

# AUTHORIZATION FOR TRANSPORTATION & TREATMENT

We hereby authorize school personnel to transport \_\_\_\_\_  
**(Student's Name)**

to a physician's office and/or emergency facility for treatment in the event that medical care is needed while the athlete is involved in: **(circle one)**

Boys/Girls Basketball	Football	Wrestling	Boys/Girls Track
Boys/Girls Golf	Baseball	Softball	Boys/Girls Swimming
Boys/Girls Cross Country	Volleyball	Boys/Girls Tennis	Boys/Girls Soccer
Cheerleading			

**We authorize the physician/hospital staff to treat our son/daughter as they deem necessary.**

Insurance Carrier \_\_\_\_\_ Identification/Group Number \_\_\_\_\_

Home Phone # (     ) \_\_\_\_\_ Work Phone # (     ) \_\_\_\_\_

Mother/Guardian's Cell Phone # (     ) \_\_\_\_\_

Father/Guardian's Cell Phone # (     ) \_\_\_\_\_

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**(Date)**

Please list any allergies, past surgeries and/or other medical information you feel the coaches need to know:

Bradford Area School District  
Bradford Area High School  
PO Box 375, 81 Interstate Parkway  
Bradford, PA 16701

**SPORTS PHYSICALS**

Physical examinations are done according to PIAA Rules & Regulations. PIAA has changed the requirements for athletic physicals for athletes effective June 1, 2008. All athletes must receive one comprehensive physical for the current school year. The form used is an extensive 5-page packet entitled "PIAA Comprehensive Initial Pre-participation Physical Evaluation" which is also known as the "CIPPE". It must be completed and signed by the parent or guardian. In addition, each sport must be identified by the parent signature(s) in section 2.

The initial physical for each school year cannot be completed earlier than June 1<sup>st</sup> for the following school year and it must be completed prior to beginning practice.

After successful completion of the initial physical for the school year, students will not need another physical during the same school year for subsequent sports unless they have a serious illness or injury after the initial physical. In the event of such circumstances, parents will be notified of the need for a written clearance from their physician or an updated physical must be completed.

All paperwork must be completed for **each** sport.

No athlete will be permitted to participate in any formal practice or scheduled event until completed paperwork is on file at Fretz Middle School or Bradford Area High School. This is a PIAA requirement.

All sports sign-ups, necessary paperwork and physicals are provided at Fretz Middle School and Bradford Area High School. Announcements are made through school announcements, coaches meetings, WOWL television, The Bradford Era, WESB, and Atlantic Broadband's message channel. Questions can be directed to the Athletic Director or School Nurses.

# BRADFORD AREA HIGH SCHOOL

81 Interstate Parkway  
Bradford, PA 16701

Mike Erickson, Athletic Director/Facility Coordinator  
(814)362-3845, extension 5029

Dear Parent/Guardian:

The Bradford Area School District provides insurance coverage for students participating in interscholastic athletics, including cheerleaders and band members. Our current carrier is Bollinger, Inc.

This coverage is primary for the first \$100.00 of expenses incurred. After the \$100.00 of specified medical expenses have been paid for an injury, this policy will only pay the expenses for covered charges which are not covered under any other valid and collectible group insurance, to the fullest extent of the policy benefits. Policy benefits can be discussed with the carrier at 800-526-1379.

When there is other insurance, claims should be made to this insurance carrier as well as our insurance. To the extent expenses in excess of \$100.00 that are not covered by the other insurance carrier, a copy of the benefit determination should be submitted to our carrier.

The Bradford Area School District does not guarantee what expenses will be covered.

I understand that my child is covered by school insurance if injured while playing Interscholastic athletics.

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

\_\_\_\_\_  
Date

.....  
I have fully read and understand the Interscholastic Athletic Policy established by the Bradford Area School District.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

.....  
\_\_\_\_\_  
Student (was / was not) a student of the Bradford Area School District for the entire  
circle one  
previous school year. If not a student last year, which School District did you attend?

