

2023-2024 ATHLETIC PACKET CONTENTS

Please take a few moments to review the contents of this packet and return all forms requiring signatures. If you have any questions, call the school at 406-487-2202.

Athletic Letter

Training Rules (sign and return)

Student Health Survey/Medical Consent Form (sign and return)

DMHC Sports Physical Information Sheet

*Please see enclosed informational sheet for dates and times.

Physical Form (sign and return)

*Make sure the front side of the physical form is completed before your appointment.

*Please have your physical completed as soon as possible. **NO student** may practice without a current physical on file at the school

Student-Athlete & Parent/Legal Guardian Concussion Statement (sign and return Statement)

*Both Student and Parent need to look over the statement and initial and sign where indicated.

Drug Testing Policy & Consent Form (sign and return Consent Form)

**** Both Student and Parent should read the Spartan Standards which is available online on the Scobey Schools website****

SCOBEEY SCHOOL ACTIVITIES TRAINING RULES

ACTIVITY CODE OF CONDUCT

- Any student wishing to participate in activities and represent Scobey Schools and the Scobey community must realize that such representation is a privilege, NOT A RIGHT.
- Along with this privilege there are rules which must be followed since certain practices are undesirable and harmful to the participant. Among those rules is the requirement to sign and adhere to established training rules intended as a deterrent to undesirable and harmful practices and as a means to teach self-discipline.
- No students will be allowed to start practice without a signed physical examination form.
- No students will be allowed to start practice without signed emergency medical treatment forms.
- No student will be allowed to participate without training rules signed by the student and parent.
- Any student involved in extra-curricular activities is expected to dress in a neat and respectable fashion while attending and while taking part in the activity.
- Training rule violations may also result in additional disciplinary action if there are other school regulations that are also violated at the same time.

BASIC TRAINING RULES

- Training rules apply to all students who participate in any capacity in any of the following extra-curricular activities sponsored by Scobey Schools:

Football	Volleyball	Cross Country	Basketball
Cheerleading	Track	Golf	FCCLA/Tech Ed.
BPA	Speech/Drama	Close-Up	Art Club
Language Club	Pep Band	Swing Choir	
Solo and Ensemble Groups		Instrumental Jazz Ensembles	Half Time Performance Groups

- Training rules apply beginning with the day signed and are in effect until the end of the current school year.
- Training rules must be signed for each of the above activities in which the student wishes to participate.
- The following Scobey School Training Rules will be adhered to by participants of the above mentioned extra-curricular activities:
 - No use or possession of alcoholic beverages.
 - No use or possession of tobacco or marijuana.
 - No use or possession of any alternative nicotine or vapor products
 - No use or possession of any other type of illegal drugs.
 - No abuse of any prescription and/or non-prescription drug.
 - No attendance at functions or places where alcohol or drugs are present and being used illegally.
 - No acts of insubordination toward anyone charged with the responsibility of the activity.
 - No discourteous or rude acts toward others or the public while representing Scobey Schools.
 - No illegal activity while on school trips or at school activities.
 - Maintain set curfew times while on training rules.

HONESTY CLAUSE

- We encourage our students to be honest at all times; therefore, students who self-report any violation will receive ten days' suspension for that level of violation as well as complete the Insight program or evaluation by the county drug and alcohol counselor. However, the student will still be suspended from any and all extra-curricular activities for which training rules were signed that fall within the parameter of the suspension. Any student who denies involvement and then is later found to have been dishonest will receive a suspension twice as long as that listed under that level of violation.
- Self-report constitutes notification of school administration, athletic director, coach, or sponsoring advisor within 24 hours of the violation or the next regularly scheduled school day following the violation. Disciplinary consequences and suspension from any and all athletic and non-athletic extra-curricular activities will begin immediately upon confirmation of the violation and will end at midnight on the last day of the suspension period.

CONSEQUENCES FOR TRAINING RULE VIOLATIONS INVOLVING ALCOHOL, DRUGS, TOBACCO AND ALTERNATIVE NICOTINE/VAPOR PRODUCTS

- Violations are cumulative throughout the current school year in which training rules are signed by the student.

FIRST VIOLATION

- After the confirmation of the first violation, the participant shall be suspended from all extracurricular activities and performances for a period of 15 instructional days and will be required to complete the school's Insight program.
- Refer to Guidelines Regarding Suspension From Extra Curricular Activities.

