ACKNOWLEDGEMENT OF RISK OF INJURY

By the signatures below, it is indicated that both the student and the parent/guardian have read and agree to the Acknowledgement of Risk of Injury.

Student Name: ____________________________ Grade: __________

Check the appropriate sport(s):

_____ Football    _____ Volleyball    _____ Cheer    _____ Quiz Bowl
_____ Cross Country  _____ Basketball  _____ Track    _____ Student Council

I am aware that playing or participating in any sport can be a dangerous activity that involves the risk of injury. I understand the dangers and risks of playing or practicing the above checked sport(s) includes but is not limited to: sprains, fractures, ligament damage, and cartilage damage. I am aware these injuries could result in temporary or permanent, partial or complete impairment in the use of limbs, brain damage, paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate in the above checked sport(s). I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above checked sport(s).

As the parent(s)/guardian(s) we do hereby acknowledge that we/I have been fully advised, cautioned, and warned by the administrative and coaching personnel of Lyndon Middle School that our/my child named above may suffer serious injury including but not limited to sprains, fractures, brain damage, paralysis, or even death by participating in the above checked sport(s).

Notwithstanding such warnings, and with full knowledge and understanding of the risk of injury to our/my child named above, we/I give our/my consent for him/her to participate in the above checked sport(s).

ACKNOWLEDGEMENT OF RECEIPT OF ACTIVITIES HANDBOOK

By the signatures below it is indicated that both the student and the parent/guardian have read and agree to all information contained within the Lyndon Middle School Activities Handbook including the rules, regulations, and policies and fully understand their meaning and consequences.

Student Signature: ____________________________ Date: ______________

Parent/Guardian Signature: ____________________________ Date: ______________

I plan to attend the coaches pre-season meeting.  ____ Yes  ____ No

PLEASE RETURN THIS SIGNED FORM TO THE MIDDLE SCHOOL OFFICE BEFORE PRACTICE OR PARTICIPATION IN THE ACTIVITIES NOTED ABOVE.
EMERGENCY CARE FORM

Student Name: ___________________________ Grade: ___________

During the coming year your child may be injured or become ill during athletic practices or contests. Many of these contests will be out of town. In the event your child is injured or becomes ill, attempts will be made to contact parent(s)/guardian(s). Please help us care for your child by filling in the necessary information below.

Student’s Name: ___________________________ Home Phone: __________________

Mother’s Name: ___________________________ Work & Cell Phone: __________________

Father’s Name: ___________________________ Work & Cell Phone: __________________

If you cannot be reached at home or at work, where else might you be contacted?
Please include appropriate telephone numbers:

________________________________________________________________________

Please designate persons (adult) who will care for your child or help make emergency decisions in case a parent/guardian cannot be reached. (These individuals may be close friends or relatives who normally attend your child’s contest).

Name: ___________________________________ Phone: __________________

Name: ___________________________________ Phone: __________________

In the event of serious injury, it may be necessary to contact local emergency medical personnel immediately. Attempts will then be made to contact the parent/guardian or designated persons to inform them of the situation. Medical personnel will treat the child as needed.

IMPORTANT INFORMATION:
Allergies/Major Health Problems: ____________________________________________________________

________________________________________________________________________

Hospital Preference: ________________________________________________________________

Family Physician: ________________________________ Phone #: __________________

Insurance Policy and Number: ____________________________________________________________

In case of an illness or injury to the above named student, the school is authorized to proceed in its emergency medical plan. I understand the school is not financially responsible for individual medical, dental, ambulance, or hospital services. I realize it will be necessary for me to inform the school of any address or telephone number changes that may occur during the school year. I understand the coaches/sponsors of my child will be prepared to take the appropriate emergency steps by keeping a copy of this form with them at all contests.

Parent’s/Guardian’s Signature: ___________________________ Date: ____________
Lyndon Middle School
Permission Form for Transportation
Other than Parent

This document is to be returned to the Principal's office before the day of the activity.

I (parent or guardian) ___________________________ give
my permission for my son / daughter _______________ to ride home
from a Lyndon Middle School away activity during the 2019-2020
school year with the following adults:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Parent/Guardian Signature ___________________________ Date _______________
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:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns

### 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 incoordination
- 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

Adapted from the CDC and the 3rd International Conference in Sport
What can happen if my child keeps on playing with a concussion or returns too soon?
Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

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

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

Return to Practice and Competition
The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).
For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/concussion/HeadsUp/youth.html
http://www.kansasconcussion.org/
For concussion information and educational resources collected by the KSHSAA, go to:
http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm

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<th>Student-athlete Name Printed</th>
<th>Student-athlete Signature</th>
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<tbody>
<tr>
<td>Parent or Legal Guardian Printed</td>
<td>Parent or Legal Guardian Signature</td>
<td>Date</td>
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Cotton O’Neil
ORTHOPEDICS &
SPORTS MEDICINE

PARENT/GUARDIAN CONSENT FORM
2019-2020 SCHOOL YEAR

Student’s Name (please print):

Student’s Date of Birth: ___________ Grade: ________

EMERGENCY CONTACT INFORMATION

Name: ___________________________ Phone Number: (____) _______ - ________

I, as parent or guardian of the student identified above, hereby grant permission to any athletic trainer on site at any school sanctioned sports practice or competition to provide such treatment within the scope of professional services authorized for such athletic trainer as deemed necessary for a physical condition arising during or affecting participation in such event. I also grant permission to release medical information to the school, to the athletic trainer and to any subsequent physician or other provider as necessary for treatment of the student identified herein. This authorization to release medical information does not encompass release of any information to the media or to any university or school except that in which the above named student is enrolled. I acknowledge and agree that any such athletic trainer may use his or her own judgment in securing medical aid, including ambulance and other emergency services as a result of any injury during participation in a school sanctioned event. I specifically consent and agree that the above referenced athletic trainer may provide preventative care and treatment of athletic injuries, evaluation of athletic injuries, first aid and emergency management of athletic injuries and rehabilitation and reconditioning of athletic injuries.

By signing below, I agree and acknowledge that no athletic trainer (nor the athletic trainer’s employer, Stormont-Vail HealthCare, Inc.) assumes responsibility and is not liable for any accident or injury that may occur during the student’s participation in an athletic event. I understand that the athletic trainer (and his/her employer, Stormont-Vail HealthCare, Inc.) is not involved in the school athletic program other than providing the services noted herein.

Parent/Guardian Name (PRINT):

Parent/Guardian Signature: ___________________________ Date:

2660 SW 3RD STREET, TOPEKA, KS 66606 785-270-8880