

August 12, 2023

Dear 6th-8th Grade Parents/Guardians:

This is just a reminder that the Clinton School District requires that all students electing to participate in any sport activity must have an updated physical form on file in the main office prior to the start of the sport. Students must also have Concussion Forms and Emergency Forms filled out prior to the start of the sport. This requirement applies to all sport activities offered at Clinton – flag football, basketball, volleyball and track. Student athletes may attend practice, but may not practice or compete unless there is a current physical on file.

If you have any questions about sports offered at Clinton, please contact the school. I have included the start and end times of each of the sport seasons for you to mark on your calendars. You will receive an updated calendar, including game and practice times, from your child's coach at the beginning of their sport season.

Additionally, please take time to review our school athletic policies regarding discipline and academic requirements. You will find this information in the Parent/Student Handbook sent home at the start of school.

	<u>Start Date</u>	<u>End Date</u>
Flag Football (6-8 grade)	September 5	October 13
*Girls' Volleyball (7-8 grade)	September 5	October 14
*Boys' Basketball (7-8 grade)	October 23	December 15
*Girls' Basketball (7-8 grade)	January 22	March 18
Co-ed Track (6-8 grade)	April 1	May 17

*The number of student-athletes who try out will determine whether or not sixth graders will be brought in to play during each season.

Please feel free to contact us should you have any questions or concerns regarding the athletic physical requirement or places in town to get physicals. There are a few places in town that provide school sport physicals for a minimal cost. We have extra physical forms in the school office and posted online, if you should need one.

Sincerely,

Court Perry
Athletic Director



Clinton Middle School Activities Permission

Slip/Medical Emergency Information

I give permission for (student's name) _____ to participate in each of the Clinton Middle School Activities that I have initialed below. I understand that I must provide transportation home after practice and competitions. My student and I have received a copy of the Concussion Statement as well. We know we must return this form, a physical signed by a doctor, and the concussion statement form prior to my child being able to participate.

Parent Signature: _____

Home Phone: _____

Student Signature: _____ Grade: _____

6th-8th Grade Co-Ed Flag Football _____

6th-8th Grade Girls' Volleyball _____

6th-8th Grade Boys' Basketball _____

6th-8th Grade Girls' Basketball _____

6th-8th Grade Co-Ed Track _____

Medical Emergency Information on Back Must be Filled Out!



MEDICAL EMERGENCY INFORMATION

Year: _____

Student Name: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Medical Release Form

I authorize those involved with the _____ athletic program to obtain all necessary emergency care for my child. Every effort will be made to first contact the parent/guardian.

My son/daughter is covered by (check all that applies):

_____ Student health insurance _____ Private health/accident insurance

Parent/guardian signature: _____ Date: _____

Insurance name: _____ Policy No: _____

(Please include a copy of current insurance card)

Please list any factors which might limit participation (i.e. allergies, medial problems, or medications): _____

Clinton School District #32

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

A physical examination is required for each student in order to be considered eligible for participation in a Clinton School athletic event. Physical examinations must be completed prior to the first practice. This examination must be certified by a physician, a physician assistant (PA), or a nurse practitioner (NP). This certification is valid for a period of one school year.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please Print)

Name _____ Male Female Date of Birth _____ Grade _____
Home Address _____ Phone _____
Parent's Name _____ Family Physician _____

Date _____ Signature of Student _____

HEALTH HISTORY (Student Athlete or Parent/Guardian to fill out 1-33 before exam)
(Parent/Guardian is required to sign on back of the form after examination)

- | Yes | No | Has this Student Had Any? | Yes | No | Has this Student Had Any? |
|-----|------------|--|-----|-----|---------------------------------------|
| 1. | ___ | Chronic or recurrent illness? | 14. | ___ | Asthma? |
| 2. | ___ | Hospitalizations? | 15. | ___ | Epilepsy? |
| 3. | ___ | Surgery, other than tonsillectomy? | 16. | ___ | Diabetes? |
| 4. | ___ | Missing organs (eye, kidney, testicle)? | 17. | ___ | Eyeglasses or contact lenses? |
| 5. | ___ | Allergy to medications? | 18. | ___ | Dental braces, bridges, plates? |
| 6. | ___ | Problems with heart or blood pressure? | 19. | ___ | Is there a history of? |
| 7. | ___ | Chest pain with exercise? | 20. | ___ | Injuries requiring medical treatment? |
| 8. | ___ | Dizziness or fainting with exercise? | 21. | ___ | Neck injury? |
| 9. | ___ | Frequent headaches, convulsions, dizziness, or fainting? | 22. | ___ | Knee injury? |
| 10. | ___ | Concussion or unconsciousness? | 23. | ___ | Knee surgery? |
| 11. | ___ | Heat exhaustion, heat stroke or other heat problems? | 24. | ___ | Other serious joint injury? |
| 12. | ___ | Any illness lasting over a week? | 25. | ___ | Broken bones (fractures)? |
| 13. | ___ | Mononucleosis or anemia? | | | |
| | Yes | No | | | |
| 26. | ___ | Further history: | | | |
| 27. | ___ | Is there any history of family or genetic disease? | | | |
| 28. | ___ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? | | | |
| 29. | ___ | Has any family member had a heart attack at less than 55 years of age? | | | |
| 30. | ___ | Are you uncomfortably short of breath after running 1/2 mile (2 times around the track) without stopping? | | | |
| | | List all medications you are presently taking and what condition the medication is for. | | | |
| | | A. | | | |
| | | B. | | | |
| 31. | | What is the most and the least you have weighed in the past year? Most _____ Least _____ | | | |
| 32. | | Have you had a medical problem/injury since your last physical where you missed 3 or more practices? _____ | | | |
| 33. | | Do you have any questions you would like to ask the Doctor? _____ | | | |

Date of last known tetanus (lockjaw) shot: _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____
3. Have you had any bladder/kidney infections in the past year? _____

Use this space to explain any of the above numbered YES answers or to provide any additional information:



PHYSICAL EXAMINATION RECORD (To be filled out by licensed professional)

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ Hemoglobin (optional) _____ UA (optional) _____

	Normal	Abnormal Findings	Initials
1. Eyes L /20 R /20 Pupils			
2. Ears, Nose & Throat			
3. Mouth and Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitals - Hernia			
10. Musculoskeletal; ROM, Strength, Etc.			
11. Neurological			
12. Tanner stage I II III IV V			

Comments regarding Abnormal Findings/Recommendations: _____

Participation Recommendations:

_____ Full and Unlimited Participation

_____ Limited Participation - May not participate in the following (checked):

_____ Basketball _____ Cross Country _____ Football _____ Golf _____ Soccer
_____ Swimming _____ Tennis _____ Track _____ Volleyball _____ Wrestling _____ Other

_____ Clearance Pending Documented follow-up of _____

_____ No Athletic Participation

Licensed Professional's Name (Printed)

Date

Signature

Phone

Parent's or Guardian's Permission and Release

I hereby give my consent for the above student to engage in approved athletic activities as a representative of Clinton School, except those indicated above by the licensed professional. I also give my permission for qualified personnel to give first aid treatment to this student at an athletic event in case of injury.

Typed or Printed Name of Parent or Guardian

Signature of Parent or Guardian

Address

Phone

Date

Insurance (Company Name)



Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steiger’s 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



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



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.

**Remember, when in doubt, sit them out!
It’s better to miss one game than the whole season.**

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 - What You Need To Know
 - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>