SECOND VIOLATION

- After the confirmation of the second violation: He/she shall be suspended from all extracurricular activities and performances for the remainder of the school year or forty-five (45) school days carried over into the following school year. (Whichever suspension is longest)

GUIDELINES REGARDING SUSPENSION FROM EXTRA CURRICULAR ACTIVITIES

- Suspension is inclusive of any and all extra-curricular activities and performances that fall within the suspension parameter.
- During a scheduled school vacation period, the vacation days do not count toward the number of days a student is suspended from attendance to and participation in any and all extra-curricular activities.

- While suspended from the extra-curricular activities, the student is permitted to practice; but the student will not be allowed to dress out or to travel with the team.
- Absences from practice for attendance to the Insight program will be considered excused.

CURFEW

- Curfew hours apply only to competitive activities during respective seasons.
- **SUNDAY THROUGH THURSDAY** - Everyone is to be home at ten o'clock p.m. The only exception will be when there is a school-related activity that lasts longer. On nights when school-related activities are taking place, everyone is required to be home one-half hour after completion of whatever activity is taking place.
- **FRIDAY AND SATURDAY** - Curfew for participants is midnight unless there is an activity scheduled for the participant the next day. In the event of this, curfew is eleven o'clock.
- **CHRISTMAS BREAK** - Weekend hours will apply on all days.

CONSEQUENCES FOR CURFEW VIOLATIONS

- For the first curfew offense, the participant will be suspended from all competitive activities and performances excluding practice for five school days starting the day of the confirmation of the violation
- For the second and each consecutive curfew offense, the participant will be suspended from all competitive activities and performances excluding practice for ten school days starting the day of the confirmation of the violation.
- The coaches reserve the right to change the hours on any given night.

SPORTSMANSHIP POLICY

- Each student-athlete is a representative of his or her team, coaches, athletic department, Scobey Schools, and the community. Therefore, you are expected to exhibit sportsmanlike conduct at all times during athletic events, regardless of whether you are a participant or spectator. Poor sportsmanship will not be tolerated and includes, but is not limited to, the following:
 - Physically or verbally abusing players, spectators, administrators, officials, or coaches.
 - Throwing objects at or onto the playing surface or at players, spectators, administrators, officials, or coaches.
 - Using inciting or taunting gestures designed to elicit negative reactions from players, spectators, administrators, coaches, or officials.
 - Using profane or vulgar language (including "trash talking") or gestures to players, spectators, administrators, coaches, or officials.
 - Fighting.
- **Player Expulsion:** Any athlete who commits a serious violation of game rules or takes part in flagrant misconduct during play shall be subject to ejection from the contest and suspension from the next extra-curricular event the student is to participate.
- **Spectators (Including students and athletes):** Any spectator who acts in a disruptive or abusive manner at an athletic contest will be removed from the situation. Disciplinary measures that follow may impact the student's admission to future sporting events or an athlete's participation on future athletic teams.
- Violations of the sportsmanship policy may result in further sanctions imposed by the Coach and Administration which may include suspension or dismissal from your athletic team.

SCHEDULING ACTIVITIES

- When an organization desires to schedule an activity its officers must petition the Student Council. When an organization wants a meeting during noon hour it must obtain permission from the advisor. All events, etc. are to be submitted to the principal and/or the activity director for final approval.

WEIGHT ROOM/GYM

- Weight room and gym must be supervised (present in weight room or gym) by a school employee or by a prearranged and approved parent.

ACTIVITY DRESS CODE

- Since participants are ambassadors of themselves, their parents, their school, and their community, it is important that they dress in a neat and respectable fashion while attending school and while taking part in school activities. Sponsors of all school activities have the right and privilege to set and enforce higher dress standards for the students participating in those activities.

ADMINISTRATION OF THESE RULES

- It is our sincere belief that the participants will adhere to the activity training rules. However, it is in the best interest of all involved to identify that violation of these rules could result in discipline up to and including expulsion. (20-5-201 MCA)
- At all stages of disciplinary process, students will be accorded due process of law. Admission of guilt will waive the hearing procedure.
- After signing the activity training rules acknowledging acceptance of the responsibilities placed upon the participant, the participant is subject to the policy for the duration for the activity school year. Therefore, violations are cumulative throughout the activity school year.
- Although the school has limited supervision rights during the summer recess, parents and students should be aware that the school strongly discourages all chemical use during these times.

