

# Delphos Jefferson Physical Forms

ALL

must be completed and **TURNED IN** to Coach / AD  
**BEFORE** the athlete will be allowed to participate in  
practice or OHSAA Contests

DO NOT wait until the week before your practice begins  
If tryouts – You cannot try out & thus you cannot make the team



**For 2022 – 2023 School Year**  
**Do Not Return Last Page**

Athletic Office: 419-695-1786 X 414

[ksmelser@delphoscitieschools.org](mailto:ksmelser@delphoscitieschools.org)





# PREPARTICIPATION PHYSICAL EVALUATION | Ohio High School Athletic Association – 2022-2023

## HISTORY FORM

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

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
 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 (i.e., 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  $\geq 3$  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?





**Additional questions, as authorized by the Ohio High School Athletic Association, were not a part of the revised 5<sup>th</sup> edition PPE as authored by the American Academy of Pediatrics and are optional.**

1. On average, how many days per week do you engage in moderate to strenuous exercise (makes you breathe heavily or sweat)? \_\_\_\_\_
2. On average, how many minutes per week do you engage in exercise at this level? \_\_\_\_\_
3. Have you had COVID-19 or tested positive for COVID-19? \_\_\_\_\_
4. If answered yes, when did you have/test positive for COVID-19? \_\_\_\_\_
5. If answered yes, have you had any ongoing medical issues secondary to COVID-19? \_\_\_\_\_
6. If answered yes, were you cleared by a health care provider following the diagnosis to return to sport activity? \_\_\_\_\_
7. Has a physician ever denied or restricted your participation in sports for reasons related to COVID-19? \_\_\_\_\_
8. If answered yes, please state reasoning: \_\_\_\_\_

**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: \_\_\_\_\_

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# PREPARTICIPATION PHYSICAL EVALUATION | Ohio High School Athletic Association – 2022 – 2023

## ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

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

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here:

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Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here:

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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 | 2022-2023

### 2022-2023 Ohio High School Athletic Association Eligibility and Authorization Statement

*This document is to be signed by the participant from an OHSAA member school and by the participant's guardian*

I have read, understand and acknowledge receipt of the **OHSAA Student Eligibility Guide and Checklist**

(<https://ohsaaweb.blob.core.windows.net/files/Eligibility/OtherEligibilityDocs/EligibilityGuideHS.pdf>) which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA website at [ohsaa.org](https://ohsaa.org).

I understand that an OHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.

I understand that participation in interscholastic athletics is a **privilege not a right**.

#### **Student Code of Responsibility**

As a student athlete, I **understand and accept** the following responsibilities:

- I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.
- I will be **fully responsible** for my own actions and the consequences of my actions.
- I will **respect the property** of others.
- I will **respect and obey the rules** of my school and laws of my community, state and country.
- I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.
- I **understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period as determined by the principal.**

**Informed Consent** – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

- I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.
- I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.
- To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school, I **consent to the release to the OHSAA any and all portions of school record files**, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), enrollment documents, financial and scholarship records, residence address of the student, academic work completed, grades received and attendance data.
- I **consent to the OHSAA's use of the herein named student's name, likeness, and athletic-related information** in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.  
I **understand that if I drop a class, take course work through College Credit Plus, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility. I accept full responsibility for compliance with Bylaw 4-4, Scholarship, and the passing five credit standard expressed therein.**
- I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or another health care provider working under the supervision of a physician will be required in order for the student to return to participation.
- I **have read and signed the Ohio Department of Health's Concussion Information Sheet** and have retained a copy for myself.
- I **have read and signed the Ohio Department of Health's Sudden Cardiac Arrest Information Sheet** and have retained a copy for myself.

By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.

**\*Must Be Signed Before Physical Examination**

Student's Signature

Birth Date

Grade in School

Date

Parent's or Guardian's Signature

Date

**PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023**

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS  
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**



**OHSAA AUTHORIZATION FORM | 2022-2023**

I hereby authorize the release and disclosure of the personal health information of \_\_\_\_\_ ("Student"), as described below, to \_\_\_\_\_ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: \_\_\_\_\_

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

This authorization will expire when the student is no longer enrolled as a student at the school.

**NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.**

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

Birth date of Student, including year \_\_\_\_\_

Name of Student's personal representative, if applicable \_\_\_\_\_

I am the Student's (check one): ☐ Parent ☐ Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable \_\_\_\_\_

Date \_\_\_\_\_

**A copy of this signed form has been provided to the student or his/her personal representative**



# PREPARTICIPATION PHYSICAL EVALUATION – Ohio High School Athletic Association – 2022-2023

## PHYSICAL EXAMINATION FORM

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

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

Grade in School: \_\_\_\_\_

2022 - 2023

### 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		
Appearance		NORMAL ABNORMAL FINDINGS
<ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat		
<ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart*		
<ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin		
<ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL		
Neck		NORMAL ABNORMAL FINDINGS
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"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

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

Name of health care professional (print or type): \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_

MD, DO, DC, NP, or PA



## PREPARTICIPATION PHYSICAL EVALUATION | OHIO HIGH SCHOOL ATHLETIC ASSOCIATION – 2022-2023

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction 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 is 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 of Exam: \_\_\_\_\_

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

Signature of health care professional: \_\_\_\_\_, MD, DO, DC, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

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

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

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

Other information: \_\_\_\_\_

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

Emergency contacts: \_\_\_\_\_

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



# Ohio Department of Health Concussion Information Sheet For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

## What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

## Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

### Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

### Symptoms Reported by Athlete

- ◆ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not "feel right."*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

## Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

## Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

## The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

## Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on the ODH website.

### Resources

ODH Violence and Injury Prevention Program  
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention  
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

## Sample Activity Progression\*

**Step 1:** Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

**Step 2:** Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

**Step 3:** Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

**Step 4:** Full contact in controlled practice or scrimmage.

**Step 5:** Full contact in game play.

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



# Ohio Department of Health Concussion Information Sheet

## *For Interscholastic Athletics*

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

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Athlete

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Date

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Athlete *Please Print Name*

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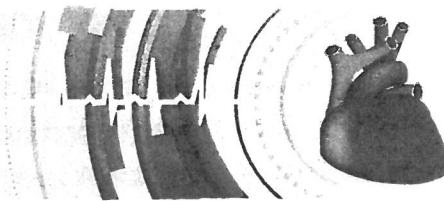
Parent/Guardian

---

Date



## Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

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

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

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

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## **Medical Information Release for 2022-2023 School Year**

We are the parent(s)/legal guardian(s) for a minor student athlete or I am an adult student athlete (18 years or older) and understand that the school I/my/our child attend(s) is under contract with Mercy Health-St. Rita's Sports Medicine to provide athletic training services for their student athletes.

I/we understand that health information related to me or my/our student athlete should be protected, but in order to provide the best treatment and the best opportunity for a safe and quick return to athletic activities, there may be instances in which the Certified Athletic Trainer (AT) should discuss information with regard to a student athlete's condition with others. Therefore, when injuries or medical conditions arise that require the AT's intervention, I/we give my/our permission for any AT from Mercy Health-St. Rita's Sports Medicine who is involved in my/our student athlete's care to discuss pertinent health information including, but not limited to, the type of injury/condition, the plan for treatment, and any athletic/sports participation limitations, with the following individual(s) when the situation warrants: team physician (where applicable), treating physician, family physician, dentist, emergency medical personnel, medical center/hospital personnel, coaching staff, athletic director, other AT(s), any health care provider or facility currently treating me or my/our student athlete, and me/us. The AT will communicate with the aforementioned individuals on an as needed basis and will use professional discretion and judgment to protect the student athlete's Personal Health Information (PHI). This release shall provide permission for any health care provider/facility, which is currently treating, or has treated me or my/our student athlete, to release information directly to the AT as part of the continuum of care. This release shall also cover communication to aforementioned individuals through Mercy Health's Athletic Trainer electronic medical record, Healthy Roster.

This disclosure may include records protected by federal confidentiality rules. The federal rules prohibit the AT from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2."

I/We understand that should a change be desired in the type of PHI to be discussed or with whom it can be shared, the individual who initially signed this release must make the request in writing and contact the AT. (Should a student athlete become 18 years of age during the school year, the now adult student athlete would be able to make these changes.) I/we understand that should I/we revoke/change this authorization, the revocation/change will not cover any action that has already been taken by Mercy Health-St. Rita's Sports Medicine during the original granted authorization. I/we also understand that verbal approval may be given directly to the AT by the parent, guardian, or adult student athlete for a specific, single episode of communication and will be documented by the AT.

