

2018-19

INDIAN VALLEY

HIGH SCHOOL

SPORTS

PACKETS

**ALL PAPERWORK
MUST BE COMPLETED
AND RETURNED
PRIOR TO THE FIRST DAY OF
PRACTICE**

EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student's Name: _____ Birth Date: _____ Grade: _____

Street Address: _____

Mailing Address: (if applicable; e.g. - P.O. Box #) _____

City/State/Zip: _____ Date of Last Tetanus: _____

Student resides with (circle all that apply) Mother Father Step-parent Guardian
Other: _____

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd). If more names are needed, add to the back of this sheet. Contacts listed on this sheet are people who may pick my child up from school.

	Mother:	Home #	Work #	Cell #
	Father:	Home #	Work #	Cell #
	Step-parent:	Home #	Work #	Cell #
	Guardian:	Home #	Work #	Cell #
	Alternate:	Home #	Work #	Cell #

(See back of sheet for more Alternate contacts)

COMPLETE ONLY ONE OF THE FOLLOWING: I. Consent for Treatment OR II. Refusal to Consent

<p>I. CONSENT FOR TREATMENT: I hereby give consent for the following medical care providers and local hospital to be called:</p> <p>Preferred Physician: _____ Office # _____</p> <p>Preferred Dentist: _____ Office # _____</p> <p>Medical Specialist: _____ Office # _____</p> <p>Preferred Hospital: _____ ER # _____</p> <p>AND...</p>	<p>II. REFUSAL TO CONSENT: I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Parent/Guardian Signature _____ Date _____</p> <p>Address: _____</p> <p>_____</p>
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In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; (2) the transfer of the child to any hospital reasonably accessible; and (3) sharing medical information with school staff that would need to know for continuity of care for my child.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

MEDICAL HISTORY: Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

Parent/Guardian Signature: _____ Date: _____

	Alternate:	Home #	Work #	Cell #
	Alternate:	Home #	Work #	Cell #
	Alternate:	Home #	Work #	Cell #

Section 3313.64 - AS USED IN THIS SECTION, "PARENT" MEANS EITHER PARENT, UNLESS THE PARENTS ARE SEPARATED OR DIVORCED, IN WHICH CASE "PARENT" MEANS THE PARENT WITH LEGAL CUSTODY OF THE CHILD. IF NEITHER PARENT HAS LEGAL CUSTODY OF THE CHILD, "PARENT" MEANS THE PERSON OR GOVERNMENT AGENCY WITH LEGAL CUSTODY OR PERMANENT CUSTODY.

Section 3313.712 OHIO REVISED CODE

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, PROVIDE to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide HIS/HER parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of the parent, authorities of the school in which the pupil is enrolled may permit THE parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his/her child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extra-curricular activity authorized by the appropriate school authorities, the authorities of HIS/HER school shall make reasonable attempts to contact the parent before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who in good faith, attempts to comply with this section.



INDIAN VALLEY

BRAVES

Athletic Department

253 S. Walnut St., Box 130, Gnadenuhuten, Ohio 44629

Bill Love
Athletic Director

Athletic Phone
(740)254-9275

Fax
(740)254-4911

Dear Student Athlete and Parent(s)/Guardian(s):

Beginning with the 2010-2011 school year, student athletes at Indian Valley High School will only be subject to random drug testing as opposed to being required to be drug tested before the start of their initial sport for the year as in past years.

Procedures for Testing:

1. No student or family will ever be charged for this testing. Twin City Hospital is the most convenient facility for families living in our district and therefore all tests will be performed by Twin City.
2. Prior to testing, three forms (attached) must be completed. The first two forms are authorization forms to be completed by the student athlete and parent/guardian. **Both forms must be on file at the school before an athlete can begin practice.** The third form is a medication disclosure form to prevent a false reading from prescribed medication, such as asthma medication.
3. The randomly selected students will be notified at the end of the school day, and will be excused from the first part of their practice that evening for the urinalysis test. As soon as the student athlete has taken their test, they may return to practice, even though the results will not be available immediately.
4. The test will primarily be looking for alcohol and illegal drugs such as marijuana and cocaine, although substances such as steroids and nicotine can also be identified. While some of these substances leave your system in a few days, others can be detected for a few weeks. Our strong advice is that if you are clean, stay clean. If you are not clean, it is not too late to get clean, but you must start today.
5. All details regarding the testing procedure, appealing a result, and consequences will be as stated in the Indian Valley Drug and Alcohol Testing Policy for Student Athletes (JFCH-A-R) and the Athletic Handbook. Please read that material and keep it handy for future reference. These materials will be distributed at the first practice for your sport. If you would like a copy before then, just stop by the high school office.

Thank you for your cooperation with this very important program.

Parent/Guardian Consent to Perform Urinalysis for Drug/Alcohol Testing

I hereby consent to have my son/daughter undergo urinalysis testing for the presence of drugs or alcohol in accordance with the Indian Valley Drug and Alcohol Testing Policy for Student Athletes.

I understand that this testing will occur according to the guidelines of the Indian Valley Drug and Alcohol Testing Policy for Student Athletes.

I understand that any urine samples taken for drug/alcohol testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent to the medical laboratory selected by the Indian Valley Board of Education, its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on my son/daughter for the detection of drugs/alcohol.

