

Boys

STUDENT NAME _____

GRADE _____

LOVINGTON MUNICIPAL SCHOOLS RELEASE OF CLAIMS AND INDEMNITY

In consideration of the Lovington Municipal School District No. 1 permitting the above named student to participate in:

BAND _____ BASEBALL _____ BASKETBALL _____ CHEER _____ CROSS COUNTRY _____ FOOTBALL _____ FCCLA _____

GOLF _____ S. OLYMPIAD _____ SOCCER _____ SOFTBALL _____ SWIM _____ TENNIS _____ TRACK _____ OTHER _____

A sanctioned athletic activity or activities, (referred to as "activity"), we hereby give permission and consent to participate in such activity, including participation of all out-of-town contests to such activity, and we further hereby agree as follows:

1. We understand and agree that this activity is elective, and therefore, because our child has chosen to participate in such activity, we hereby accept the responsibility for payment of all expenses and all medical bills, including, but not limited to, charges for doctors, hospitals, and drugs which our child may incur by reason of participation in such activity, except we shall not be obligated to pay for any amounts which are actually paid for as a result of our participation in a group accident insurance plan hereinafter mentioned.
2. We also understand and agree that in order for our child to participate in any such school activity, it is necessary for us to provide insurance coverage for our child to help pay the expenses described above. We hereby agree to obtain and maintain either: 1) a group accident insurance plan acceptance to the Lovington Schools, or 2) a medical and hospitalization insurance plan, which must provide insurance coverage for our child for the tenure of his/her participation in any such school activity. If we do not have such a medical and hospitalization plan of our own, we hereby agree to participate in any group accident plan the Lovington Municipal Schools may recommend from time to time, and agree to pay all insurance premiums required for our child to have the insurance coverage afforded under such group insurance plan.
3. We also understand that conditions warrant that some athletes must practice at facilities away from their school building. Under these conditions, we understand that our son/daughter will be responsible for transportation to and from these facilities. We also waive any and all claims we may have by reason of any injury or injuries sustained by our son/daughter while traveling to or from these facilities.
4. We hereby grant the Lovington Municipal School District, its contract agents, servants, and employees permission to release any needed information to the New Mexico Activities Association pertaining to my son/daughter's eligibility.
5. We hereby waive any claims or causes of action against the Lovington Municipal Schools, its contract agents, servants, and employees, which may arise by reason of any injuries to our child because of participation in such sanctioned activity, and the use of over-the-counter medications by our child and hereby agree that said School District, its contract agents, servants, and employees are released and forever acquitted from any and all claims of liability to us or our child, or both, expecting any claim against the contract agents, servants, and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees. We further hereby agree to hold harmless and to indemnify said School District, its contract agents, servants, and employees of and from any and all actions, causes of action, claims, liabilities, costs and expenses, including attorney fees, on account of, or in any way growing out of 1) injuries sustained by our child because of participation in such sanctioned activity, and 2) the use of over-the-counter medications by our child, expecting any claim against the contract agents, servants and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees.

INSURANCE COMPANY NAME: _____

INSURANCE CO. ADDRESS: _____

POLICY NUMBER: _____

PARENT/GUARDIAN SIGNATURE

DATE

Girls

STUDENT NAME _____

GRADE _____

LOVINGTON MUNICIPAL SCHOOLS RELEASE OF CLAIMS AND INDEMNITY

In consideration of the Lovington Municipal School District No. 1 permitting the above named student to participate in:

BAND _____ BASEBALL _____ BASKETBALL _____ CHEER _____ CROSS COUNTRY _____ FOOTBALL _____ FCCLA _____

GOLF _____ S. OLYMPIAD _____ SOCCER _____ SOFTBALL _____ SWIM _____ TENNIS _____ TRACK _____ OTHER _____

A sanctioned athletic activity or activities, (referred to as "activity"), we hereby give permission and consent to participate in such activity, including participation of all out-of-town contests to such activity, and we further hereby agree as follows:

1. We understand and agree that this activity is elective, and therefore, because our child has chosen to participate in such activity, we hereby accept the responsibility for payment of all expenses and all medical bills, including, but not limited to, charges for doctors, hospitals, and drugs which our child may incur by reason of participation in such activity, except we shall not be obligated to pay for any amounts which are actually paid for as a result of our participation in a group accident insurance plan hereinafter mentioned.
2. We also understand and agree that in order for our child to participate in any such school activity, it is necessary for us to provide insurance coverage for our child to help pay the expenses described above. We hereby agree to obtain and maintain either: 1) a group accident insurance plan acceptance to the Lovington Schools, or 2) a medical and hospitalization insurance plan, which must provide insurance coverage for our child for the tenure of his/her participation in any such school activity. If we do not have such a medical and hospitalization plan of our own, we hereby agree to participate in any group accident plan the Lovington Municipal Schools may recommend from time to time, and agree to pay all insurance premiums required for our child to have the insurance coverage afforded under such group insurance plan.
3. We also understand that conditions warrant that some athletes must practice at facilities away from their school building. Under these conditions, we understand that our son/daughter will be responsible for transportation to and from these facilities. We also waive any and all claims we may have by reason of any injury or injuries sustained by our son/daughter while traveling to or from these facilities.
4. We hereby grant the Lovington Municipal School District, its contract agents, servants, and employees permission to release any needed information to the New Mexico Activities Association pertaining to my son/daughter's eligibility.
5. We hereby waive any claims or causes of action against the Lovington Municipal Schools, its contract agents, servants, and employees, which may arise by reason of any injuries to our child because of participation in such sanctioned activity, and the use of over-the-counter medications by our child and hereby agree that said School District, its contract agents, servants, and employees are released and forever acquitted from any and all claims of liability to us or our child, or both, expecting any claim against the contract agents, servants, and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees. We further hereby agree to hold harmless and to indemnify said School District, its contract agents, servants, and employees of and from any and all actions, causes of action, claims, liabilities, costs and expenses, including attorney fees, on account of, or in any way growing out of 1) injuries sustained by our child because of participation in such sanctioned activity, and 2) the use of over-the-counter medications by our child, expecting any claim against the contract agents, servants and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees.

INSURANCE COMPANY NAME: _____

INSURANCE CO. ADDRESS: _____

POLICY NUMBER: _____

PARENT/GUARDIAN SIGNATURE

DATE



MEDICAL EXAMINATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

New Mexico Activities Association
6600 Palomas NE
Albuquerque, NM 87109
www.nmact.org

NOTE: The NMAA does not need a copy of this form. Please return to your school's athletic department.



