



2024

**SIMON KENTON
MARCHING BAND
HANDBOOK**

STAFF:

JASON MILNER, DIRECTOR
JOHN SLUSSER, ASSISTANT DIRECTOR
CAMERON MCDONALD, MB STAFF
CHLOE GREEN, MB STAFF
DEVIN ANDERSON, MB STAFF
GARRETT KASS, GUARD DIRECTOR
KATE MILLER, GUARD STAFF
WILL EDWARDS, PERCUSSION STAFF

MARCHING BAND AND COLOR GUARD

The Simon Kenton Marching Band is a co-curricular, competitive marching band. The band competes at Mid-States Band Association Shows (MSBA). In this circuit, we will compete with bands of the same size. The Simon Kenton Marching Band also marches in two to three parades annually and play at all home football games and away playoff games. Ways to get information: band app – Download onto your and your student’s mobile device. This is the #1 way of communication (band.us/@skmb). Secondary sites are Facebook (Simon Kenton Band Boosters), Instagram (simon.kenton.band) and TikTok (simon.kenton.bands).

2024 Band Camp—Camp will be held at Simon Kenton High School. Band Camp is the time when our competitive marching band prepares for its competitive season. Attendance at ALL of camp is mandatory for a student to participate throughout the marching season. The only exception is for students attending the Governor’s School for the Arts or the Governor’s Scholars Program—these students may miss a portion of camp if approved by Mr. Milner. Band Camp is a time that is necessary to fundamentally prepare the band for the year to come. This is also an important bonding experience for the band members. Band camp is held at the high school.

Band Camp:

Week I July 22-26

Mon 22	Tue 23	Wed 24	Thurs 25	Fri 26
8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM

Week II July 29-August 2

Mon 29	Tue 30	Wed 31	Thurs 1	Fri 2
8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM

Marching Band Rehearsal Following Camp

Once the school year begins, our full marching band will rehearse Tuesday and Thursday, from 3:30 PM to 6:30 PM. There will be Friday rehearsals when the band is not performing at football games (3:30 to 5:30). The marching band will practice from 3:30-5:00 on Fridays of home football games. These will be detailed on the Calendar available on the website. **Plan medical and other appointments for OFF DAYS.** Color guard and Percussion instructors will set the sectionals for these sections if needed.

Mon	Tue	Wed	Thurs	Fri
No Rehearsal	Rehearsal 3:30-6:30	No Rehearsal	Rehearsal 3:30-6:30	Rehearsal 3:30-5:30

Typical Marching Band Competition Day

Competition days begin sometimes as early as 5:00 AM and can end as late as 2:00 AM. However, these days will typically start later and end earlier. The time frame is dependent upon our travel destination and what type of format the competition follows. A competition day can include the entire family or just the student. Many parents choose to go to competitions to help out with all of the needs of the band, to watch the performances, and for the camaraderie of all of the parents, students, and family members. These days can be incredible experiences for all people involved and are one of the most wonderful aspects of being in marching band. Below is a “fake” schedule for a “fake” competition. This is the schedule that the students will follow and parents may use as a guide.

The 25th Annual Somewhere High School Marching Band Competition

6:30 AM Band Room Opens—Arrive at school—get organized for the day
7:00 AM Students report to the practice field
7:15 AM Stretch and physical warm-up
7:45 AM Fundamental Review
8:15 AM Musical Warm-up
8:30 AM Review Rehearsal
10:00 AM Rehearsal Ends. Load all equipment. RELAX.
11:00 AM Final Announcements. Load busses.
1:00 PM Band Arrives at Somewhere County High School
1:15 PM Students Change for performance
1:45 Stretch/Warm-up
2:45 Band Moves to the Stadium Gate
3:00 SIMON KENTON MARCHING BAND PERFORMS
3:15 Performance over—move to change and eat
5:30 Preliminary Awards—announcement to finals
6:00 Band changes and prepares for finals
8:00 Finals performance
9:30 Finals Awards
10:00 Buses Depart Somewhere County High School
12:00 AM SK Marching Band Returns Home

Competition days must be experienced to be understood and all families are invited to participate in this day with the students. These days are **very long** and a **great commitment of time and energy**. However, the rewards far outweigh any amount of effort put in!

