

**HAYS HIGH ATHLETIC-ACTIVITY DEPARTMENT  
U.S.D. 489  
HAYS, KANSAS**

Hays High School will act in accordance with the USD 489 Substance Abuse Policy for all violations of chemical use/abuse. The Kansas State High School Activities Association guidelines will be followed with respect to student activity participants. This policy is intended to clearly state that the school will address incidents as presented to the administration and will not “police” the community looking for violators.

1. Student participants who possess and/or use controlled substances (other than those prescribed by a physician) during the season shall be excluded from participation in the next KSHSAA sponsored event. An alcohol/drug evaluation must be completed in order to avoid suspension of additional future events.
  
2. Students in violation of the rule for a second time will be dismissed from his/her present activity and must participate in follow-up activities as prescribed in the alcohol/drug evaluation in order to be eligible for participation for any upcoming season. Third time offenders will not be allowed to participate in any KSHSAA sanctioned activity for the remainder of the school year.
  
3. Violation of the rules as noted must be verified by the student involved, a staff member, a law enforcement officer, or the parents of the student involved if penalties are to be imposed.
  
4. An alcohol/drug evaluation must be completed with all recommendations adhered to by the offender to avoid suspension from future events. For the student to return in good standing, the treatment facility and/or evaluator must provide a statement to the school principal noting that the offender has successfully completed the recommended program.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

Please return this form to the Athletic Office

**HAYS HIGH ATHLETIC DEPARTMENT**

**U.S.D. #489**

**Hays, KS**

Dear Parents,

We request that you read the following statement, sign below and have your son/daughter return it to the Athletic Office.

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

Grade: \_\_\_\_\_

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

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

I understand that Hays High School carries the Kansas State High School Activities Association Catastrophic Insurance Program on its athletes. The deductible is \$25,000 lifetime excess medical, dental, and rehabilitative expense benefit pays reasonable and customary covered expense, up to \$5,000,000 with a lifetime benefit period, for those injuries which incur \$25,000 in medical expenses within 2 years after the date of the accident. Claims must be presented to the insurance company within 180 days of the accident. The school district will not pay for any medical expenses. If you need additional information or a claim form, contact the Athletic Director at Hays High School at 623-2610.

I acknowledge that I have read the above statement:

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

\_\_\_\_\_  
**Date**

Please complete:

Name of your insurance company: \_\_\_\_\_

Individual policy number: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Contact father/guardian at: \_\_\_\_\_

Place of employment

Phone

Contact mother/guardian at: \_\_\_\_\_

Place of employment

Phone

Physician Preference: \_\_\_\_\_

Name

Phone

Dentist Preference: \_\_\_\_\_

Name

Phone

Known health problems or allergies \_\_\_\_\_

\_\_\_\_\_

**\*\*Please complete form even if not purchasing the optional student insurance.**

Dear Parents/Guardians:

Unified School District 489 DOES NOT purchase accident insurance to cover injuries incurred by your child at school.

We encourage all families to have accident coverage on their children prior to participation in any sports or school sponsored activity. Please review the student insurance program as outlined in the Student Accident Insurance brochure.

If you have a plan with a **Deductible, Co-Pay, or Limited Benefits**, you may want to consider this coverage. If you have a **High Deductible or No Other Insurance** on your child, you may want to consider including the Major Expense Benefit as well. The options provided are:

Coverage	Annual Premium
Full time coverage PK-12 (with NO Interscholastic Sports Coverage)	\$99
Full time coverage PK-12 (with Interscholastic Sports Coverage except Football Grades 9-12)	\$174
<b>OR</b>	
School time coverage PK-12 (with NO Interscholastic Sports Coverage)	\$16
School time coverage PK-12 (with Interscholastic Sports Coverage except Football Grades 9-12)	\$91
<b><u>OPTIONAL</u></b>	
Football Coverage Grades 9-12	\$250
Extended Dental Coverage PK-12	\$9

Visit [www.sas-mn.com](http://www.sas-mn.com) or call (800) 328-2739 for more information.  
(Rates are for the 2015-16 school year.)

\_\_\_\_\_ I am insuring my student under the Security Life Insurance Plan. (Premium and Enrollment Form available at the Hays High School office.)

\_\_\_\_\_ I do not wish to purchase the optional student insurance. I, the undersigned, feel my child has adequate insurance protection for our son/daughter while participating in Interscholastic Sports or other school sponsored activities.

I, the undersigned understand that accidents may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in interscholastic athletics programs.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Student's Name \_\_\_\_\_

known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

### **Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student's medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

### **Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

<http://www.kansasconcussion.org/>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

\_\_\_\_\_  
**Student-athlete Name Printed**

\_\_\_\_\_  
**Student-athlete Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Legal Guardian Printed**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE  
FORM  
2015-2016**

**This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year.**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents, and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

Adapted from the CDC and the 3rd International Conference in Sport

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well

**USD 489 - Hays, Kansas**  
**Athletic/Activity Emergency Information and Consent Card**

STUDENT NAME \_\_\_\_\_ Grade \_\_\_\_\_

ADDRESS \_\_\_\_\_

ALLERGIES OR CHRONIC ILLNESSES: \_\_\_\_\_

In case of accident, illness or emergency, it is necessary for the school to know your preference for the care of your child. Please list three (3) choices.

Parent \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Bus. Phone \_\_\_\_\_

Parent \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Bus. Phone \_\_\_\_\_

Relative, Neighbor  
or Friend \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Bus. Phone \_\_\_\_\_

If parent or guardian cannot be contacted, we, the undersigned parents of the child identified above hereby authorize officials of the above School District to contact directly the following physicians of our selection, and we hereby certify that we are the parents of the said minor child, and do authorize the physicians named below to render such treatment as said physicians or either of them may deem reasonably necessary, in an emergency, for the health of said child, without further authorization than here expressed. In the event neither of the physicians here named can be contacted, or either of us is unavailable to give our express consent at such time with reference to any other physician, we hereby consent and authorize the officials of the School District to contact any licensed physician, and we hereby authorize said physician to render such treatment as he may deem reasonably necessary, in what he may consider to be an emergency, for the health of our aforesaid minor child.

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

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

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

**SIGNATURE OF PARENT OR GUARDIAN**

Expense incurred as a result of emergency ambulance use or treatment by physician will not be borne by the school or school personnel.