\_\_\_\_\_  
(Previous School District)



**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the next May 31<sup>st</sup>.

**SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR:** Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_/\_\_\_/\_\_\_ Age of Student on Last Birthday: \_\_\_ Grade for Current School Year: \_\_\_

Current Physical Address \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

Fall Sport(s): \_\_\_\_\_ Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Health Condition(s) of Which an Emergency Physician Should be Aware \_\_\_\_\_

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

Student's Prescription Medications \_\_\_\_\_

\_\_\_\_\_

**SECTION 2: CERTIFICATION OF PARENT/GUARDIAN**

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for \_\_\_\_\_ born on \_\_\_\_\_ who turned \_\_\_\_\_ on his/her last birthday, a student of \_\_\_\_\_ School and a resident of the \_\_\_\_\_ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20\_\_\_\_ - 20\_\_\_\_ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at [www.piaa.org](http://www.piaa.org), include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

F. **CONFIDENTIALITY:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

#### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

#### What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

#### What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - The right equipment for the sport, position, or activity;
  - Worn correctly and the correct size and fit; and
  - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

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

### What are the risks of practicing or playing after experiencing these symptoms?

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

### Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

#### *Information about SCA symptoms and warning signs.*

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

#### *Removal from play/return to play*

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____	_____	Date ____/____/____
Signature of Student-Athlete	Print Student-Athlete's Name	
_____	_____	Date ____/____/____
Signature of Parent/Guardian	Print Parent/Guardian's Name	

**SECTION 5: HEALTH HISTORY**

Explain "Yes" answers at the bottom of this form.  
 Circle questions you don't know the answers to.

<p>1. Has a doctor ever denied or restricted your participation in sport(s) for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Do you have an ongoing medical condition (like asthma or diabetes)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Do you have allergies to medicines, pollens, foods, or stinging insects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Have you ever passed out or nearly passed out DURING exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Have you ever passed out or nearly passed out AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Have you ever had discomfort, pain, or pressure in your chest during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Does your heart race or skip beats during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Has a doctor ever told you that you have (check all that apply):</p> <p><input type="checkbox"/> High blood pressure      <input type="checkbox"/> Heart murmur  <input type="checkbox"/> High cholesterol      <input type="checkbox"/> Heart infection</p> <p>10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Has anyone in your family died for no apparent reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does anyone in your family have a heart problem? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone in your family have Marfan syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever spent the night in a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p>17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. 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"/> Yes <input type="checkbox"/> No</p> </div> <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Head</td><td>Neck</td><td>Shoulder</td><td>Upper arm</td><td>Elbow</td><td>Forearm</td><td>Hand/ Fingers</td><td>Chest</td></tr> <tr> <td>Upper back</td><td>Lower back</td><td>Hip</td><td>Thigh</td><td>Knee</td><td>Calf/shin</td><td>Ankle</td><td>Foot/ Toes</td></tr> </table> <p>20. Have you ever had a stress fracture? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Do you regularly use a brace or assistive device? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	<p>23. Has a doctor ever told you that you have asthma or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. Is there anyone in your family who has asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. Have you ever used an inhaler or taken asthma medicine? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. Have you had infectious mononucleosis (mono) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. Do you have any rashes, pressure sores, or other skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. Have you ever had a herpes skin infection? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b></p> <p>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. Have you been hit in the head and been confused or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. Do you experience dizziness and/or headaches with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <p>34. Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. Have you ever been unable to move your arms or legs after being hit or falling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>37. When exercising in the heat, do you have severe muscle cramps or become ill? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>39. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Do you wear glasses or contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Do you wear protective eyewear, such as goggles or a face shield? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Are you unhappy with your weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>43. Are you trying to gain or lose weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>44. Has anyone recommended you change your weight or eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>45. Do you limit or carefully control what you eat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>46. Do you have any concerns that you would like to discuss with a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>FEMALES ONLY</b></p> <p>47. Have you ever had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>48. How old were you when you had your first menstrual period? _____</p> <p>49. How many periods have you had in the last 12 months? _____</p> <p>50. Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest										
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes										

#’s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



## SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_, \_\_\_\_/\_\_\_\_) RP \_\_\_\_\_

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

**Age 10-12:** BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: YES NO (circle one) Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

**CLEARED**    **CLEARED**, with recommendation(s) for further evaluation or treatment for: \_\_\_\_\_

**NOT CLEARED** for the following types of sports (please check those that apply):

COLLISION    CONTACT    NON-CONTACT    STRENUOUS    MODERATELY STRENUOUS    NON-STRENUOUS

Due to \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone (        ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_

# **BRADFORD AREA SCHOOL DISTRICT**

## **Interscholastic Athletics Policy (No. 123)**

**Adopted: December 12, 1983**

**Revised: June 27, 2016**

### **Purpose**

The primary purpose of the athletic program in the Bradford Area School District is to promote the physical, mental, social, emotional, and moral well-being of the participants. It is hoped that athletics in our schools will be a positive force in preparing youth for an enriching and vital role in American life.