— EXAMPLE —

**2018
Centerville
Invitational**

**Simon Kenton High School
Marching Band
Centerville High School**

October 27, 2018
Centerville, OH

8:00 am	Bandroom Opens	
9:00	Rehearsal	STADIUM
10:45	Eat Lunch, Load Trailer, Change into Bibs	Black Pants, shoes, socks, solid black shirt
12:00	Leave SK for Centerville High School	Make sure YOU have put YOUR instrument on the trailer
1:45	Arrive at Centerville HS	Listen for instructions
2:40	Warm-up "C"	
3:25	Move to ready line	
3:45	SK Performance	
5:00	Leave for Golden Corral	Students will change after performance
6:45/7:00	Leave for Centerville High School	
7:45	In stands for last block of bands	
9:30	Centerville High School	
9:45	Awards	
10:45	Leave for SK	
12:15	Arrive at Simon Kenton High School	Please have parents waiting.

Did you know?

- Students can only be picked up from away events by a parent or legal guardian. They **MUST** be signed out from their bus chaperone following awards. Please also speak with Mr. Milner prior to leaving with your student. Students being picked up must make arrangements with other members to take care of their equipment upon arrival to school.
- Students will be responsible for bringing their own lunch. The students will be bused to Golden Corral after our performance for dinner. Cost is \$15 per person. Money needs to be put in grey box in band room.
- This is a "One Shot" competition. We will be performing 1 time.
- Make sure you have: black shoes, black socks, black gloves, **SOLID BLACK t-shirt**, and instrument (shined up real nice!)
- You are responsible for putting your instrument in the trailer. If you did not put it in the trailer, it probably won't make it to the competition!
- Admission: See attached sheets

- ☐ Your instrument. If you play an instrument that has always been provided by the school, there is a very high likelihood that you will be allowed to borrow a high school instrument (Tubas, Baritones, Tenor and Bari Saxes, Percussion, and French Horns). Make sure that your child has all appropriate parts to his/her instrument in advance of band camp so that they are in good playing condition when camp begins. If repairs need to be made, please take instruments into be repaired early in June. All woodwinds who use reeds need to have at least three-four working reeds that they rotate and play on. It is a very good idea for all brass players to own their own mouthpieces. Please contact Mr. Milner if you have questions about reeds or mouthpiece purchases.
- ☐ Students will receive a packet of music including the show music, pep/stand music, and warm-ups. Bring this to everything throughout the season.
- ☐ Low-top, flexible, gym shoes and socks. Marching imposes many physical demands, and improper footwear causes many problems. By wearing a low-top supportive shoe that fits the foot appropriately, we will avoid many ankle injuries and leg injuries. **MARCHING IS A PHYSICAL ACTIVITY AND GOOD SHOES ARE A MUST!**
- ☐ Water! Make sure your child brings a jug of water (Gatorade, Powerade, etc.) to all of camp and practices. Water will also be provided, but it is better if students bring their own. Avoid soft drinks as they will dehydrate a person faster. We are out in summer heat much of the day and lack of hydration will cause many problems.
- ☐ Sunblock! Please protect yourself against the harsh summer sun!
- ☐ There will be other small items students may need as the season progresses—your child will be warned in advance.

Costs of Marching Band

All students wishing to be in marching band may begin paying membership fees immediately. The total band fee for the 2024 marching season is \$425. This money goes to pay for extra staffing for the marching band, help off-set transportation costs, instrument costs and repairs, show design and composition costs, registration fees, trip food costs, and many other small items. Marching band costs well over \$800 per student annually, and this amount helps off-set the remainder of the money that is collected through fundraising efforts of the boosters. If your family chooses, you can make larger payments early to complete financial obligations prior to deadlines.

The school budget provides only a small fraction of the financial resources necessary to run our band program. In order that we may maintain the high quality of activities we currently enjoy in the band program, we must raise funds. Fundraising activities include football concessions, running our Marching Band Competition, kettle corn popping at various locations and any other small activities deemed necessary by the boosters and the director. Some years, additional fundraising is necessary to help fund trips.

Band can be quite costly, but through fund raising, and the hard work of our boosters and students, it is completely affordable.

Additional Costs Not Covered by Band Payments

The Marching Band Uniform is worn by band students for all competitions, football games and some parades. Items 1-5 are provided to each student:

1. Jacket
2. Bibbers (pants)
3. Show Shirt
4. Extra Uniform Accessories
5. Guard Uniforms

Items to be supplied by the student:

1. Marching Shoes / Guard Shoes (\$40)
2. Black Gloves (\$5)
3. Solid Black Socks (calf length or higher)
4. Solid Black Shirt (No writing on it at all!)
5. Black Shorts (for under the bibbers) most athletic shorts will do

Attendance for Marching Band

Missing band rehearsal affects not only the student who is absent, but also everyone involved in the band program. When people are missing it slows the band's educational progression. Everyone is important in this organization, and anyone that misses is greatly missed for the duration of each rehearsal for his or her lack of input into the success of the band.

