

FALL SPORT PARTICIPATION PACKET

(B & G Cross Country, Football, Field Hockey, B & G Soccer, Volleyball, Girls Swimming/Diving, Cheerleading)

All forms in this packet must be returned to your coach **BEFORE** the start of the fall season. Even if you are an upperclassman returning these forms must be submitted before each season.

Fall Sports begin on August 23 (except football which begins August 13). **There will be a mandatory meeting for all student athletes and their parent/guardian on Monday, August 20 at 6:00pm in the Auditorium. Individual team meetings will follow. **Football does not need to attend this meeting date.**

The CIAC requires that a valid sports physical be provided before a prospective athlete can practice and/or compete for any CIAC member school. All student athletes must have a valid sport physical on file with the school nurse BEFORE practice or try outs begin. Students will not be notified if their physical is expired, this is the responsibility of the student to make sure they are cleared with a valid physical.

The following forms are included in this packet, all must be returned to the coach BEFORE the start of the season and can be handed in on August 20 at the Fall Sports meeting:

1. **Student Athlete and Parent Handbook Signature Sheet- signed by both the student and parent.** At the start of the season, students and parents must review the hand book found on the school website. **Hard copies are available on request.** Please read through this handbook carefully as it has important information on eligibility and procedures and has *recently been updated*. In order to participate in high school athletics students and parents must sign off stating that they understand these rules and regulations.
2. **Student/Parent Sudden Cardiac Arrest Education & Consent Form- signed by both the student and parent** *This form is state mandated*
3. **Student/Parent Concussion Education & Consent Form- signed by both the student and parent** *This form is state mandated, and will help with the identification of concussion symptoms and outlining our concussion protocol.*
4. **Athletic Emergency Information Card-** This form is very similar to the Emergency information form that goes to the School Nurse. It is for the Coach and Trainer in case an emergency arises during practice or game. This form is vital to the trainer and/or the coach to provide proper care.
5. **Athletic Trainer Consent to Treat Form**

Fall Head Coaches (2018)

Football	Mike Baklik	mbaklik@rsd17.org
Field Hockey	Meagan Sears	msears@rsd17.org
Volleyball	Robin Callender	RLCallender10@sbcglobal.net
Boys & Girls Cross Country	Matt Diglio	diggs1517@aol.com
Girls Soccer	Steve Johnstone	johnstones06@gmail.com
Boys Soccer	Denis Recchia	DRecchia@rsd17.org
Girls Swimming & Diving	TBA	LFlint@rsd17.org
Cheerleading	Kelcey Bartolotta	kelceybart@gmail.com

PLEASE SIGN & RETURN TO THE COACH IMMEDIATELY
Students may not participate unless this form is signed and returned.

HADDAM-KILLINGWORTH HIGH SCHOOL
PARENT/STUDENT ACKNOWLEDGMENT FORM

(This form must be completed and returned to your coach)

**THE STUDENT & PARENT ATHLETIC HANDBOOK CAN BE FOUND ON THE
RSD17.ORG WEBSITE UNDER ATHLETICS. IF YOU WOULD LIKE A HARD COPY
PLEASE SEE MRS. FLINT**

I hereby acknowledge that I have read the Student & Parent Athletic Handbook containing the rules and regulations governing the HKHS Athletic program. I agree to adhere to all of these regulations while participating in athletic activities at Haddam-Killingworth High School.

I understand that if I violate the basic school conduct rules I will jeopardize the privilege of serving in a leadership role. If I am suspended and/or expelled, I will be removed from any/all leadership positions for the remainder of the academic year and may not hold any leadership position during the following calendar year beginning on the date of the incident.

I will NEVER do anything that will bring negative attention, embarrassment or an unfavorable view of fellow students, coaches, family, school or community.

Sport: _____ Signed: _____
Student's Signature

I hereby acknowledge that I have read the Student & Parent Athletic Handbook. I give my consent for my child to engage in approved activities and to receive transportation to and from all athletic events. I also understand that participation in athletics involves a high level of commitment and dedication. I recognize and assume that there may be risks normally associated with such activities and that they can be vigorous and even involve bodily contact. I give my permission to the appropriate certified school staff or medical personnel to render emergency treatment if required when associated with athletic injury or illness.