Participants Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Student Health Survey/Medical Consent Form

Directions: Please completely fill out the following form for each of your children and return to the school.

Student's Name

Grade

Address

☐ *new*

Home Phone

☐ *new*

Parent/Guardian Name

Work Phone

☐ *new*

Name & Phone Number of person(s) to be contacted in an emergency other than parent/guardian:

Name and Number of Family Doctor:

Does your child have any of the following health care concerns?

___ Diabetes

___ Acute Allergies

___ Epilepsy

___ Asthma

___ Attention Deficit Disorder

___ Other (Please Specify)

___ Attention Deficit Hyperactivity

Please list any special medical conditions, treatments, allergies, etc. of your son/daughter:

In case of a medical emergency, I give my permission to any authorized Licensed Medical Facility or Licensed Medical Doctor to treat my son/daughter: (Student's Name) _____

(Signature of Parent/Guardian)

(Date)

Is your child currently taking a prescription medication that might need to be administered during the school day?

___ No

___ Yes

If yes, Please stop at the office and fill out a permission for medication form.

___ To the best of my knowledge, my child has none of the above medical needs.

(Signature of Parent/Guardian)

(Date)



\$30.00 PRE-SEASON SPORTS PHYSICALS

(2023-2024 school year)

(PROCEEDS TO BE RETURNED TO SCHOOLS)

DANIELS MEMORIAL HEALTHCARE PROVIDERS WILL BE CHANGING UP THEIR PLAYBOOK THIS SEASON TO OFFER AFTER HOUR SPORTS PHYSICALS TO ALL AREA STUDENTS.

The \$30.00 Sports Physical Exam is offered to all area students and will be provided at the Daniels Memorial Medical Clinic. Please report to the DMHC CLINIC ENTRANCE between the hours of 3:00PM and 7:00PM with \$30.00 and your completed sports physical form. No appointment is necessary for the below dates.

Sports Physical Dates

JULY 20, 2023 3:00PM – 7:00PM

JULY 25, 2023 3:00PM – 7:00PM

AUGUST 1, 2023 3:00PM – 7:00PM

***Insurance will NOT be submitted for the \$30.00 sports physical.**

ALL PATIENTS WANTING TO SCHEDULE A SPORTS PHYSICAL AT THE CLINIC AND NOT ATTEND THE SCHOOL CLINICS WILL NOT BE CHARGED THE \$30.00 SPORTS PHYSICAL SPECIAL FEE. THOSE PATIENTS WILL BE SCHEDULED AS A WELL-CHILD VISIT AT THE CLINIC FOR THE COST FOR SERVICES PROVIDED FOR THERE WELL-CHILD VISITS.



MONTANA HIGH SCHOOL ASSOCIATION

PROMOTING SUCCESS ON THE COURT, ON THE FIELD, ON STAGE
AND EVERYWHERE ELSE UNDER THE BIG SKY SINCE 1921

May 2023

**TO: PARENTS OF MHSA SPORTS PARTICIPANTS
LICENSED MEDICAL PROFESSIONALS**

FROM: BRIAN MICHELOTTI, EXECUTIVE DIRECTOR

RE: UPDATED MHSA PRE-PARTICIPATION PHYSICAL EXAM FORM

Article II, Section (3) of the MHSA Handbook requires that a physical exam must be performed for each student for that student to be considered eligible for participation in an Association Contest. Physical exams must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. A physical examination conducted before May 1st is not valid for participation for the following school year.

Logan Health, the official health care provider of the MHSA, is a new sponsor of the MHSA Pre-Participation Physical Form. Parents/guardians may use the medical provider of their choice for the Pre-Participation Physical Examination for their student athlete.

The MHSA Executive Board approved important additions to this form. Specifically, questions concerning the cardiac history and cardiac health of the student were added (questions 6-15), and an updated section on vaccinations which needs to be complete. **This year, the two questions regarding COVID-19 have been removed.**

This MHSA pre-participation form is the only form that will be allowed for the student's exam (**no other forms will be accepted**). The following process should be followed:

- Parent(s)/legal guardian(s) and their student will fill out the questionnaire and history portion of the form together.
- A medical provider will review the form with the student and parent/guardian and perform the exam. A signature from the medical provider is required to clear the student for participation.
- The student and parent/guardian will sign the form.
- The completed MHSA pre-participation form physical exam will be given to the appropriate school administrator.