Excused absences will be allowed for appropriate reasons, such as **EMERGENCY** doctor's appointments, deaths in the family, or illnesses that impair the student's ability to participate.

EMERGENCIES - Call the office **PRIOR TO THE TIME OF THE REHEARSAL**, and report your absence to Jason.milner@kenton.kyschools.us. Be sure to give your name and reason for being absent. A parent note must accompany you to the next rehearsal in order for an excuse to be considered.

Since marching band is an extracurricular activity, no grade reduction can take place in response to an absence. But, a student that misses a rehearsal(s) and is not caught up on the drill/music/choreography, may be withheld from participating in a marching event until they are caught up. As with all other extracurricular activities, if school grades become a problem, a student can also be withheld from performances and rehearsals.

***Students who work!!! Be sure to give a schedule to your places of employment in order to aid in your employers' efforts to schedule you.

2024 Simon Kenton Marching Band Preliminary Schedule

7/22-26 - Band Camp Week I

7/29-8/2 - Band Camp Week II

8/8 – Rehearsal 6:00-8:00

8/14 – **First Day of School

8/15 & 8/16 – 3:30-6:30 – Rehearsal

8/20, 8/22 & 8/23 – 3:30-6:30 Rehearsal

8/27, 8/29 & 8/30 – 3:30-6:30 Rehearsal

9/2 - **No School

9/3, 9/5 & 9/6 - 3:30-6:30 – Rehearsal

9/7 – Competition @ King’s High School, OH

9/10 & 9/12 - 3:30-6:30 – Rehearsal

9/13 - 3:30-5:00 Rehearsal; **Home Football vs Beechwood**

9/14 – Competition @ Lakota West High School, OH

9/17 & 9/19 - 3:30-6:30 – Rehearsal

9/20 - 3:30-5:00 Rehearsal; **Home Football vs Conner High School**

9/21 – Competition @ SIMON KENTON High School

9/24 & 9/26 - 3:30-6:30 – Rehearsal

9/27 - 3:30-5:30 Rehearsal; **Home Football vs Dunbar High School**

9/28 – CAMP DAY (time – TBD)

10/1 - 3:30-6:30 – Rehearsal

10/4-7 – **FALL BREAK

10/8, 10/10 & 10/11 – 3:30-6:30 Rehearsal

10/12 – Competition @ Campbell County High School

10/15, 10/17 & 10/18 – 3:30-6:30 – Rehearsal

10/19 – Competition @ Colerain High School, OH

10/22 & 10/24 - 3:30-6:30 – Rehearsal

10/25 – 3:30-5:00 Rehearsal; **Home Football vs Ryle HS**

10/26 – OFF

10/29 – 3:30-6:30 – Rehearsal

11/1 – 3:30-5:00 Rehearsal; **Home Football vs Ashland Blazer HS**

11/2 – Competition @ West Clermont, OH

11/6 & 11/7 – 3:30-6:30 Rehearsal

11/8 – 3:30-5:00 – Rehearsal; **Playoff Football #1, TBA**

11/9 - Competition – MSBA Championships @ TBD

11/11 & 11/12 – Rehearsal 3:30-6:30

11/13-15 – Competition - Bands of America, Indianapolis, IN (TBA)

Will play Pep Band for any football games after 11/16

July 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22 <i>Band Camp I</i>	23	24	25	26	27
28	29 <i>Band Camp II</i>	30	31			

August 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 Band Camp II	2	3
4	5	6	7	8 MB 6-8	9	10
11	12	13	14 <u>First Day SK</u>	15 MB 3:30-6:30	16 MB 3:30-6:30	17
18	19	20 MB 3:30-6:30	21	22 MB 3:30-6:30	23 MB 3:30-6:30	24
25	26	27 MB 3:30-6:30	28	29 MB 3:30-6:30	30 MB 3:30-6:30	31