_____ has my permission to participate during the 2018-2019 school year, and I have read and agree with the policies as written.

Signed: _____
Parent/Guardian

**Haddam Killingworth High School
Sudden Cardiac Arrest
Student & Parent Informed Consent Form
2018-19**

NOTE: This document was developed to provide student-athletes and parents/guardians with current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by the student-athlete's associated school district annually to comply with Connecticut General Statutes Chapter 163, Section 10-149f: **SUDDEN CARDIAC ARREST AWARENESS EDUCATION PROGRAM.**

Part I – SUDDEN CARDIAC ARREST - What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

PART II - HOW COMMON IS SUDDEN CARDIAC ARREST IN THE UNITED STATES?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. It is a leading cause of death for student athletes.

According to an April 2014 study for PubMed the incidence was

- 0.63 per 100,000 in all students (6 in one million)
- 1.14 per 100,000 athletes (10 in one million)
- 0.31 per student non-athletes (3 in one million)
- The relative risk of SCA in student athletes vs non-athletes was 0.65
- There is a significantly higher risk of SCA for boys than girls

Leading causes of sudden death among high school and college athletes, according to the NCAA (on CBS News, June 28, 2012)* are heat stroke, heart disease and traits associated with sickle cell anemia. Prevention of sudden death, the same study concludes, is associated with more advanced cardiac screening with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices.

PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as: fainting or seizures during exercise; unexplained shortness of breath; dizziness; extreme fatigue; chest pains; or racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR) — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

(<http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/>)

WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

REMOVAL FROM PLAY

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care professional trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

RETURN TO PLAY

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider.

To summarize:

- SCA is, by definition, sudden and unexpected.
- SCA can happen in individuals who appear healthy and have no known heart disease.
- Most people who have SCA die from it, usually within minutes.
- Rapid treatment of SCA with a defibrillator can be lifesaving.
- Training in recognition of signs of cardiac arrest and SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone who has had an SCA.

(National Heart, Lung, and Blood Institute)

I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

Sources:

Simons Fund - <http://www.simonsfund.org/>

Pennsylvania Department of Health - <http://www.simonsfund.org/wp-content/uploads/2012/06/Parent-Handout-SCA.pdf>

Haddam Killingworth High School

Student and Parent Concussion Informed Consent Form 2018-19

This consent form was developed to provide students and parents with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education* and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth."* -CDC, Heads Up: Concussion

http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious" -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf

Section 1. Concussion Education Plan Summary

The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:

1. The recognition of signs or symptoms of concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/ slurred speech
- Slow/clumsy movements
- Loses consciousness
- Amnesia/memory problems
- Acts silly/combative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.**

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual’s concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity*.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity <70% of maximal exertion; no resistance training	Increase Heart Rate
3. Sport specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact sport drills	Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

* If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete’s symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don’t resolve, the athlete should be referred back to her/his medical provider.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

***** Please see RSD17 Concussion Protocol *****

I have read and understand this document the “Student and Parent Concussion Informed Consent Form” and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82.
<http://www.nfhs.org>
http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- Centers for Disease Control and Prevention. Injury Prevention & Control: Traumatic Brain Injury. Retrieved on June 16, 2010.
<http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports Guide for Coaches. Retrieved on June 16, 2014.