The MHSA is committed to the safety and health of our student activity participants and believes this new form will facilitate that objective.

If you have any questions regarding the updated pre-participation examination form, please contact me.



MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. While Logan Health is the preferred medical provider of the MHSA, parents/guardians may choose their own medical provider for their Physical Examination. This certification is valid for a period of one school year. A physical examination conducted before May 1st is not valid for participation for the following school year. All information is to remain confidential.

HISTORY – To be completed by the student and parent(s).

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)

Name _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade _____	Date of Birth _____
Home Address _____	Phone Number _____		
Parent's Name _____	Family Physician _____		
Current School _____	Date _____		

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you taking medicine for ADHD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever told you that you have (circle all that apply):
High blood pressure A heart murmur
High cholesterol A heart infection | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had any broken or fractured bones, or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> |
- | | | | | | | | |
|------------|------------|----------|-----------|-------|-----------|----------------|-------------|
| Head | Neck | Shoulder | Upper arm | Elbow | Forearm | Hand / fingers | Chest |
| Upper back | Lower back | Hip | Thigh | Knee | Calf/shin | Ankle | Foot / toes |
21. Have you ever had a stress fracture? ☐ Yes ☐ No
22. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? ☐ Yes ☐ No

Allergies: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 23. Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Have anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES ONLY

48. Have you ever had a menstrual period? ☐ Yes ☐ No
49. How old were you when you had your first menstrual period? _____
50. How many periods have you had in the last year? _____

Explain "Yes" answers here: _____

Required for School* and Recommended Immunizations: (please check if student is up-to-date): ☐ Hepatitis A; ☐ Hepatitis B; ☐ Human Papillomavirus (HPV); ☐ Influenza; ☐ Measles, Mumps, Rubella (MMR)*; ☐ Meningococcal; ☐ Polio*; ☐ Tetanus/Diphtheria/Pertussis (Tdap)*; ☐ Varicella (Chickenpox)*

Date of last known tetanus shot (Tdap): _____

PROVIDER'S PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP: Left Arm _____ / _____ Right Arm _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple examiner set-up only.

Notes: _____

CLEARANCE

Typed or printed name of Student _____ Signature of Student _____

- ☐ Cleared without restriction
- ☐ Cleared with recommendations for further evaluation or treatment for: _____

☐ Not cleared for ☐ All sports ☐ Certain sports _____ Reason: _____

Recommendations: _____

Name of physician/medical provider [print or type] _____ Date _____

Address _____ Phone _____

Signature of physician/medical provider _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian _____ Signature of parent or guardian _____

Date _____ Address _____ Insurance (Company name) _____

Parent's Home Phone _____ Parent's Work Phone _____ Parent's Cell Phone _____ Additional Phone (if any-specify) _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

(Updated 4/23)



A Fact Sheet for **ATHLETES**

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- 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"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.

- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **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.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - > The right equipment for the game, position, or activity
 - > Worn correctly and fit well
 - > Used every time you play

Remember, when in doubt, sit them out!



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- 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 prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Be Prepared

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. Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none">•Appears dazed or stunned•Is confused about events•Answers questions slowly•Repeats questions•Can't recall events prior to the hit, bump, or fall•Can't recall events after the hit, bump, or fall•Loses consciousness (even briefly)•Shows behavior or personality changes•Forgets class schedule or assignments	<p><u>Thinking/Remembering:</u></p> <ul style="list-style-type: none">•Difficulty thinking clearly•Difficulty concentrating or remembering•Feeling more slowed down•Feeling sluggish, hazy, foggy, or groggy <p><u>Physical:</u></p> <ul style="list-style-type: none">•Headache or "pressure" in head•Nausea or vomiting•Balance problems or dizziness•Fatigue or feeling tired•Blurry or double vision•Sensitivity to light or noise•Numbness or tingling•Does not "feel right"	<p><u>Emotional:</u></p> <ul style="list-style-type: none">•Irritable•Sad•More emotional than usual•Nervous <p><u>Sleep*:</u></p> <ul style="list-style-type: none">•Drowsy•Sleeps less than usual•Sleeps more than usual•Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

LINKS TO OTHER RESOURCES

- CDC –Concussion in Sports
 - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports
 - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>



Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steigers' Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: _____
This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s): _____

☐ We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.
If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

Scobey Public Schools

Student Drug Testing Consent Form

Participation in school sponsored extra- curricular activities at Scobey Public Schools is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their families, their school, and their community to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Chemical use of any kind is incompatible with participation in extra-curricular activities at Scobey Public Schools.