September 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	<u>No School</u> 2	MB 3:30-6:30 3	4	MB 3:30-6:30 5	MB 3:30-6:30 6	Kings 2pm 7
8	9	MB 3:30-6:30 10	11	MB 3:30-6:30 12	MB 3:30-5:00 FB vs. Bechtwood 13	Lakota West 4pm 14
15	16	MB 3:30-6:30 17	18	MB 3:30-6:30 19	MB 3:30-5:00 FB vs. Conner 20	Simon Kenton 12 21
22	23	MB 3:30-6:30 24	25	MB 3:30-6:30 26	MB 3:30-5:00 FB vs. Dunbar 27	CAMP Day 28
29	30					

October 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1 MB 3:30-6:30	2	3	4 Fall Break	5
6	7	8 MB 3:30-6:30	9	10 MB 3:30-6:30	11 MB 3:30-6:30	12 Campbell Co. 3pm
13	14	15 MB 3:30-6:30	16	17 MB 3:30-6:30	18 MB 3:30-6:30	19 Colerain 2pm
20	21	22 MB 3:30-6:30	23	24 MB 3:30-6:30	25 MB 3:30-5:00 FB vs Ryle	26 OFF
27	28	29 MB 3:30-6:30	30	31		

November 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 MB 3:30-5:00 FB vs. Blazer	2 West Clermont 11 AM
3	4 No School	5	6 MB 3:30-6:30	7 MB 3:30-6:30	8 MB 3:30-5:00 Playoff #1	9 Championships
10	11 MB 3:30-6:30	12 MB 3:30-6:30	13 MB TBA	14 BDA-Indy 8:15 AM	15 Playoff #2	16
17	18	19	20	21	22 Playoff #3	23
24	25	26	27	28	29 Playoff #4	30

Student Name: _____
Last First Middle

Instrument: _____

The Simon Kenton High School "Marching Pioneers" Student and Parent Commitment for the 2024 Marching Season

To be a part of a successful marching band that strives for excellence, dedication and commitment are necessary. There will be a lot of time and hard work invested throughout the season, but the rewards will be great. The dates of our summer band camp have been listed in this packet and will be posted on our social media sites. Summer Band Camp is an intensive time of the season where we begin to learn marching fundamentals, as well as the music and choreography for our competition show. Therefore, your attendance at the summer band camp rehearsals is absolutely required.

A commitment to the program also includes fees that are assessed to each member. The band program relies on the Simon Kenton Band Boosters to raise funds through the fees assessed to the students and fundraising activities for support of many of its activities. The fees that are assessed can be made in the payments as follows:

May 1, 2024	Deposit	\$100.00 (non-refundable)
June 1, 2024	1 st Payment	\$125.00
July 1, 2024	2 nd Payment	\$200.00
Total		\$425.00

Payments can be mail to: Simon Kenton Band Boosters
11132 Madison Pike
Independence, KY 41051

Or they can be brought to the band room and place in the grey Band Boosters box.

We, the undersigned, understand that this form indicates a commitment to participate in the 2024 Simon Kenton Marching Band, and that my deposit is non-refundable. I also understand that is payment has not been paid in full (or a payment plan has not been discussed with Mr. Milner and/or the Booster President) the student listed at the top of the page will not be permitted to march in competition until all fees are up to date.

Parent: _____ Signature: _____ Date: _____

Student: _____ Signature: _____ Date: _____



**Athletic Participation/Physical Examination Form
Parental and Student Consent and Release
For Middle School Level (students enrolled in grades
5-8 participating in competition for grades 6-8)**

*KHSAA Form MS01
Middle School
Parent Permission and Consent
Rev. 7/23 page 1 of 4
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The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, enrolled in high school and reached the age of sixteen (16). Any use of additional optional supplemental forms such as the PPE01 to gather medical information from both the family and the medical community is to be kept separate from this form and maintained in compliance with state and federal privacy laws.

**ATHLETE INFORMATION
(This part must be completed by the student and family)**

Name (Last, First, Initial) _____ School Year _____

Home Address (Street, City, State, Zip): _____

Gender _____ Grade _____ School _____

Date of Birth: _____ Birth Place (County, State): _____

I am planning to participate in the following (check all you might try to play):

<input type="checkbox"/> Archery	<input type="checkbox"/> Bowling	<input type="checkbox"/> Esports	<input type="checkbox"/> Soccer
<input type="checkbox"/> Baseball	<input type="checkbox"/> Competitive Cheer	<input type="checkbox"/> Football	<input type="checkbox"/> Softball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Golf	<input type="checkbox"/> Swimming
<input type="checkbox"/> Bass Fishing	<input type="checkbox"/> Dance	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Tennis
			<input type="checkbox"/> Track and Field
			<input type="checkbox"/> Volleyball
			<input type="checkbox"/> Wrestling
			<input type="checkbox"/> Other _____