**REGIONAL SCHOOL DISTRICT #17
CONCUSSION PROTOCOL**

1. As soon as a concussion is suspected the student must immediately be removed from the activity and appropriate medical personal will be contacted including: the school nurse; athletic trainer; or 911.
2. Should the student display ANY symptoms of a concussion a parent/guardian will be called and the student will be removed from the activity or event and referred to the student's primary care physician, the emergency room, or 911 will be called.
3. If the student does not show symptoms until later on, such that the coach or trainer had no knowledge the student is symptomatic, the school nurse must be notified by the parent/guardian. Should the student not go to the emergency room initially, it is ALWAYS recommended that immediate medical care be sought if certain worrisome signs develop including:
 - Worsening headache that does not go away
 - Repetitive vomiting
 - Altered mental status (drowsy or cannot be awakened)
 - Weakness, numbness or decreased coordination
 - Slurred speech
4. The ImPACT test will be re-administered 24-72 hours after the injury by appropriate school personnel (depending upon instructions from the Doctor).
5. School activities including; attendance at school, classwork load, and homework may need to be accommodated during the recovery period. The school nurse will work with your child's school counselor and your child's primary care physician to create a plan that works best for your child.

IF YOUR STUDENT WAS DIAGNOSED WITH A CONCUSSION THEY MUST COMPLETE ALL OF THE FOLLOWING:

STEP 1: In order to be eligible for the return to play protocol, a student must meet ALL of the following requirements:

- A note from the student's **primary care physician** clearing them for activity must be received by the school nurse
- Symptom free for **2** days
- Completing full days of school with no academic restrictions
- Participating in Physical Education
- ImPACT test administered, and evaluated by Dr. Nolfo at the Shoreline Concussion Center

STUDENTS WILL NOT BE ALLOWED ON THE SIDELINES OF A GAME OR PRACTICE, OR TRAVELING TO AWAY CONTESTS PRIOR TO COMPLETING STEP 1.

STEP 2: Once all of these conditions above have been met, the student can begin the gradual return to play protocol

- Phase 1: Running/Sprinting
- Phase 2: Noncontact drills
- Phase 3: Contact drills
- Phase 4: Full Scrimmage Play
- Phase 5: Able to Play in a Game

STEP 1 & STEP 2 ARE NOT COMPLETED AT THE SAME TIME. THE GRADUAL RETURN TO PLAY (STEP 2) BEGINS AFTER ALL REQUIREMENTS IN STEP 1 HAVE BEEN MET. A STUDENT WILL BE ALLOWED TO RETURN TO PLAY ONLY AFTER STEP 1 AND STEP 2 HAVE BEEN FULLY COMPELTED.

HADDAM-KILLINGWORTH HIGH SCHOOL ATHLETIC EMERGENCY INFORMATION CARD

Athlete's Name: _____ Sport: _____
Please Print Last First Middle

Date of Birth: _____ Grade: _____ Homeroom: _____

Home address: _____

Home Phone: _____ Cell Phone: _____ E:Mail: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____
Address: _____ Address: _____
City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

In the event parents cannot be reached, call: Name _____ Phone: _____

OR Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Orthopedist: _____ Phone: _____

Dentist: _____ Phone: _____

Primary Medical Insurance Company or Plan: _____

Policyholder: _____ Member ID No. _____

Group No. _____ Hospital Preference: _____

Allergies: _____
Please answer Yes or No

Epileptic _____ Diabetic _____ Asthmatic _____ Cardiac Problems _____ Contact lenses _____ Medications _____

Please list all previous serious illnesses, injuries, hospitalizations, and surgeries within the past 5 years

You have my permission to take whatever action is deemed necessary for the health and welfare of my child. I agree to notify the Athletic Director immediately if my child develops an illness or injury during the season which would affect his or her ability to participate in any practices or contests

Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

Date Received by coach _____ Coach Initials _____



Athlete's Name: _____ **Date:** _____

Consent to Treat

In the event that an athletic injury or illness should occur to the above named student athlete while participating in a sanctioned athletic activity at (enter team/school). I give my permission for them to receive proper/necessary care from a certified / licensed athletic trainer, physician or other health care individual representing Select Medical Outpatient division. Furthermore, in the event that a medical emergency should occur and I cannot be contacted, I give my permission for a Select Medical health representative to arrange for ambulance service to the nearest medical facility. I also give permission for the staff of the medical facility to render treatment, which is considered necessary, for the student-athlete's well being and health.

Signature _____ Date: _____

Parent(s)/Legal Guardian(s) must sign for minors.

The student shall not participate in sports without completed consent to treat form in file.