Scobey Public Schools has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all Activity Students at the Jr. High and High School level. This policy explains in more detail the purpose of drug testing and its implementation.

CONSENT BEFORE PARTICIPATION: Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and this Student Drug Testing Consent, which shall be read, signed and dated by the Activity Student, parent or custodial guardian and returned to the school administration *before* each student shall be eligible to practice or participate in activities. The Activity Student (and parent/guardian if student is under 18) shall sign this Consent before beginning practice or participation in any activities. This consent allows Scobey Public Schools to obtain a urine sample from each Activity Student: a) annually before participating in first contest or event; b) if chosen by the random selection basis; and c) at any time based on reasonable suspicion to be tested for illegal drugs.

Student's Last Name (please print)

First Name

MI

I have been given, read and understood the "Student Activity Drug Testing Policy" and this "Student Drug Testing Consent". I understand the Scobey Public Schools enforces the rules applying to the use or possession of illegal drugs as defined in the policy. As a member of an extra-curricular activity, I realize that the personal decisions that I make daily in regard to the use or possession of illegal drugs may affect my health and well-being, may endanger those around me, and may reflect negatively upon myself, my family, my activity, my school, and my community. If I choose to violate school policy regarding the use or possession of illegal drugs, I understand I will be subject to discipline and restrictions on my participation as outlined in the Policy. I consent to submit to drug testing in accordance with the Student Activity Drug Testing Policy.

Signature of Student

Date

We have read and understood the "Activity Student Drug Testing Policy" and this "Student Drug testing Consent". We desire that the student named above participate in the extra-curricular activities of Scobey Public Schools. We consent to the implementation and enforcement of the policy, and we agree that the student named above will be subject to the policy and will be required to undergo drug testing in order to participate in school activities. We give our consent to drug testing of this student in accordance with the policy and procedures implementing the policy. We understand the discipline and restriction on participation that can be enforced against the student for violations as explained in the policy.

Signature of Parent/Guardian

Date

SCOBEY PUBLIC SCHOOLS

STUDENT ACTIVITY DRUG TESTING POLICY

The Scobey Board of Trustees in an effort to protect the health and safety of its extra-curricular activities students from illegal drug use and abuse as well as tobacco/nicotine, thereby setting an example for all other students of the Scobey Public School District, proposes to adopt the following policy for drug and/or nicotine testing of activity students. Tobacco/nicotine includes but is not limited to cigarettes, cigars, snuff, smoking tobacco, smokeless tobacco, nicotine and any other tobacco/nicotine innovation.

STATEMENT OF PURPOSE AND INTENT

Although the Board of Trustees, administration, and staff desire that every student in the Scobey Public School district refrain from using or possessing illegal drugs and/or tobacco/nicotine, district officials realize that their power to restrict the possession or use of illegal drugs and/or tobacco/nicotine is limited. Therefore, this policy governs only illegal drug use as well as tobacco/nicotine use by students participating in certain extra-curricular activities. The sanctions imposed for violations of this policy will be limitations solely upon limiting the opportunity of any student determined to be in violation of this policy to a student's privilege to participate in extra-curricular activities. No suspensions from school or academic sanctions will be imposed for violations of this policy. This policy supplements and complements all other policies, rules, and regulations of the Scobey Public School District regarding possession or use of illegal drugs and/or tobacco/nicotine.

Participation in school-sponsored interscholastic extra-curricular activities at the Scobey Public School District is a privilege. Students who participate in these activities are respected by the student body and are representing the school district and the community. Accordingly, students in extra-curricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, sportsmanship, and training, which includes avoiding the use or possession of illegal drugs and/or tobacco/nicotine use.