### **Definition**

For purposes of this policy, the program of interscholastic athletics shall include all activities relating to competitive sport contests, games or events, or sport exhibitions involving individual students or teams of students of this district when such events occur between separate schools within this district or with any schools outside this district.

### **Authority**

The athletic program is an important and integral part of the total school program and is open to participation by all students, regardless of individual differences. Through voluntary participation, the athlete gives time, energy, and loyalty to the program. S/He also accepts the training rules, regulations, and responsibilities, which are unique to an athletic program. In order to contribute to the welfare of the group, the athlete must willingly assume these obligations and make sacrifices not required of others.[1][2][3][4]

In addition to the district's Student Discipline Policy, number 218, the district's Interscholastic Athletics Policy also governs athletic program participants.[5]

### **Concussion Treatment and Procedures**

Student and Parent/Guardian Awareness and Education[6]

The Pennsylvania Department of Health and the Pennsylvania Department of Education have developed and posted on their relative websites guidelines and other relevant materials to inform and educate students participating in or desiring to participate in an athletic activity and their parent/guardian about the nature and risk of concussion and traumatic brain injury, including the risks associated with continuing to play or practice after a concussion or traumatic brain injury.

A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall, each school year, prior to participation by the student athlete in the activity, sign and return to the student's school an acknowledgement of receipt and review of a "Concussion and Traumatic Brain Injury Information Sheet".

### **Removal From Play**

It is the policy of the district that any student who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the Superintendent to make this determination, exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity shall be removed by the coach from further participation in the athletic activity at that time.

### **Return to Play**

The coach shall not return a student to participation in an athletic activity until the student is evaluated and cleared for return to participation in writing by an appropriate medical professional.

The Board delegates authority to the Superintendent to designate a specific person or persons, who must be appropriate medical professionals, to provide written clearance for return to participation. The Superintendent may also determine to accept the clearance from any appropriate medical professional. In order to help determine whether a student is ready to return to participation in athletic activities, an appropriate medical professional may consult any other licensed or certified medical professionals.

### **Mandatory Training Course**

Once each school year, every coach shall complete the concussion management certification training course offered by the Centers for Disease Control and Prevention, the National Federation of State High

School Associations or another provider approved by the Pennsylvania Department of Health. A coach shall not coach an athletic activity until the coach completes the training course.

Sudden Cardiac Arrest Treatment and Procedures

Student and Parent/Guardian Awareness and Education[6]

The Pennsylvania Department of Health and the Pennsylvania Department of Education have developed and posted on their respective websites guidelines and other relevant materials to inform and educate students participating in or desiring to participate in an athletic activity and their parents/guardians about the nature and warning signs of sudden cardiac arrest, including the risks associated with continuing to play or practice after experiencing one or more symptoms of sudden cardiac arrest, including fainting, difficulty breathing, chest pains, dizziness and abnormal racing heart rate.

A student participating in or desiring to participate in an athletic activity and the student's parent or guardian shall, each school year, prior to participation by the student in the athletic activity sign and return to the student's school an acknowledgement of receipt and review of a "Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet".

### **Removal From Play**

It is the policy of the district that:

Any student who, as determined by a game official, coach from the student's team, certified athletic trainer, licensed physician, or other official designated by the Superintendent to make the determination, exhibits signs or symptoms of sudden cardiac arrest while participating in an athletic activity shall be removed by the coach from further athletic activity at that time.

If the student is known to have exhibited signs or symptoms of sudden cardiac arrest at any time prior to or following an athletic activity, the student shall be prevented from participating in an athletic activity.

### **Return to Play**

The coach shall not return a student to participation in an athletic activity until the student is evaluated and cleared for return to participation in writing by a licensed physician or certified registered nurse practitioner or cardiologist. In order to help determine whether a student is ready to return to participation in athletic activities, an appropriate medical professional may consult any other licensed or certified medical professionals.

### **Mandatory Training Course**

Once each school year, every coach shall complete the sudden cardiac arrest training course offered by a provider approved by the Pennsylvania Department of Health. A coach shall not coach an athletic activity until the coach completes the training course.

### **Penalties**

As of July 1, 2014, a district coach found in violation of the requirements of the Concussion Removal From Play and Return To Play sections and the Sudden Cardiac Arrest Removal From Play and Return To Play sections, shall be subjected to the following penalties:

For a first violation, suspension from coaching any athletic activity for the remainder of the season.