Emergency Information – Parent/Guardian please fill out prior to examination.

| | | | | | |
|--|--|-----------------------------------|--------------------------------------|--------------------------------------|-------|
| Student Athlete Name (Last, First, M.I.): | | | | | |
| Home Address: | | | | Grade: | |
| <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> | | |
| DOB: | | | | AGE: | |
| Name of Parent/Guardian | | | | | |
| Home Address: | | | | Phone: | Work: |
| <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> | Cell: | |
| Emergency Contact | | | | Phone: | Work: |
| <i>Name</i> | <i>Relationship</i> | | | Cell: | |
| Address: | | | | | |
| <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip</i> | | |
| Participant Insurance: Participants must be covered by accident/injury insurance prior to participation. | | | | | |
| _____ | | _____ | | _____ | |
| Insurance Carrier | | Policy Number | | Group ID | |
| SPORT/ACTIVITY STUDENT WILL PARTICIPATE IN (CHECK ALL THAT APPLY) | | | | | |
| Sports/Activities | | | | | |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheer | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling | |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Dance | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track/Field | <input type="checkbox"/> Other _____ | |
| Please answer all health history questions on the following page PRIOR to your visit to the doctor. Please fill in the student athlete's personal information (name, gender and birth date) on each page of the form and return the entire packet to the school's athletic department. | | | | | |

Concussion Management

A concussion is a disturbance in the function of the brain that can be caused by a blow to the body or head and may occur in any sport or activity. Effects of a concussion may include a variety of symptoms (headache, nausea, dizziness, memory loss, balance problem) with or without a loss of consciousness. I/we understand there is a concussion management protocol established that includes care and return to play criteria.

Student-Athlete Signature

Date

Parent or Court Appointed Legal Guardian Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

| | Not at all | Several days | Over half the days | Nearly every day |
|---|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | | |
|--|-----|----|
| | Yes | No |
| 1. Do you have any concerns that you would like to discuss with your provider? | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | |
| 3. Do you have any ongoing medical issues or recent illness? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | | |
| | Yes | No |
| 4. Have you ever passed out or nearly passed out during or after exercise? | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | |
| 7. Has a doctor ever told you that you have any heart problems? | | |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | | |

| HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | | |
|---|-----|----|
| | Yes | No |
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise? | | |
| 10. Have you ever had a seizure? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | |
| | Yes | No |
| 11. 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)? | | |
| 12. 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)? | | |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | |

| BONE AND JOINT QUESTIONS | | Yes | No |
|---|--|-----|----|
| 14. 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? | | | |
| 15. Do you have a bone, muscle, ligament, or joint injury that bothers you? | | | |
| MEDICAL QUESTIONS | | Yes | No |
| 16. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | | |
| 17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | | |
| 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | | |
| 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)? | | | |
| 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | | |
| 21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | | | |
| 22. Have you ever become ill while exercising in the heat? | | | |
| 23. Do you or does someone in your family have sickle cell trait or disease? | | | |
| 24. Have you ever had or do you have any problems with your eyes or vision? | | | |

| MEDICAL QUESTIONS (CONTINUED) | | Yes | No |
|--|--|-----|----|
| 25. Do you worry about your weight? | | | |
| 26. Are you trying to or has anyone recommended that you gain or lose weight? | | | |
| 27. Are you on a special diet or do you avoid certain types of foods or food groups? | | | |
| 28. Have you ever had an eating disorder? | | | |
| FEMALES ONLY | | Yes | No |
| 29. Have you ever had a menstrual period? | | | |
| 30. How old were you when you had your first menstrual period? | | | |
| 31. When was your most recent menstrual period? | | | |
| 32. How many periods have you had in the past 12 months? | | | |

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

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, 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 use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION | | |
|---|---------------|--|
| Height: _____ | Weight: _____ | |
| BP: _____ / _____ (_____ / _____) | Pulse: _____ | Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> • Pupils equal • Hearing | | |
| Lymph nodes | | |
| Heart ^a <ul style="list-style-type: none"> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin <ul style="list-style-type: none"> • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis | | |
| Neurological | | |
| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
| Neck | | |
| Back | | |
| Shoulder and arm | | |
| Elbow and forearm | | |
| Wrist, hand, and fingers | | |
| Hip and thigh | | |
| Knee | | |
| Leg and ankle | | |
| Foot and toes | | |
| Functional <ul style="list-style-type: none"> • Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

- Medically eligible for all sports without restriction
- Medically eligible for all sports with recommendations for further evaluation or treatment of _____
- Medically eligible for certain sports _____
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. 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 health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional _____, MD, DO, NP, or PA



CONCUSSION IN SPORTS

A Fact Sheet for Athletes and Parents

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Observed by the Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"
-

Observed by the Parent / Guardian

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

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE

Athlete

- TELL YOUR COACH IMMEDIATELY!
- Inform Parents
- Seek Medical Attention
- Give Yourself Time to Recover

Parent / Guardian

- Seek Medical Attention
- Keep Your Child Out of Play
- Discuss Plan to Return with the Coach

It's better to miss one game than the whole season.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

RETURN TO PLAY GUIDELINES UNDER SB38

1. Remove immediately from activity when signs/symptoms are present.
2. Must not return to full activity prior to a minimum of 240 hours (10 days).
3. Release from medical professional required for return.
4. Follow school district's return to play guidelines.
5. Coaches continue to monitor for signs/symptoms once athletes return to activity.

Students need cognitive rest from the classroom, texting, cell phones, etc.

REFERENCES ON SENATE BILL 38 AND BRAIN INJURIES

Senate Bill 38:

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

For more information on brain injuries check the following websites:

<https://nfhslearn.com/courses/61059/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

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

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



SIGNATURES

By signing below, parent/guardian and athlete acknowledge the following:

- ◆ Both have received and reviewed the attached NMAA's *Concussion in Sports Fact Sheet for Athletes and Parents*.
- ◆ Both understand the risks of brain injuries associated with participation in school athletic activity, and are aware of the State of the New Mexico's Senate Bill 38; Concussion Law.
- ◆ Athlete has received brain injury training pursuant to Senate Bill 38.

Athlete's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

Lovington Municipal Schools
Extra-Curricular Drug and/or Alcohol Testing Consent Form

Each student participating in an extra-curricular program shall be provided with a copy of the "Extra-Curricular Drug and/or Alcohol Testing Policy" and the "Extra-Curricular Drug and/or Alcohol Testing Consent Form" which shall be read, signed and dated by the student and parent/guardian before the student shall be eligible to participate in any extra-curricular activities. The consent shall be to provide a urine and/or breath sample as chosen by the random selection basis and at any other time requested, based on reasonable suspicion, to be tested for drugs and/or alcohol. No student shall be allowed to participate in any extra-curricular program until the student has returned a properly signed Extra-Curricular Drug and/or Alcohol Testing Consent Form.

Student's Last Name

First Name

Middle Initial

I have read and understand the Extra-Curricular Drug and/or Alcohol Testing Policy and the Extra-Curricular Drug and/or Alcohol Testing Consent Form. I understand that, out of concern for my safety and health, the Lovington Municipal School District enforces the rules applying to the use of drugs and/or alcohol. I realize that the personal decisions that I make daily regarding the use of drugs and/or alcohol impact my health and well-being, as well as the safety of those around me. I understand these decisions reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use of drugs and/or alcohol, I understand that I will be subject to the penalties outlined in the Extra-Curricular Drug and/or Alcohol Testing Policy.

Student Signature

Date

Grade Level

We have read and understand the Lovington Municipal School District's "Extra-Curricular Drug and/or Alcohol Testing Policy" and the "Extra-Curricular Drug and/or Alcohol Testing Consent Form". We desire that the above named student participate in extra-curricular activities offered by the Lovington Municipal School District, and we hereby consent to testing and analysis of specimens collected for the purpose of screening for drugs and/or alcohol. We further consent to the reporting of the results of any testing as provided in the Policy.