The purpose of this policy is five-fold:

1. To educate students of the serious physical, mental, and emotional harm caused by illegal drug use as well as the use of tobacco/nicotine products.
2. To alert students with possible substance abuse problems to the potential harms that drug and/or tobacco/nicotine use poses for their physical, mental, and emotional well-being and offer them the privilege of competition as an incentive to stop using such substances.
3. Ensure that students adhere to a training program that bars the intake of illegal drugs and/or tobacco/nicotine products.
4. To prevent injury, illness, and harm for students that may arise as a result from illegal drug use and/or from the use of tobacco/nicotine products.
5. To offer students practices, competition, and school activities free of the effects of illegal drug use as well as the use of tobacco/nicotine products.

The use of tobacco/nicotine and/or illegal drugs of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of the Scobey Public School District. For the safety, health, and well-being of students in extra-curricular activities the Scobey Public School District has adopted this policy for use of all participants in interscholastic extra-curricular activities grades 7 – 12.

The administration may adopt regulations to implement this policy.

Definitions

"Activity Student" means a member of any junior high, or high school Scobey Public School District sponsored extra-curricular organization that participates in interscholastic competition. This includes any student that represents Scobey Schools in any extra-curricular activity in interscholastic competition.

"Drug use test" means a scientifically substantiated method to test for the presence of illegal drugs or the metabolites thereof in a person's urine.

"Random Selection Basis" means a mechanism for selecting activity students for drug testing that:

Results in an equal probability that any activity student from a group of activity students subject to the selection mechanism will be selected, and

Does not give the School District discretion to waive the selection of any activity student selected under the mechanism.

"Illegal drugs" means any substance that an individual may not sell, possess, use, distribute or purchase under either Federal or Montana law. "Illegal drugs" includes, but is not limited to, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose. "Illegal drugs" shall also include alcohol.

"Non Negative" when referring to a drug test administered under this policy means a toxicological test result which considered to demonstrate the presence of illegal drugs or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.

"Reasonable suspicion" means a suspicion of illegal drug use based on specific observations made by coaches/administrators/sponsors of the appearance, speech, or behavior of an activity student; the reasonable inferences that are drawn from those observations; and/or information of illegal drug use by an activity student supplied to school officials by other students, staff members, or patrons.

"Sample" means a sample of saliva and/or urine collected for the purpose of analysis for the presence of illegal substances.

"Tobacco/nicotine" includes but is not limited to cigarettes, cigars, snuff, smoking tobacco/nicotine, smokeless tobacco, nicotine and any other tobacco/nicotine innovation.

Procedures

Each Activity Student shall be provided with a copy of the "Student Drug/Tobacco/nicotine Testing Consent Form", which shall be read, signed and dated by the student, parent or custodial guardian before such student shall be eligible to practice or participate in any extra-curricular activities. Once a student is in the pool, they will remain in the pool for the remainder of the academic year. The consent requires the activity student to provide a urine sample:

- (a) annually before participation in extra-curricular activities;
- (b) when the activity student is selected by the random selection basis to provide a sample; and
- (c) at any time when there is reasonable suspicion to test for illegal drugs. No student shall be allowed to practice or participate in any extra-curricular activities involving interscholastic competition unless the student has returned the properly signed "Student Drug/ Tobacco/nicotine Testing Consent Form."

Prior to the commencement of drug/ tobacco/nicotine testing each year, an orientation session will be held for Activity Students to educate them of the sample collection process, privacy arrangements, drug/tobacco/nicotine testing policy and procedures and other areas which may help to reassure the activity student and help avoid embarrassment or uncomfortable feelings about the drug testing process.

A student who moves into the district after the school year begins will have to undergo a test for those banned substances before they will be eligible for participation.

Drug use/tobacco/nicotine testing for Activity Students will also be chosen on a random selection basis from a list of all Activity Students who are involved in off-season or in-season activities. The Scobey Public School District will determine a number of students to be drawn at random to provide a urine sample for testing for illegal drugs and tobacco/nicotine products.

In addition to the tests required above, any Activity Student may be required at any time to submit to a test for illegal, or the metabolites thereof when an administrator, coach, or sponsor has reasonable suspicion of illegal drug and/or tobacco/nicotine use by the particular student.