For a second violation, suspension from coaching any athletic activity for the remainder of the season and for the next season.

For a third violation, permanent suspension from coaching any athletic activity.

Guidelines

### **General Regulations**

Pennsylvania Interscholastic Athletic Association rules must be followed in all cases of eligibility, transfer, physical examinations, insurance coverage, starting dates, use of school equipment, etc. Each coach has the responsibility to know, to inform team members and parents/guardians, and to enforce school and P.I.A.A. regulations in these matters. The district may institute requirements that exceed the P.I.A.A. guidelines.

Any civil law infraction or conduct by a student athlete that is determined by the head coach and school administration to be detrimental to the athletic program, school, or school district will result in counseling by the head coach and the school administration, with possible suspension.

No athlete may quit or be dismissed from one (1) sport and try out for another after the season has begun without the mutual consent of both coaches.

Athletes must travel to and from away-from-Bradford contests in transportation provided by the school.

The only exceptions are as follows:

Injury to a participant, which would require alternate transportation.

Prior written arrangement between the participant's parent/guardian and the coach for the student to ride with the parent/guardian.

Note: Only team or school personnel are permitted to ride on team buses. Exceptions may be made if requests made by head coaches are approved by the Athletic Director.

Unsportsmanlike conduct and/or profanity by student athletes is unacceptable in the Bradford Area School District. Consequences for a display of unsportsmanlike conduct toward an opponent or official or use of profanity during a practice or contest will be outlined in the team rules handed out during the preseason meeting with parents/guardians.

Theft or malicious destruction of any school or individual's equipment or property will not be tolerated.

Violators will be dealt with as follows:

First Offense: The individual will be suspended from the squad for a minimum of five (5) school days to include a minimum of one (1) regularly scheduled contest, whichever is greater. At the end of the period, following counseling by the head coach and a school administrator, a decision regarding further participation will be made.

Second Offense: The individual will be suspended for the remainder of the sports season, and a referral of the student will be made to the school administration.

Violations requiring administrative action, other than those specified herein, will be dealt with as follows:

First Offense: Suspension for the next scheduled contest.

Second Offense: Suspension for the next three (3) scheduled contests.

Third Offense: Suspension for the remainder of the season.

Completion of the sports season is required in order for the student to be eligible for letter or other individual awards. (Exception: injury, which limits participation.) No awards shall be given to any student suspended for the remainder of the season for athletic policy violation, nor will they be recognized as a member of the team at banquets and other team-related functions.

Athletes are responsible for the equipment issued to them and will be required to pay for lost equipment at replacement value.

Team rules must be approved by the Athletic Director and building principal. Team rules must be distributed to each player and parent/guardian. A copy of team rules from all head coaches will be on file with the Athletic Director and building principal.

Each coach will hold at least one (1) meeting with parents/guardians and athletes prior to the season beginning. Team rules will be distributed and discussed at this time. Parents/Guardians and athletes must sign-off on team rules prior to participation in each sport.

**School Attendance Requirements**

A student must be in school by 9:00 a.m. in order to participate in an activity, game or practice that day.

A student will not be eligible to participate on the day in which they are tardy if they have exceeded the maximum number of allowable tardies. An exception would be made if the student had an approved medical appointment; in which case, the student must present to the attendance supervisor, a signed statement from the doctor regarding the absence. School attendance is particularly important the day following a game.

If a student is absent the last school day of the week, and the competition is on a nonschool day, the student must give the coach a signed statement from the parent/guardian that permission is given to participate. It is recommended that the coach call the parent/guardian regarding the absence.

A student who has been injured and has had medical treatment cannot participate again until the date indicated by the student's doctor (on a script pad or letterhead) and cleared by the school district's athletic trainer.

Unexcused absences from class will result in appropriate administrative action, and counseling and disciplining by the coach.

Detentions will be assigned by building administration and will not be changed to accommodate athletic activities.

A student who is suspended from school (either in-school or out-of-school suspension) will not be permitted to attend practice, team meetings or participate in athletic events during the period of suspension.

Prohibitions

Use or possession of alcoholic beverages, tobacco (and like products as defined in policy 222), drugs, narcotics, anabolic steroids, or hallucinating agents by athletic program participants is prohibited. Violators will be dealt with as follows:[7][8]

First Offense: Suspension from school athletics for the remainder of the season.

Second Offense: Suspension from school athletics for one (1) calendar year.

Third Offense: Permanent suspension from school athletics.