Parent/Legal Guardian Signature

Date

**Lovington Schools
Extra - Curricular Activities Policy**

Rev. 11/16/15

It is the policy of the Lovington Municipal Schools to provide equal opportunities without regard to race, color, national origin, sex qualified handicap, or veteran in its educational programs and activities. This includes, but is not limited to admissions, educational services, financial aid, and employment.

As a student of the Lovington Municipal Schools athletic/activity program, it is extremely important that I maintain a good public image as well as set a good example. I shall contribute my best effort to the success of our programs. I agree to conduct myself according to the Lovington Extra-Curricular Activities Policy. I realize that in case I do not live up to this agreement, I could be removed from the activity in which I am involved, in accordance with the following.

1. I shall represent the school in a positive manner, promoting good sportsmanship. I shall be respectful and courteous to opponents and their supporters, as well as any guests.
2. I shall adhere to the rules in our student handbook, athletic handbook, and school board policy handbook.
3. I shall be on time whenever time is involved.
4. I shall meet all eligibility standards.
5. I shall be responsible for all equipment entrusted to my care and return it to the school in the best possible condition. I understand that I am financially liable for lost or damaged equipment.
6. I shall dress in accordance with the school dress code.
7. If I am removed from the activity/team for disciplinary reasons, or quit the activity/team, I shall not be allowed to participate in a different activity, until the activity I am removed from has been completed and/or (60) school days.
8. I shall notify the coach prior to missing practice. I understand missing practice for un-excused reasons will result in disciplinary actions.
9. I shall ride in school provided transportation to and from all contests, unless released to parents.
10. If I am involved in a fight before, during or after an event, I shall be suspended from the next specified event for that activity. If I leave the bench or sideline when a fight occurs, I shall be suspended from the next athletic contest or dismissed from the team.
11. A student shall be in full attendance on the day of a scheduled event or he/she shall not be allowed to participate. (Exemptions are; with Medical, Professional, or Legal Documentation, as approved by the building administrator)
12. I shall not possess or use tobacco products. First violation - Confiscate/Warning, Second violation - 10-day/20% rule.

**The student and parent/guardian waive any right to privacy concerning the use of illegal drugs and alcohol that might be obtained from law enforcement agencies, JPO agencies, or other reliable sources.

Infractions at School, on School Trips, or During Hours of the School Day

Violation: School discipline measures will be decided by the administration according to school board policy (JCDA, JGBBA Section 2), which includes dismissal from the team.

Infractions Away from School - Including Summer and Holidays

First Violation for Minor in Possession: The student will not be eligible for any extracurricular activities for 15 (fifteen) school days and 20% of scheduled games for athletes. Students involved in other extra curricular activities will not be eligible for 15 (fifteen) school days and the next scheduled event for the activity they are involved in.

First Violation for Consumption: The student will not be eligible for any extracurricular activities for 40% of scheduled games for athletes. Students involved in other extra curricular activities will not be eligible for 15 (fifteen) school days and the next scheduled event for the activity they are involved in.

Second Violation for Minor in Possession or Consumption: Will result in the student becoming ineligible to participate in any extracurricular activities for 90 school days from date of offense.

Third Violation for Minor in Possession or Consumption: Will result in the student becoming ineligible to participate in any extracurricular activities for one (1) year from date of offense.

The student may participate in practice during this fifteen (15) day time period, but will not suit up or travel.

**Any student cited for possession or consumption by law enforcement can be required to submit to a drug/alcohol test at the district's earliest convenience.

***There will be other consequences, consistent from activity to activity after each violation, set by the Athletic Director and the Sponsor of the activity.

****All violations will include drug/alcohol counseling before the student can return to activities. It will be the responsibility of the student to receive 4 hours counseling and the student must present evidence of such counseling to the school administration, before he/she may return to activities.

Student Pledge

I have received the Lovington Municipal School Policy regarding alcohol/illegal drugs and/or tobacco and the consequences of the violations. I will not use, have possession of any controlled/illegal substance. I will not be in the company of any person(s) who are or may be involved in the sale/distribution of/transportation of/possession of alcohol or illegal drugs.

I have read and understand the above information and hereby give my approval/consent for

_____ to participate in the Lovington Schools extracurricular programs.

(Name of Student - Please Print)

Parent/Guardian

Date

Student

Date

NEW MEXICO ACTIVITIES ASSOCIATION

6600 PALOMAS AVE. NE
ALBUQUERQUE, NM 87109
PHONE: 505-923-3110
FAX: 505-923-3114



CONSENT TO TREAT FORM

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

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

PLEASE PRINT LEGIBLY OR TYPE

"I, _____ the undersigned, am the parent/legal guardian of, _____, a minor and student-athlete at _____ (name of school or district) who intends to participate in interscholastic sports and/or activities.

I understand that the school/district/NMAA may employ or designate QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic athletes before, during or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by New Mexico law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the physician or provider of his/her choice. I understand, however, that all decisions regarding same day return to activity following injury/illness shall be made by the QMP employed/designated by the school/district/NMAA."

Date: _____ Signature: _____

Date: ___/___/___



NMAA 2020-2021 PREPARTICIPATION EXAMINATION WAIVER FORM

**As a result of the COVID-19 pandemic, the following form may be used to waive the annual preparticipation examination requirement for returning Students. This form will only be accepted for the 2020-2021 school year.*

NAME (Last, First, MI): _____ AGE: _____ GRADE: _____ DATE OF BIRTH: ___/___/___
SCHOOL: _____ SPORTS: _____
ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____ OTHER(S): _____

Check YES or NO boxes for each question.

Date of Last Sports Physical YES NO
1. Did you receive a preparticipation examination (sports physical) on or after April 1, 2019?

Medical Risk Questions

- 2. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports?
- 3. In the last year, have you passed out or nearly passed out *during or after* exercise?
- 4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?
- 5. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?
- 6. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained death before age 35 (including an unexplained drowning or unexplained car accident)?
- 7. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?
- 8. Have you tested positive for COVID-19?
- 9. Has anyone in your immediate family tested positive for COVID-19?
- 10. Have you been in close contact with anyone who has tested positive for COVID-19?

Parents or Legal Guardians: Please note any health concerns, medications, allergies that may be important for the athletic/activities director and/or coaches to know.

"I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities. Additionally, I am aware that there is an inherent risk of injury and/or illness associated with participation in athletic activity and grant permission for my child to participate in NMAA activities during the current COVID-19 pandemic."

Parent or Legal Guardian Signature

Date

Student Signature

Date

School Personnel Review **For School Use Only**

- 1. Question 1: NO – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
- 2. Question 2-4: YES – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form.pdf
- 3. Questions 5-10: YES – Student requires written clearance from an approved HCP.