Any test will be administered by or at the direction of a professional laboratory chosen by the Scobey Public School District. The professional laboratory shall be required to use scientifically validated toxicological testing methods, have detailed written specifications to assure the chain of custody of the specimens, and proper laboratory control and scientific testing.

All aspects of the athletic testing program, including the taking of urine specimens, will be conducted so as to safeguard the personal and privacy rights of the student to the maximum degree possible. The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure.

In particular, urine specimens must be collected in a restroom or other private facility behind a closed stall. The Superintendent shall designate an administrator or supervisor, coach, sponsor, or school employee, County Health Nurse, or other adult designee of the same sex as the student to accompany the student to a restroom or private facility behind a closed stall. The monitor shall not observe the student while the specimen is being produced. The monitor shall verify the normal warmth and appearance of the specimen. If at any time during the testing procedure the monitor has reason to believe or suspect that a student is tampering with the specimen, the monitor may stop the procedure and inform the principal or activities director who will then determine if a new sample should be obtained. The monitor shall give each student a form on which the student may list any medications legally prescribed for the student he or she has taken in the preceding thirty (30) days. The parent or legal guardian shall be able to confirm the medication list submitted by their child during the twenty-four (24) hours following any test for those prohibited substances. The medication list shall be submitted to the lab in a sealed and confidential envelope and shall not be viewed by district employees.

An initial positive test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique, or other approved laboratory test. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure, or other approved laboratory test, is positive for the presence of an illegal drug or the metabolites thereof. The laboratory shall preserve the unused portion of a specimen that tested positive for a period of six (6) months or the end of the school year, whichever is shorter. Student records will be retained until the end of the school year.

Confidentiality

The results of the test will be made available to the designated personnel. To keep the positive test results confidential, the designated personnel will only notify the superintendent, activities director or designee, the student, the head coach/sponsor, and the parent or custodial guardian of the student of the results. The superintendent or activities director or designee will schedule a conference with the student and parent or guardian and explain the student's opportunity to submit additional information to the superintendent or activities director or to the lab. The Scobey Public School District will rely on the opinion of the laboratory that performed the test in determining whether the positive test result was produced by something other than consumption of an illegal or performance-enhancing drug.

Test results will be kept in files separate from the student's other educational records, shall be disclosed only to those school personnel who have a need to know, and will not be turned over to any law enforcement authorities.

Appeal

An Activity Student who has been determined by the superintendent or activities director to be in violation of this policy shall have the right to appeal the decision to the Superintendent or his/her designee(s). Such request for a review must be submitted to the Superintendent in writing within five (5) calendar days of notice of the positive test. A student requesting a review will remain eligible to participate in any extra-curricular activities until the review is completed. The Superintendent or his/her designee(s) shall then determine whether the original finding was justified. No further review of the Superintendent's decision will be provided and his/her decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the Superintendent, which shall be final and non-appealable.

Consequences

These restrictions and requirements shall begin immediately, consecutive in nature, unless a review appeal is filed following receipt of a positive test. Provided, however, a student who on his or her own volition informs (self-refers) the activities director, principal, or coach/sponsor/advisor of usage before being notified to submit to a drug test will be allowed to remain active in all activities covered under this policy. Such student, will however, be considered to have committed his/her first offense under the policy, and will be required to re-test as would a student who has tested positive.

Any Activity Student who tests positive under this policy shall be subject to the following restrictions:

FOR THE FIRST VIOLATION

After the confirmation of the first violation, the participant shall be suspended from all extracurricular activities and performances for a period of 15 instructional days and will be required to complete the school's Insight program.

Refer to Guidelines Regarding Suspension from Extracurricular Activities.

FOR THE SECOND VIOLATION

After the confirmation of the second violation. He/she shall be suspended from all extracurricular activities and performances for the remainder of the school year or forty-five (45) school days carried over into the following school year. (Whichever suspension is longest)

Refusal to Submit to Drug/Tobacco/nicotine Use Test

A participating student, who refuses to submit to a test authorized under this policy, shall not be eligible to participate in any activities covered under this policy including all meetings, practices, performance and competitions for the remainder of the school year. Additionally, such student shall not be considered for any interscholastic activity honors or awards given by the school including the participation in any "all star" games held after the end of the season.

Policy History

Adopted on: June 17, 2013

Revised on: July 8, 2019