An exception will be made for the possession of tobacco (and like products as defined in policy 222) which will be confiscated as per the district smoking policy, number 222.[7]

No student shall be eligible to resume participation in school athletics unless the athlete has agreed to SAP counseling and there has been a medical determination that no residual evidence of drugs, narcotics, anabolic steroids, or hallucinating agents exist.

Before any suspension provided for under these rules shall take effect, the student shall be verbally advised by the building administrator or head coach of the alleged violation. The student shall have the right to be heard and to present any relevant information that will support his/her defense. If, after such conference, the administration or head coach is satisfied that a suspension is justified, the student and his/her parent/guardian shall be notified.

### **Rules and Regulations**

The rules and regulations in this policy shall apply to any violations on or off school premises during the season of participation.

With the approval of the Board, additional school rules and regulations may be established by the building principal as deemed necessary for the respective athletic program.

### **Hazing**

Hazing occurs when an act is committed against a student or a student is coerced into committing an act during any team-related activity, in or out of season, including but not limited to camps, conditioning, weight room, practices, games, etc., that creates a substantial risk of harm to the student to be initiated into or affiliated with any athletic team.

Hazing is defined as unwanted physical or verbal acts, acts that cause pain or excess fatigue, acts that involve involuntary seizure or restraint, acts of a demeaning or sexual nature, threats or demeaning commentary. A sample list of acts that can be classified as hazing will be kept on file with the Athletic Director and building principal.

All reported cases of hazing would require a mandatory meeting with the Athletic Director, coach and principal to determine the appropriate consequences.

All penalties imposed under the authority of this section shall be in addition to any penalty imposed for violation of Section IV or any of the criminal laws of this state or for violation of any other institutional rule to which the violator may be subject.

Rules adopted pursuant hereto shall apply to acts conducted on or off campus wherever such acts are deemed to constitute hazing.

### *Hazing Incidents –*

School officials will investigate any hazing or alleged hazing incidents.

### *Reporting Hazing –*

Hazing may be reported by the victim or witnesses to the act.

### *Penalty –*

The penalty for students involved in hazing as determined by school officials could be up to and including the following:

The student will be prohibited from participating in the sport in which the hazing incident occurred and all other sports during that defined season. Example: A student involved in a hazing incident at a summer basketball camp will not be allowed to participate in basketball or any other winter sport. The student may participate in fall or spring sports.

It should be noted that these penalties are in addition to any penalties imposed by the criminal or civil laws of the state.

### **Eligibility**

All student-athletes will be required to pursue a full-time curriculum as defined and approved by the Principal. Students must be passing at least four (4) full-credit subjects, or the equivalent, as of each Friday during a grading period. If students fail to meet this requirement, they will lose eligibility from the following Sunday through Saturday. Grades will then be re-evaluated for the following week along with all other student athletes.

In addition to the requirements outlined above, student athletes must maintain a cumulative GPA of 70% or better. Student-athlete's cumulative GPA will be reviewed every three weeks (1st Progress Report Period, 2nd Progress Report Period and at the conclusion of the 9-week marking period) during the season. If student athletes do not meet this requirement, they will be ineligible to participate in their sport(s), including practice, for a period of five (5) school days (to include the weekend days between the five (5) school days if applicable).

Students must have passed at least four (4) full-credit subjects or the equivalent during the previous grading period, except that eligibility for the first grading period is based on the student's final grades from the preceding school year. If students fail to meet this requirement, they will lose eligibility for at least fifteen (15) school days of the next grading period, beginning the first day that report cards are issued.

Students for whom an Individualized Education Plan (IEP) is on file, at the time that they would be declared ineligible under the above standards, shall automatically be afforded a review of their case. The review shall be conducted by the principal, Athletic Director, the student's guidance counselor and the student's special education teacher. This review committee shall have the right to waive the eligibility requirement if, in their professional judgment, the student has made every effort possible to meet the standard.

### **Coaching Positions**

Applicants for a position of interscholastic coach must meet the following qualifications. Head coaches must have first-aid training in the care and prevention of injuries through certification provided by the American Red Cross or other appropriate course work provided by the district. Applicants for coaching positions shall provide evidence of knowledge in the areas of training and conditioning programs and related sports skills through appropriate course work and/or past experience.

All coaching appointments shall be for a one-year period and shall be reviewed annually by the Board and administration. Recommendations for coaches for the ensuing year shall be made to the Board following the completion of each sports season. Members of the administrative staff shall not be eligible to serve as coaches.