NOTES:

CLEARED FOR SPORTS: YES NO

Niño

STUDENT NAME _____

GRADE _____

LOVINGTON MUNICIPAL SCHOOLS RELEASE OF CLAIMS AND INDEMNITY

In consideration of the Lovington Municipal School District No. 1 permitting the above named student to participate in:

BAND _____ BASEBALL _____ BASKETBALL _____ CHEER _____ CROSS COUNTRY _____ FOOTBALL _____ FCCLA _____

GOLF _____ S. OLYMPIAD _____ SOCCER _____ SOFTBALL _____ SWIM _____ TENNIS _____ TRACK _____ OTHER _____

A sanctioned athletic activity or activities, (referred to as "activity"), we hereby give permission and consent to participate in such activity, including participation of all out-of-town contests to such activity, and we further hereby agree as follows:

1. We understand and agree that this activity is elective, and therefore, because our child has chosen to participate in such activity, we hereby accept the responsibility for payment of all expenses and all medical bills, including, but not limited to, charges for doctors, hospitals, and drugs which our child may incur by reason of participation in such activity, except we shall not be obligated to pay for any amounts which are actually paid for as a result of our participation in a group accident insurance plan hereinafter mentioned.
2. We also understand and agree that in order for our child to participate in any such school activity, it is necessary for us to provide insurance coverage for our child to help pay the expenses described above. We hereby agree to obtain and maintain either: 1) a group accident insurance plan acceptance to the Lovington Schools, or 2) a medical and hospitalization insurance plan, which must provide insurance coverage for our child for the tenure of his/her participation in any such school activity. If we do not have such a medical and hospitalization plan of our own, we hereby agree to participate in any group accident plan the Lovington Municipal Schools may recommend from time to time, and agree to pay all insurance premiums required for our child to have the insurance coverage afforded under such group insurance plan.
3. We also understand that conditions warrant that some athletes must practice at facilities away from their school building. Under these conditions, we understand that our son/daughter will be responsible for transportation to and from these facilities. We also waive any and all claims we may have by reason of any injury or injuries sustained by our son/daughter while traveling to or from these facilities.
4. We hereby grant the Lovington Municipal School District, its contract agents, servants, and employees permission to release any needed information to the New Mexico Activities Association pertaining to my son/daughter's eligibility.
5. We hereby waive any claims or causes of action against the Lovington Municipal Schools, its contract agents, servants, and employees, which may arise by reason of any injuries to our child because of participation in such sanctioned activity, and the use of over-the-counter medications by our child and hereby agree that said School District, its contract agents, servants, and employees are released and forever acquitted from any and all claims of liability to us or our child, or both, expecting any claim against the contract agents, servants, and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees. We further hereby agree to hold harmless and to indemnify said School District, its contract agents, servants, and employees of and from any and all actions, causes of action, claims, liabilities, costs and expenses, including attorney fees, on account of, or in any way growing out of 1) injuries sustained by our child because of participation in such sanctioned activity, and 2) the use of over-the-counter medications by our child, expecting any claim against the contract agents, servants and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees.

INSURANCE COMPANY NAME: _____

INSURANCE CO. ADDRESS: _____

POLICY NUMBER: _____

PARENT/GUARDIAN SIGNATURE

DATE

Niña.

STUDENT NAME _____

GRADE _____

LOVINGTON MUNICIPAL SCHOOLS RELEASE OF CLAIMS AND INDEMNITY

In consideration of the Lovington Municipal School District No. 1 permitting the above named student to participate in:

BAND _____ BASEBALL _____ BASKETBALL _____ CHEER _____ CROSS COUNTRY _____ FOOTBALL _____ FCCLA _____
GOLF _____ S. OLYMPIAD _____ SOCCER _____ SOFTBALL _____ SWIM _____ TENNIS _____ TRACK _____ OTHER _____

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1. We understand and agree that this activity is elective, and therefore, because our child has chosen to participate in such activity, we hereby accept the responsibility for payment of all expenses and all medical bills, including, but not limited to, charges for doctors, hospitals, and drugs which our child may incur by reason of participation in such activity, except we shall not be obligated to pay for any amounts which are actually paid for as a result of our participation in a group accident insurance plan hereinafter mentioned.
2. We also understand and agree that in order for our child to participate in any such school activity, it is necessary for us to provide insurance coverage for our child to help pay the expenses described above. We hereby agree to obtain and maintain either: 1) a group accident insurance plan acceptance to the Lovington Schools, or 2) a medical and hospitalization insurance plan, which must provide insurance coverage for our child for the tenure of his/her participation in any such school activity. If we do not have such a medical and hospitalization plan of our own, we hereby agree to participate in any group accident plan the Lovington Municipal Schools may recommend from time to time, and agree to pay all insurance premiums required for our child to have the insurance coverage afforded under such group insurance plan.
3. We also understand that conditions warrant that some athletes must practice at facilities away from their school building. Under these conditions, we understand that our son/daughter will be responsible for transportation to and from these facilities. We also waive any and all claims we may have by reason of any injury or injuries sustained by our son/daughter while traveling to or from these facilities.
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5. We hereby waive any claims or causes of action against the Lovington Municipal Schools, its contract agents, servants, and employees, which may arise by reason of any injuries to our child because of participation in such sanctioned activity, and the use of over-the-counter medications by our child and hereby agree that said School District, its contract agents, servants, and employees are released and forever acquitted from any and all claims of liability to us or our child, or both, expecting any claim against the contract agents, servants, and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees. We further hereby agree to hold harmless and to indemnify said School District, its contract agents, servants, and employees of and from any and all actions, causes of action, claims, liabilities, costs and expenses, including attorney fees, on account of, or in any way growing out of 1) injuries sustained by our child because of participation in such sanctioned activity, and 2) the use of over-the-counter medications by our child, expecting any claim against the contract agents, servants and employees of said School District for injury which may arise as the sole result of actual intentional malice on the part of said School District's contract agents, servants, and employees.

INSURANCE COMPANY NAME: _____

INSURANCE CO. ADDRESS: _____

POLICY NUMBER: _____

PARENT/GUARDIAN SIGNATURE

DATE

EVALUACIÓN FÍSICA – PRE-PARTICIPACIÓN

FORMULARIO DE HISTORIAL MÉDICO



(Nota: Este formulario debe ser relleno por el paciente y padre/madre antes de ver al doctor. El doctor debe mantener este formulario en el expediente)

Fecha del examen _____

Nombre _____ Fecha de nacimiento _____

Sexo _____ Edad _____ Grado _____ Escuela _____ Deporte(s) _____

Medicamentos y Alergias: Por favor, indica todos los medicamentos con y sin receta médica y suplementos (herbales y nutricionales) que estás tomando actualmente

Tienes alergias Sí No Si la respuesta es sí, por favor identifica abajo la alergia específica.