*I/We have read and understand the above document.*

- ▽ If this document is part of an on-line electronic signature process through your high school, then the electronic signature completed as part of that process will act as an electronic signature for this document during the academic year of 2022-2023.
- ▽ If this document is presented by your school in hard copy form, please print, sign, and date below, and will be in effect for the academic year of 2022-2023.

**Print:** Student Athlete Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Signatures:** Student Athlete: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



Dear Parent/Guardian,

Delphos Jefferson High School is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor or, to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Delphos Jefferson administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience.

# **Delphos City School District**

## **PARENT/SPECTATOR CODE OF CONDUCT AND SPORTSMANSHIP**

As fans of the athletic teams of the Delphos City Schools you should acknowledge that you, as an adult, are a role model for our student athletes. We all need to remind ourselves that athletics are an extension of the classroom, offering learning experiences for our students. It is the hope and expectation of the Delphos City School District that our spectators have an understanding of the spirit of fair play, sportsmanship, and respect for others.

### **Parent/Spectator Conduct Guidelines**

- Demonstrate good sportsmanship by being a good role model
- Treat players, coaches, game officials and other fans with respect
- If you as a parent have a concern, speak with the coach at an appropriate time and place – never before, during or immediately after a contest. Make an appointment at a later time. The chain of command for concerns is the coach, athletic director/principal, superintendent and BOE.
- Refrain from booing or heckling officials. Always remember, this contest is just a game
- Refrain from displays of anger and the use of profanity. These displays cannot be accepted
- Do not attend games while under the influence of alcohol or drugs
- Do not attempt to coach or give direction to players during a contest. This undermines the objectives of the coaches and will likely embarrass your son or daughter
- Always remember that your ticket to a Wildcat athletic event provides you with the “privilege” of observing the contest and supporting your team, not berating the game officials, coaches or players.

Please understand that a failure to comply by the Code of Conduct may subject fans to disciplinary actions that could include, but not limited to, the following:

- Verbal Warning
- Written Warning
- Game Suspension
- Season Suspension

Please help to make attending Delphos Wildcat Athletic Contests an enjoyable experience for all of our fans and student athletes.

Delphos City Schools BOE

School Administrators and Athletic Dept.

# **From The NFHS: A Message to Parents of Ohio High School Athletes**

**January 14, 2019**

## **DEAR MOM AND DAD: COOL IT**

By Karissa Niehoff, Executive Director of the National Federation of State High School Associations, and Jerry Snodgrass, Executive Director of the Ohio High School Athletic Association.

If you are the mother or father of a high school athlete here in Ohio, this message is primarily for you.

When you attend an athletic event that involves your son or daughter, cheer to your heart's content, enjoy the camaraderie that high school sports offer and have fun. But when it comes to verbally criticize game officials or coaches, cool it.

Make no mistake about it. Your passion is admired, and your support of the hometown team is needed. But so is your self-control. Yelling, screaming and berating the officials humiliates your child, annoys those sitting around you, embarrasses your child's school and is the primary reason Ohio has an alarming shortage of high school officials.

It's true. According to a recent survey by the National Association of Sports Officials, more than 75 percent of all high school officials say "adult behavior" is the primary reason they quit. And 80 percent of all young officials hang up their stripes after just two years of whistleblowing. Why? They don't need your abuse.

Plus, there's a ripple effect. There are more officials over 60 than under 30 in many areas. And as older, experienced officials retire, there aren't enough younger ones to replace them. If there are no officials, there are no games. The shortage of licensed high school officials is severe enough in some areas that athletic events are being postponed or cancelled—especially at the freshman and junior varsity levels.

Research confirms that participation in high school sports and activities instills a sense of pride in school and community, teaches lifelong lessons like the value of teamwork and self-discipline and facilitates the physical and emotional development of those who participate. So, if the games go away because there aren't enough men and women to officiate them, the loss will be infinitely greater than just an "L" on the scoreboard. It will be putting a dent in your community's future.

If you would like to be a part of the solution to the shortage of high school officials, you can sign up to become a licensed official at [HighSchoolOfficials.com](http://HighSchoolOfficials.com). Otherwise, adult role models at high school athletic events here in Ohio are always welcome.