EMERGENCY CONTACT INFORMATION

Name (please print) _____ Relation to Student _____

Emergency Contact Address, including City, State and Zip _____

Daytime Phone _____ Cell Phone _____

OPTIONAL INSURANCE INFORMATION (only for purpose of emergency treatment)

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY
WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student following coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian, individually and on behalf of the student, hereby irrevocably and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws. This includes making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of



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Middle School
Parent Permission and Consent
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said necessary personally identifiable information and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and the authorized representatives of the KHSAA permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance-based statistics) and other information as may be requested or presented. The student and parent/legal guardian, individually and on behalf of this student, agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition and such product used during normal KHSAA business, including commercial and internet-based video and still images. All of this material may be used without permission or compensation specifically related to the KHSAA and its events, without such use constituting a violation of rights under the Family Educational Rights and Privacy Act.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review, if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion, head injury, or other ongoing health concerns, including the continuance of play after concussion or head injury.

The student and parent/legal guardian consent to this student receiving a physical examination as required by 702 KAR 7:065.

The student and parent/legal guardian, individual and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility. The student and parent/legal guardian, acknowledge that transportation to a medical facility may involve having to provide the student's birthday and social security number solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE
AND EMERGENCY PERMISSION FORM**

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

Each individual group meeting the requirements of 702 KAR 7:065, Section 3(x) may have supplement waivers and disclaimer requirements. In this case, both the MS01 and the required form of the approved group would be required.

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

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 are 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: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA
or DC (if within scope of practice)

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

THIS PAGE IS TO ENSURE THAT THE GE04 IS DISTRIBUTED AS NEEDED TO GIVE PERMISSION FOR MEDICAL TREATMENT. THE GE04 FORM SHOULD BE KEPT ON FILE UNTIL ONE YEAR AFTER THE STUDENT GRADUATES. THE GE04 FORM ONLY MAY BE USED TO TRAVEL WITH THE TEAM IN THE EVENT OF AN EMERGENCY.

HOWEVER IF THE OPTIONAL PPE01 FORM IS USED IN ANY WAY, THE THREE PAGES OF THAT FORM ARE NOT TO BE KEPT WITH THE GE04 AND SHOULD NOT BE HELD AT THE SCHOOL. PER STATE AND FEDERAL PRIVACY LAWS, THIS IS CONFIDENTIAL COMMUNICATION BETWEEN MEDICAL PROVIDER AND PATIENT AND SECURITY OF THIS INFORMATION IS PROTECTED BY A SERIES OF LAWS AND SHOULD REMAIN WITH THE FAMILY AND THE MEDICAL PROVIDER.

PER GUIDANCE FROM AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF SPORTS MEDICINE, AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE, AMERICAN ORTHOPAEDIC SOCIETY FOR SPORTS MEDICINE, AND AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE, THE CONTENTS OF THE OPTIONAL PPE01 TO BE KEPT IN THE STRICTEST OF PRIVACY IN COMPLIANCE APPLICABLE LAWS.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM (FOR COMPLETION ASSISTED OR UNASSISTED BY STUDENT AND PARENTS)

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

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex at birth (F, M): _____

Have you had COVID-19? (check one): Y N

Have you been immunized for COVID-19? (check one): Y N If yes, have you had: One shot Two shots
 Three shots Booster date(s) _____

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 (ie, 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 ≥ 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

	Unsure	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?			

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

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).

This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations.

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

^a 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): _____
 Address: _____
 Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

FinalForms

Parent registration

How do I sign up?

1. Go to: <https://kenton-ky.finalforms.com>
2. Locate the parent icon and click **NEW ACCOUNT** below.



Parent



3. Type your YOUR NAME, DATE OF BIRTH, and EMAIL. Next, click **REGISTER**.

NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still can not locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (OHE) has been successfully created.

Please [click here to confirm your account](#) and complete your registration as a **parent**.

Thank you,
Demoville Local Schools (OHE) Administration

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.

FinalForms

Registering a student

What information will I need?

Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

How do I register my first student?

IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.

1. Go to: <https://kenton-ky.finalforms.com>

2. Click **LOGIN** under the Parent Icon.



3. Locate and click the **ADD STUDENT** button.

4. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

5. **If your student plans to participate in a sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.

6. Complete each form and sign your full name (*i.e.* 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

7. When all forms are complete, you will see a 'Forms Finished' message.

IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.

How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.