Medicamentos Polen Comida Picaduras de insecto

Explica abajo las preguntas respondidas con un "sí". Pon un círculo alrededor de las preguntas cuyas respuestas desconoces.

| PREGUNTAS GENERALES | Sí | No |
|---|----|----|
| 1. ¿Alguna vez un doctor te ha prohibido o limitado tu participación en deportes por alguna razón? | | |
| 2. ¿Tienes actualmente alguna condición médica? Si es así, por favor identifícala abajo: <input type="checkbox"/> Asma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infecciones Otro: _____ | | |
| 3. ¿Has sido ingresado alguna vez en el hospital? | | |
| 4. ¿Has tenido cirugía alguna vez? | | |
| PREGUNTAS SOBRE LA SALUD DE TU CORAZÓN | Sí | No |
| 5. ¿Te has desmayado alguna vez o casi te has desmayado DURANTE o DESPUÉS de hacer ejercicio? | | |
| 6. ¿Has tenido alguna vez molestias, dolor o presión en el pecho cuando haces ejercicio? | | |
| 7. ¿Alguna vez has sentido que tu corazón se acelera o tiene latidos irregulares cuando haces ejercicio? | | |
| 8. ¿Te ha dicho alguna vez un doctor que tienes un problema de corazón? Si es así, marca el que sea pertinente <input type="checkbox"/> Presión alta <input type="checkbox"/> Un soplo en el corazón <input type="checkbox"/> Nivel alto de colesterol <input type="checkbox"/> Una infección en el corazón <input type="checkbox"/> Enfermedad de Kawasaki <input type="checkbox"/> Otro: _____ | | |
| 9. ¿Alguna vez un doctor te ha pedido que te hagas pruebas de corazón? (Por ejemplo, ECG/EKG, ecocardiograma) | | |
| 10. ¿Te sientes mareado o te falta el aire más de lo esperado cuando haces ejercicio? | | |
| 11. ¿Has tenido alguna vez una convulsión inexplicable? | | |
| 12. ¿Te cansas más o te falta el aire con más rapidez que a tus amigos cuando haces ejercicio? | | |

| PREGUNTAS SOBRE LA SALUD DEL CORAZÓN DE TU FAMILIA | Sí | No |
|--|----|----|
| 13. ¿Has tenido algún familiar que ha fallecido a causa de problemas de corazón o que haya fallecido de forma inexplicable o inesperada antes de la edad de 50 años (incluyendo ahogo, accidente de tráfico inesperado, o síndrome de muerte súbita infantil)? | | |
| 14. ¿Sufre alguien en tu familia de cardiomiopatía hipertrófica, síndrome Marfan, cardiomiopatía arritmogénica ventricular derecha, síndrome de QT corto, síndrome de Brugada, o taquicardia ventricular polimórfica catecolaminérgica? | | |
| 15. ¿Alguien en tu familia tiene problemas de corazón, un marcapasos o un desfibrilador implantado en su corazón? | | |
| 16. ¿Ha sufrido alguien en tu familia un desmayo inexplicable, convulsiones inexplicables, o casi se ha ahogado? | | |
| PREGUNTAS SOBRE HUESOS Y ARTICULACIONES | Sí | No |
| 17. ¿Alguna vez has perdido un entrenamiento o partido porque te habías lesionado un hueso, músculo, ligamento o tendón? | | |
| 18. ¿Te has roto o fracturado alguna vez un hueso o dislocado una articulación? | | |
| 19. ¿Has sufrido alguna vez una lesión que haya requerido radiografías, resonancia (MRI) tomografía, inyecciones, terapia, un soporte ortopédico/tabilla, un yeso, o muletas? | | |
| 20. ¿Has sufrido alguna vez una fractura por estrés? | | |
| 21. ¿Te han dicho alguna vez que tienes o has tenido una radiografía para diagnosticar inestabilidad del cuello o inestabilidad atlantoaxial? (Síndrome de Down o enanismo) | | |
| 22. ¿Usas regularmente una tabilla/soporte ortopédico, ortesis, u otro dispositivo de asistencia? | | |
| 23. ¿Tienes una lesión en un hueso, músculo o articulación que te esté molestando? | | |
| 24. ¿Algunas de tus articulaciones se vuelven dolorosas, inflamadas, se sienten calientes, o se ven enrojecidas? | | |
| 25. ¿Tienes historial de artritis juvenil o enfermedad del tejido conectivo? | | |

| PREGUNTAS MÉDICAS | Sí | No |
|--|----|----|
| 26. ¿Toses, tienes silbidos o dificultad para respirar durante o después de hacer ejercicio? | | |
| 27. ¿Has usado alguna vez un inhalador o has tomado medicamento para el asma? | | |
| 28. ¿Hay alguien en tu familia que tenga asma? | | |
| 29. ¿Naciste sin o te falta un riñón, un ojo, un testículo (varones), el bazo, o algún otro órgano? | | |
| 30. ¿Tienes dolor en la ingle o una protuberancia o hernia dolorosa en el área de la ingle? | | |
| 31. ¿Has tenido mononucleosis (mono) infecciosa en el último mes? | | |
| 32. ¿Tienes algún sarpullido, llagas, u otros problemas en la piel? | | |
| 33. ¿Has tenido herpes o infección de SARM en la piel? | | |
| 34. ¿Has sufrido alguna vez una lesión o contusión en la cabeza? | | |
| 35. ¿Has sufrido alguna vez un golpe en la cabeza que te haya producido una confusión, dolor de cabeza prolongado, o problemas de memoria? | | |
| 36. ¿Tienes un historial de un trastorno de convulsiones? | | |
| 37. ¿Tienes dolores de cabeza cuando haces ejercicio? | | |
| 38. ¿Has tenido entumecimiento, hormigueo, o debilidad en los brazos o piernas después de haber sufrido un golpe o haberte caído? | | |
| 39. ¿Has sido alguna vez incapaz de mover los brazos o las piernas después de haber sufrido un golpe o haberte caído? | | |
| 40. ¿Te has enfermado alguna vez al hacer ejercicio cuando hace calor? | | |
| 41. ¿Tienes calambres frecuentes en los músculos cuando haces ejercicio? | | |
| 42. ¿Tienes tú o alguien en tu familia el rasgo depranocítico o la enfermedad drepanocítica? | | |
| 43. ¿Has tenido algún problema con los ojos o la vista? | | |
| 44. ¿Has sufrido alguna lesión o daño en los ojos? | | |
| 45. ¿Usas lentes o lentes de contacto? | | |
| 46. ¿Usas protección para los ojos, tal como lentes protectoras o un escudo facial? | | |
| 47. ¿Te preocupa tu peso? | | |
| 48. ¿Estás intentando aumentar o perder de peso o alguien te ha recomendado que lo hagas? | | |
| 49. ¿Estás siguiendo alguna dieta especial o evitas ciertos tipos de comida? | | |
| 50. ¿Has tenido alguna vez un trastorno alimenticio? | | |
| 51. ¿Tienes alguna preocupación de la que quieras hablar con el doctor? | | |

| SÓLO PARA MUJERES | Sí | No |
|--|----|----|
| 52. ¿Has tenido alguna vez el período menstrual? | | |
| 53. ¿Qué edad tenías cuando tuviste tu primer período menstrual? | | |
| 54. ¿Cuántos períodos has tenido en los últimos 12 meses? | | |

Explica aquí las preguntas a las que respondiste con un "sí"

Yo por la presente declaro que, según mi más leal saber y entender, mis respuestas a las preguntas anteriores están completas y son correctas.

