specimens tested for the specified illicit or banned substances by a qualified laboratory certified by the Substance Abuse and Mental Health Services Administration (SAMSHA) following the guidelines of the Department of Health and Human Services (HHS). All specimens must be initially tested using a highly accurate immune-assay technique, with all presumptive positive results then confirmed by a Gas Chromatography/Mass Spectroscopy (GC/MS) confirmatory test (understanding that no current GC/MS test is available for LSD).

The testing laboratory must be able to test for the following drug classes, substances or their metabolites in collected specimens including, but not limited to:

Alcohol	Amphetamines	Anabolic Steroids
Barbiturates	Benzodiazepines	Cocaine Metabolites
LSD	Marijuana Metabolites	Methadone
MDMA (Ecstasy)	Nicotine	Opiate
Phencyclidine	Propoxyphene	K2 "Spice"
Other synthetic drugs (Bath Salts)		

### **d. Medical Review Officer (MRO) Services**

The Vendor will provide MRO services by a licensed physician who is certified by the Medical Review Officer Certification Council (MROCC) or the American Association of Medical Review Officers as having proven by examination to have had the appropriate medical training to interpret and evaluate drug test results and thus qualified for certification as an MRO. Additionally, the MRO must demonstrate a willingness to abide by the Procedure for Random Drug Testing of Geary County USD 475 students as to the evaluation of positive drug tests and reporting findings in a timely and confidential manner. All results will be kept on file by vendor for a period of seven years.

### **e. Reporting of Random Test Results by Vendor**

The MRO will certify all drug screens as negative or positive and report positive findings to the parent and then the building principal or designated official in a confidential and secure manner.

### **f. Statistical Reporting and Confidentiality of Drug Test Results**

The Vendor, testing laboratory, or MRO may not release any statistics on the rate of positive drug tests to any person, organization, news publication or media without expressed written consent of the Geary County USD 475 Superintendent of Schools. However, the Vendor will provide the building principals with an annual report showing the number of tests performed, rate of positive and negative tests, and what substances were found in the positive specimens.

## **6. PROCEDURES/CONSEQUENCES IN THE EVENT OF A POSITIVE RESULT**

### **A. Parent/Guardian/Custodian notification:**

1. The building principal or designated official, within 24 hours, will notify the parent/guardian/custodian by phone first, then the student of any positive results. A written notification from the building principal or designated official, by form letter, will be sent to the parent/guardian/custodian by certified mail. The building principal or designated official will keep all test results until 30 days after the student graduates. If the student does not graduate but withdraws from school, results will be kept until 30 days following the student's original expected graduation date.

2. The student will be notified and be required to submit to five (5) periodic tests throughout the next twelve (12) month period. If a student avoids this requirement by dropping out of KSHSAA sponsored activities and then following this twelve month period decides to participate in KSHSAA sponsored activities, the student will be required to complete a negative drug analysis, paid for by the student, provided by the district vendor before participation is allowed and the student will be required to complete the five (5) periodic tests after reinstatement.

3. If the parent/guardian/custodian or student wishes to contest the results, the Vendor will arrange for the split portion of the specimen to be submitted to another laboratory as selected by the vendor. This is done at parent/guardian/custodian or student expense. Such a request must be made to the building principal or designated official in writing within two (2) school days from first notification of positive test results.

4. The MRO may use quantitative results to determine if positive results on repeat testing indicate recent use of illicit or banned substances or the natural decline of levels of the illicit or banned substance from the body. If the MRO feels the quantitative levels determined to be above the established cutoffs do not reflect current use but natural decay, then a negative result may be reported.

**B. First, Second and Subsequent Positive Result(s):**

A positive result from the MRO, or an altered sample will constitute a first positive. The student participant will then be suspended from activities as defined below in Section C, consequences for drug violation(s). Additionally, student participants who have a first positive result will be required to submit to five (5) follow up drug tests during the next twelve (12) month period. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family.

A second and subsequent positive result by MRO ruling or adulteration will result in the student moving to second, third, or fourth violation status as defined below in section C, consequences for drug violation(s). The student will continue or repeat the five necessary follow-up drug screens within the next twelve (12) month period. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family.

**C. Consequences for Drug Violation(s):**

Use of tobacco, cereal malt beverages or other intoxicants, narcotic or hallucinogenic drugs, amphetamines, barbiturates, marijuana, synthetic drugs, or anabolic steroids is prohibited for students involved in KSHSAA extra-curricular activities.

**Alcohol, Tobacco, and Over-the Counter Drug Violation**

1st violation: Loss of eligibility for the next 7 school days or 2 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

2nd violation: The student will lose eligibility for the next 14 school days or 4 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

3rd violation: The student will lose eligibility for the next 21 school days or 8 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

4th and subsequent violations: The student will forfeit eligibility for the remainder of the school year. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. If the violation occurs during the last quarter of a school year, the student will be ineligible during the first semester of the next academic school year.

\*\*During middle/high school enrollment, students are afforded only one 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> violation. Subsequent violations will begin with the 4<sup>th</sup> violation status.

\*\*\*Pending outcome of a due process hearing, the student may be subjected to 5 drug tests within the next 12 month period.

## **Drug Violation**

1st violation: The student will lose eligibility for the next 28 school days or 12 interscholastic events, whichever is less. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. The student may continue to attend and participate in practice based on team/program rules and guidelines.

2nd violation: The student will lose eligibility for the remainder of the school year. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family. If the violation occurs during the last quarter of a school year, the student will be ineligible during the first semester of the next academic school year.

3rd and subsequent violations: The student will be ineligible to participate for one calendar year starting at the date the offense occurred. Prior to reinstatement, the school recommends that the student receive appropriate abuse counseling from a qualified professional at the expense of the family.

\*\*During middle/high school enrollment, students are afforded only one 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> violation. Subsequent violations will begin with the 4<sup>th</sup> violation status.

\*\*\*Pending outcome of a due process hearing, the student may be subjected to 5 drug tests within the next 12 month period.

## **7. NON-PUNITIVE NATURE OF POLICY**

No student will be penalized academically for testing positive for illegal drugs or banned substances. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities, including the school SRO, unless required to do so by a court order, by a valid and binding subpoena or other legal process. In the event of service of any such court order, subpoena or legal process, the student and the student's parent, legal guardian, or custodian will be notified at least 72 hours before response is made by the Geary County USD 475 Board of Education, if such notice is allowed by law.

This policy is designed to create a safe, drug free environment for students and to assist them in getting help when needed.

## **8. ILLICIT OR BANNED SUBSTANCES**

For the purpose of this policy, the following drug classes, substances or their metabolites that can be tested for are considered illicit or banned for students including, but not limited to:

Alcohol	Amphetamines	Anabolic Steroids
Barbiturates	Benzodiazepines	Cocaine Metabolites
LSD	Marijuana Metabolites	Methadone
MDMA (Ecstasy)	Nicotine	Opiate
Phencyclidine	Propoxyphene	K2 "Spice"
Other synthetic drugs (Bath Salts)		

## **9. REMOVAL OF TEST RECORDS**

A. USD 475 schools will remove all records of testing and the results thereof within thirty (30) days after the graduation of any student from Junction City High School.

B. USD 475 shall remove all records of testing and the results thereof of any student who does not graduate but withdraws from school, thirty (30) days following the student's original expected graduation date.