Firma del atleta _____

Firma del padre/madre/tutor legal _____

Fecha _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- 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 use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

| EXAMINATION | | |
|---|---------------|--|
| Height: _____ | Weight: _____ | |
| BP: _____ / _____ (_____ / _____) | Pulse: _____ | Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) | | |
| Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing | | |
| Lymph nodes | | |
| Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) | | |
| Lungs | | |
| Abdomen | | |
| Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis | | |
| Neurological | | |
| MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
| Neck | | |
| Back | | |
| Shoulder and arm | | |
| Elbow and forearm | | |
| Wrist, hand, and fingers | | |
| Hip and thigh | | |
| Knee | | |
| Leg and ankle | | |
| Foot and toes | | |
| Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test | | |

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

- Medically eligible for all sports without restriction
- Medically eligible for all sports with recommendations for further evaluation or treatment of _____
- Medically eligible for certain sports _____
- Not medically eligible pending further evaluation
- Not medically eligible for any sports
- Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. 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 health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional _____, MD, DO, NP, or PA



CONMOCION EN DEPORTES

Una Hoja Informativa para Padres y Atletas

¿QUÉ ES UNA CONMOCIÓN CEREBRAL?

Una concusión es una lesión que cambia cómo funcionan normalmente las células en el cerebro. Una conmoción cerebral es causada por un golpe en la cabeza o el cuerpo que hace que el cerebro se mueva rápidamente dentro del cráneo. Aún, un "tope de cabeza" o "sentirse como mareado," o lo que parece ser un mediano golpe en la cabeza pueden ser serios. Conmociones pueden ser el resultado de una caída o de jugadores chocándose con otro atletas o con obstáculos, como un poste.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE UNA CONMOCIÓN

Observado por el atleta

- Dolor de cabeza
- Nausea o vomitina
- Problemas de equilibrio o mareos.
- Visión doble o borrosa
- Molestado por luz
- Molestado por ruido
- Sentimiento moroso, tarantado o mareado
- Problemas en prestando atención
- Problemas en recordando
- Confusión
- No "se siente bien"

Observados por los padres/ tutores

- Está confundido acerca de cesión o posición
- No está seguro del partido, el tanteo, o oponente
- movimiento torpe
- Contesta preguntas despacio
- Falta conciencia (poco tiempo)
- Muestra los cambios de comportamiento o personalidad. No puede recordarse de lo que pasó después de una caída o un golpe
- Aparece atontado o aturdido

QUÉ HACER SI LAS SEÑALES/LOS SÍNTOMAS DE UNA CONMOCIÓN CEREBRAL ESTÁN

Atleta

- ¡INMEDIATAMENTE, DIGALE A SU ENTRENADOR!
- Dígale a sus padres
- Busca atención Medical
- Darse tiempo para recuperar

Pariente/ Tutor

- Busca atención de Medico
- Mantenga a su hijo fuera de juego
- Discutir un plan para volver a participación con su entrenador

Es mejor perder un partido que toda la temporada.

Tomase tiempo para recuperar. Si usted ha tenido una conmoción cerebral, tu cerebro necesita tiempo para sanar. Mientras su cerebro todavía esta sanando, es mucho mas probable a tener una segunda conmoción. Conmoción cerebral de Segundo o posterior puede causar daño al cerebro. Es importante descansar hasta la aprobación de un médico o un médico profesional para volver a jugar.

VOLVER A PAUTAS DE JUEGO EN SB38

1. Eliminar inmediatamente de la actividad cuando muestra señales o tiene síntomas.
2. No debe volver a la actividad antes de un mínimo de 240 horas (10 días).
3. Liberación de un médico profesional requerido para el retorno. Siga el retorno del distrito escolar para reproducir las pautas.
4. Entrenadores continúan supervisar para las muestras/síntoma desde atléticos vuelva a actividad.

Los estudiantes necesitan descanso cognitiva desde el aula, los mensajes de texto, teléfonos celulares, etc.

REFERENCIAS EN EL PROYECTO DE LEY SENADO 38 Y LESIONES CEREBRALES

Senate Bill 38:

<https://www.nmlegis.gov/Sessions/17%20Regular/final/SB0038.pdf>

Para más información sobre lesiones cerebrales consulte los siguientes sitios web:

<http://nfhslearn.com/courses/61059/concussion-for-students>

<http://www.nfhs.org/resources/sports-medicine>

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

<http://www.stopsportsinjuries.org/concussion.aspx>

<http://www.ncaa.org/health-and-safety/medical-conditions/concussions>



FIRMAS

Al firmar abajo, el padre / guardián y el atleta reconocen lo siguiente:

- ♦ Ambos han recibido y revisado la hoja de datos de Atletismo y Padres de la NMAA en Concusión en Deportes.
- ♦ Ambos comprenden los riesgos de lesiones cerebrales asociadas con la participación en la actividad atlética de la escuela, y son conscientes de la Ley del Estado del Senado de Nuevo México 38; Ley de concusión.
- ♦ El atleta ha recibido entrenamiento de lesión cerebral de acuerdo con la Ley 38 del Senado.

Firma de Atleta

Escriba Nombre

Fecha

Firma de Padres/ Tutor

Escriba Nombre

Fecha

Distrito Escolar Municipal de Lovington
Forma de Permiso para Examen de Droga y Alcohol
para Actividades Extracurriculares

Cada estudiante que participe en un programa extracurricular recibirá una copia de la Póliza de Examen de Droga y Alcohol para Actividades Extracurriculares y copia de la Forma de Permiso para Examen de Droga y Alcohol para Actividades Extracurriculares. Los padres o tutores y los estudiantes deben leer y firmar la forma de permiso antes de poder participar en cualquier actividad extracurricular. La forma de permiso da el poder de pedir un examen de orina o de aliento que se selecciona al azar o en ciertas ocasiones basadas en sospecha razonable se exige examen de droga o alcohol. Ningún estudiante será permitido participar en actividades extracurriculares hasta que haya entregado una forma firmada de permiso para examen de droga y alcohol para actividades extracurriculares.

Apellido de Estudiante

Nombre de Estudiante

Inicial de
Segundo Nombre

He leído y entiendo la Póliza de Examen de Droga y Alcohol para Actividades Extracurriculares y la Forma de Permiso para Examen de Droga y Alcohol para Actividades Extracurriculares. Yo entiendo que, por interés en mi seguridad y salud, el Distrito Escolar Municipal de Lovington impone las reglas sobre el uso de drogas y alcohol. Yo entiendo que la decisiones personales que yo haga diariamente en cuanto el uso de drogas y alcohol afectan mi salud y bien estar igual que la seguridad de la gente a mi alrededor. Yo entiendo que mis decisiones reflejan sobre la organización en la que tomo parte. Si yo escojo infringir o violar la póliza de drogas y alcohol de la escuela, yo entiendo que seré sujeto al castigo delineado en la Póliza de Examen de Droga y Alcohol para Actividades Extracurriculares.

Firma de Estudiante

Fecha

Grado

He leído y entiendo la Póliza de Examen de Droga y Alcohol para Actividades Extracurriculares y la Forma de Permiso para Examen de Droga y Alcohol para Actividades Extracurriculares del Distrito Escolar Municipal de Lovington. Deseo que el/la estudiante nombrado/a en el párrafo anterior participe en las actividades extracurriculares ofrecidas por el Distrito Escolar Municipal de Lovington, y doy permiso para el examen y análisis de muestras coleccionadas con el propósito de examen de droga y alcohol. También doy permiso que se reporten los resultados de cualquier examen como delineado en la póliza.

Firma de Padre/Tutor

Fecha

Esta es la póliza de las Escuelas Municipales de Lovington: proveer oportunidades de igualdad sin discriminar raza, color, nacionalidad, sexo, discapacitado o veteranos dentro de las actividades de programas educacionales. Esto incluye, pero no es limitado con la admisiones, servicios educativos ayuda financiera, y empleo.

Como estudiante del programa atlético/actividad de las Escuelas Municipales de Lovington, es de extrema importancia que yo mantenga una buena imagen pública lo mismo que dar un buen ejemplo. Yo contribuiré con mi mejor esfuerzo para conseguir el éxito de nuestro programas. Yo estoy de acuerdo de comportarme con la Póliza de Actividades Extra Curriculares. Me doy cuenta que en caso de no llevar acabo mi responsabilidad con este acuerdo se me podría quitar de la actividad en la cual estoy envuelto, de acuerdo con lo siguiente:

1. Yo representaré la escuela en una manera positiva; promoviendo buena ciudadanía. Yo respetaré y seré cortés con mis contrincantes, sus apoyos, lo mismo que con cualquier invitado.
2. Yo me ajustare a las reglas establecidas en el folleto de reglamento del estudiante, el folleto de reglamento de los atletas, y en el folleto de la póliza de la mesa directiva.
3. Yo estaré en tiempo cada vez que sea requerido
4. Yo calificaré en todos las normas de elegibilidad.
5. Yo seré responsable de todo el equipo que sea puesto en mi cuidado y lo regresaré a la escuela en la mejor condición posible. Yo entiendo que seré sujeto financieramente por el equipo perdido o dañado.
6. Me vestiré de acuerdo con el código de vestimientto escolar.
7. Si me quitan del equipo por razones disciplinarias, o dejo el equipo, no se me permitirá participar en otra actividad por 60 días de escuela, o hasta cuando se cumpla con la actividad de la cual he sido destituido.
8. Yo notificaré al entrenador antes de faltar a la práctica. Yo entiendo que el faltar a la práctica por razones no permitidas resultará en acciones disciplinarias.
9. Yo iré en el mismo vehículo(s) con el equipo en la transportación que la escuela provee para el juego y de los juegos atléticos al menos que me dejen ir con mis padres.
10. Si estoy envuelto en una pelea antes, durante, o después del juego atlético seré suspendido del siguiente evento para esa actividad. Si dejo la banca o la línea de un lado cuando el pleito ocurra yo seré suspendido del siguiente juego atlético o despedido del partido.
11. Un atleta deberá estar en asistencia completa en el día del evento que está puesto en el horario o a él/ella no se les permitirá participar. (Exenciones son; con documentación médica, profesional, o legal, que haya sido aprobada por el administrador del edificio)
12. No estaré en mi posesión de tabaco. Primera violación -confiscar/advertir. Segunda violación - 10 días/regla de 20%, Un estudiante envuelto en actividades extra curriculares no podrá usar o tener posesión de drogas alcohol o tabaco (actual o constructivo) en cualquier tiempo durante el año. El término constructivo se define como: estar en compañía de o con cualquier persona que esté envuelta en la venta, distribución, transportación, uso de o posesión de alcohol o drogas ilegales.

Infracciones en la Escuela, en Viajes Escolares, o Durante las Horas del Día Escolar

Violación: las medidas de disciplina escolares serán decididas por la administración de acuerdo con la póliza de la Mesa Directiva (JCDA, JGBBA Sección 2), que incluye el ser despedido(a) del equipo.

Las infracciones encontradas fuera del area Escolar - Incluyendo el Verano y los días Festivos

Primera Infracción por una minoría de consumo ó posesión: El estudiante no será elegible para ninguna actividad fuera del programa de estudios por 15 (quince) días escolares y 20% de juegos planificados para atletas. Los estudiantes implicados en otras actividades fuera del programa de estudios no tendrán derecho a los 15 (quince) días escolares y tampoco para el próximo acontecimiento planificado en los cual ellos participen.

Primera Violación por Consumo: Los estudiantes no serán elegibles para ninguna actividad fuera del programa de estudios por un 40% de juegos planificados para los atletas. Estudiantes envueltos en alguna otra actividad fuera del programa de estudios tampoco serán elegibles por 15(quince) días escolares y tampoco para el proximo acontecimiento planificado en los cuales ellos participen.

Segunda violación for una minoría de consumo ó posesión: Podría resultar que el estudiante no sea elegible para participar en cualquier actividad fuera de el programa de estudios por 90 días escolares comenzando con el día de la ofensa.

Tercera Violación por una minoría de consumo ó posesión: Podría resultar que el estudiante no seá elegible a participar en cualquier actividad fuera de el programa de estudios por todo un año escolar.

El estudiante puede tomar parte en la práctica durante este periodo de quince (15) días, pero no podrá usar el uniforme ni tampoco podrá viajar.

**Cualquier estudiante mencionado por la posesión ó el consumo será requerido a someterse a una prueba de droga/alcohol en el distrito; lo mas temprano posible Esto es de acuerdo a la ley.

***habrá otras consecuencias que serán tomadas por el director atletico y por la persona responsable de el deporte que se encuentre jugando el/la estudiante. Cualquier falta por cualquier estudiante del programa atletico/actividad de la escuela será penalizada de la misma manera.

**** Todas las violaciones incluirán consejeria de droga/alcohol antes de que el estudiante pueda volver a sus actividades. Será responsabilidad de el estudiante recibir 4 horas de consejeria y el estudiante será responsable de presentar evidencia a la administración de la escuela de que atendio a consejeria antes de que el/ella pueda regresar a sus actividades.

Juramento del Estudiante

Yo entiendo que la póliza de las Escuelas Municipales de Lovington en cuanto al alcohol/drogas y o tabaco y las consecuencias de las violaciones. Yo no usaré o tendré posesión de cualquier sustancia controlada/ilegal. Yo no estaré en la compañía de cualquier persona(s) que estén o puedan estar envueltos en la venta/distribución o transportación o posesión de alcohol o drogas ilegales (posesión constructiva.) Yo he leído y entiendo la información escrita aquí arriba y por eso doy mi aprobación/consentimiento para que _____ participe en los programas extra curriculares de las escuelas de Lovington. Nombre del estudiante

- por favor escriba en letra de molde

Padre/ tutor

Fecha

Estudiante atleta

Fecha
Grado

NEW MEXICO ACTIVITIES ASSOCIATION

6600 PALOMAS AVE. NE
ALBUQUERQUE, NM 87109
PHONE: 505-923-3110
FAX: 505-923-3114



CONSENTIMIENTO PARA TRATAR LA FORMA

El consentimiento de los padres para atletas menores generalmente se requiere para servicios de medicina deportiva, definidos como servicios que incluyen, entre otros, evaluación, diagnóstico, primeros auxilios y atención de emergencia, estabilización, tratamiento, rehabilitación y derivación de heridas y enfermedades, junto con decisiones sobre el retorno a jugar después de una herida o enfermedad. Ocasionalmente, esos atletas menores requieren servicios de medicina deportiva antes, durante y después de su participación en actividades relacionadas con el deporte, y en circunstancias en las que un padre o tutor legal no está disponible de inmediato para proporcionar el consentimiento relacionado con la condición específica que afecta al atleta. En tales casos, puede ser imperativo para la salud y seguridad de los atletas que los servicios de medicina deportiva necesarios para prevenir daños se brinden de inmediato, y que no se retengan o retrasen debido a problemas para obtener el consentimiento de un padre / tutor.

En consecuencia, como miembro de la Asociación de Actividades de Nuevo México (NMAA, por sus siglas en inglés),

_____ (nombre de la escuela o distrito) requiere, como condición previa a la participación en actividades interescolares, que un padre / tutor legal dé su consentimiento por escrito para la prestación de la medicina deportiva necesaria servicios a su atleta menor por parte de un proveedor médico calificado (QMP) empleado o designado por la escuela / distrito / NMAA, en la medida en que QMP lo considere necesario para evitar daños al estudiante / atleta. Se entiende que un QMP puede ser un entrenador atlético, un médico / médico osteópata, un asistente médico o una enfermera practicante con licencia del estado de Nuevo México (o el estado en el que se encuentra el estudiante / atleta en el momento en que ocurre la herida / enfermedad) y quién está actuando de acuerdo con el alcance de la práctica bajo su licencia estatal designada y cualquier otro requisito impuesto por la ley de Nuevo México. En situaciones de emergencia, el QMP también puede ser un paramédico o un técnico médico de emergencias certificado, pero solo con el propósito de proporcionar atención y transporte de emergencia según lo estipulado por la regulación estatal y los protocolos permanentes, y no con el propósito de tomar decisiones sobre el regreso al juego.

POR FAVOR IMPRIMA LEGIBLE O TIPO

"Yo, _____ el abajo firmante, soy el padre / tutor legal de,

_____, un menor y estudiante-atleta en _____

(nombre de la escuela o distrito) que pretende participar en deportes y / o actividades interescolares. Entiendo que la escuela / distrito / NMAA puede emplear o designar QMP's (como se definió anteriormente) para proporcionar servicios de medicina deportiva (como también se definió anteriormente) a los atletas interescolares de la escuela antes, durante o después de actividades relacionadas con el deporte, y en ciertas ocasiones hay actividades relacionadas con el deporte realizadas fuera de las instalaciones de la escuela / distrito, durante las cuales otros QMP son responsables por proporcionar dichos servicios de medicina deportiva. Por la presente doy mi consentimiento a cualquier QMP para que preporencione servicios de medicina deportiva al menor mencionado anteriormente. El QMP puede tomar decisiones sobre el retorno al juego de acuerdo con el alcance de la práctica definido bajo la licencia estatal designada, excepto que la ley de Nuevo México lo limite. También entiendo que la documentación correspondiente a cualquier servicio de medicina deportiva que se preporenciona al menor antes mencionado, puede ser mantenida por el QMP. Por la presente autorizo al QMP que preporenciona dichos servicios al menor antes mencionado para que divulgue dicha información sobre la herida / enfermedad, evaluación, condición, tratamiento, rehabilitación y estado de vuelta al juego del atleta a aquellos que, según el criterio profesional del QMP, están obligados a tener dicha información para asegurar un tratamiento óptimo y una recuperación de la herida / enfermedad, y para proteger la salud y la seguridad del menor. Entiendo que tales divulgaciones se pueden hacer a los entrenadores de menores, al director deportivo, a la enfermera de la escuela, a cualquier maestro del salón de clases que tenga que proporcionar alojamiento académico para asegurar la recuperación y el retorno seguro de la actividad del estudiante atleta, y cualquier QMP que lo trate.

Si el padre cree que el menor necesita más tratamiento o servicios de rehabilitación por la herida o enfermedad, el menor puede ser tratado por el médico o proveedor de su elección. Sin embargo, entiendo que todas las decisiones relacionadas con el regreso a la actividad el mismo día después de una herida / enfermedad deben ser tomadas por el QMP empleado / designado por la escuela / distrito / NMAA."

Fecha: _____ Firma: _____



NMAA 2020-2021 FORMULARIO DE EXENCIÓN DE EXAMEN DE PREPARTICIPACIÓN

*Como resultado de la pandemia de COVID-19, el siguiente formulario se puede usar para renunciar al requisito de examen de preparticipación anual para estudiantes que regresan. Este formulario solo será aceptado para el año escolar 2020-2021.

NOMBRE (Último, primero, MI): _____ AÑOS: _____ GRADO: _____ FECHA DE NACIMIENTO: ___/___/___
 ESCUELA: _____ DEPORTES: _____
 DOMICILIO: _____
 TELÉFONO: _____ CÉLULA: _____ OTRO(S): _____

Marque las casillas SÍ o NO para cada pregunta.

Fecha de los últimos deportes físicos **SÍ** **NO**
 1. ¿Recibió un examen de preparticipación (físico deportivo) el 1 de abril de 2019 o después?

Preguntas de riesgo medico

- 2. En el último año, ¿un médico restringió su participación en los deportes por algún motivo sin autorizarlo a volver a practicar deportes?
- 3. En el último año, ¿se desmayó o casi se desmayó durante o después del ejercicio?
- 4. En el último año, ¿ha tenido molestias, dolor, opresión o presión en el pecho durante el ejercicio?
- 5. En el último año, ¿alguien de su familia inmediata murió repentina e inesperadamente sin razón aparente?
- 6. En el último año, ¿algún familiar o pariente murió de problemas cardíacos o tuvo una muerte inesperada o inexplicable antes de los 35 años? (incluyendo un ahogamiento inexplicable o un accidente automovilístico inexplicable)?
- 7. En el último año, ¿ha tenido una lesión en la cabeza o conmoción cerebral que todavía tenga síntomas como dolores de cabeza continuos, problemas de concentración? o problemas de memoria?
- 8. ¿Ha dado positivo por COVID-19?
- 9. ¿Alguien en su familia inmediata dio positivo por COVID-19?
- 10. ¿Has estado en contacto cercano con alguien que haya dado positivo por COVID-19?

Padres o tutores legales: Tenga en cuenta cualquier problema de salud, medicamentos o alergias que puedan ser importantes para que el director de atletismo / actividades y / o entrenadores lo sepan.

"No conozco ninguna razón física o de salud adicional existente que impida la participación en deportes. Certifico que las respuestas a las preguntas anteriores son verdaderas y precisas y apruebo la participación en actividades deportivas. Además, soy consciente de que existe un riesgo inherente de lesiones y / o enfermedades asociadas con la participación en actividades deportivas y otorgo permiso para que mi hijo participe en las actividades de NMAA durante la actual pandemia de COVID-19."

 Firma del padre o tutor legal

 Fecha

 Firma del estudiante

 Fecha

For School Use Only

School Personnel Review

- 1. Question 1: NO – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form_Spanish.pdf
- 2. Question 2-4: SÍ – Student requires a preparticipation examination from an approved HCP using the NMAA-Approved Sports Physical Form: https://www.nmact.org/file/Physical_Form_Spanish.pdf
- 3. Questions 5-10: SÍ – Student requires written clearance from an approved HCP.

NOTES:

CLEARED FOR SPORTS: YES NO