I further give my permission to the medical laboratory selected by the Indian Valley Board of Education, its doctors, employees, or agents, to release all results of these tests to designated School District employees or agents. I understand that these results will also be made available to me.

This form must be accompanied by a Student Consent Form.

I hereby release, waive, and discharge the Indian Valley Board of Education its individual members, employees, agents, and anyone acting on its behalf from any and all liability claims, or causes of action arising from or related to the urinalysis drug/alcohol testing for athletic participation and/or the release of related information as authorized in this form and in the Drug and Alcohol Testing Policy for Student Athletes.

Parent/Legal Guardian
Signature

Date

Parent/Legal Guardian
Signature

Date

Hospital

Date

Student Consent to Perform Urinalysis for Drug/Alcohol Testing

I hereby consent to have my urine collected and tested for the presence of drugs or alcohol in accordance with the Indian Valley Drug and Alcohol Testing Policy for Student Athletes.

I understand that this testing will occur according to the guidelines of the Indian Valley Drug and Alcohol Testing Policy for Student Athletes.

I understand that any urine samples taken for drug/alcohol testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent to the medical laboratory selected by the Indian Valley Board of Education, its doctors, employees, or agents, together with any clinic, hospital; or laboratory designated by the selected medical laboratory, to perform urinalysis testing on me, for the detection of drugs/alcohol.

I further give my permission to the medical laboratory selected by the Indian Valley Board of Education, its doctors, employees, or agents, to release all results of these tests to designated School District employees or agents. I understand that these results will also be made available to me and to my parent(s)/guardian(s).

This form must be accompanied by Parent/Guardian Consent Form.

I hereby release, waive, and discharge the Indian Valley Board of Education its individual members, employees, agents, and anyone acting on its behalf from any and all liability claims, or causes of action arising from or related to the urinalysis drug/alcohol testing for athletic participation and/or release of related information as authorized in this form and in the Drug and Alcohol Testing Policy for Student Athletes.

Student Athlete Signature

Date

MEDICAL DISCLOSURE FORM

Student _____ Date _____

List all medications (prescriptions or over-the-counter) which you have taken in the last 72 hours.

The disclosure form must be completed by the student prior to the random test.

Indian Valley Local Schools Concussion Policy

Traumatic Brain Injuries (TBI)/Concussion Injuries

Any athlete who receives a traumatic brain injury/concussion should be removed from the practice/contest immediately and not return that game/practice. According to the Ohio State Law and the OHSAA guidelines, the athlete must be examined and cleared by an appropriate medical professional to initiate the return to play progression prior to full release to sport.

In addition to full compliance with the OHSAA Board of Directors mandated regulations which became effective on April 26, 2013, Indian Valley Local Schools will require each athlete in grade levels 7-12 participating in football, volleyball, soccer, basketball or wrestling to obtain:

1. Preseason Coastate® Baseline Neurocognitive Test. This will be done initially to include all designated athletes. Thereafter, Neurocognitive testing will be performed on all 7th grade, freshmen, junior, transfer, and new athletes. This will be offered at no cost to the student athlete and will be administered by the Certified Athletic Trainer contracted to Indian Valley Local Schools from Union Hospital through the Athletic Training Services Agreement.
2. In the event of a sustained concussion, the athlete will be required to participate in a post-concussion Coastate® Neurocognitive Test. This post-test will be administered when the athlete is asymptomatic.
3. Once the athlete is asymptomatic and achieves a Valid Neurocognitive post-test score indicating he/she has achieved baseline results, the Certified Athletic Trainer in accordance with the State Law and appropriate physician release (<http://ohsaa.org/medicine/AuthorizationToReenter.pdf>) will administer the 5 phase NFHS Suggested Medical Clearance Return to Play Protocol.

Return to Play Criteria Summary:

1. No athlete shall return to play on same day if experiencing signs/symptoms of a TBI/concussion.
2. The athlete will be monitored daily by the contracted Certified Athletic Trainer.
3. The athlete will complete a neurocognitive post-test once symptom free.
4. The athlete will be returned fully to classroom.
5. Upon achievement of a Valid Neurocognitive post-test score and physician release for successful completion of the 5 phase return to play protocol where there is no recurrence of prior symptoms, the athlete will have met all criteria set forth by the OHSAA Board of Directors and Indian Valley Local Schools for return to sport.

I have read the above Board approved policy and understand the requirements set forth for athletic participation.

Student Signature

Date

Parent Signature

Date

INDIAN VALLEY ATHLETIC PROGRAM

Indian Valley High School/Middle School has a rich athletic tradition. When any team is successful certain elements have to be present.

1. The coach has to be given total control of the program. The athletes have to understand that if they want to play that sport, their allegiance has to be to that head coach and total program.
2. The team concept has to be at the core of the program. Individual special interests have no place in a team sport.
3. The coach must ensure that each athlete under his/her charge will be treated with respect and dignity.
4. Every coach and athlete must at all times act in such a way so as to bring credit to their team and school.
5. The coach will make his/her expectations for behavior known and then enforce them fairly. Athletes should make a commitment to meet these expectations.

Participating in high school athletics is a privilege and not a right. This means that if an athlete cannot measure up to his/her sport(s) expectations, he/she may be removed from the team.

No parent or athlete should expect that a coach will abandon his philosophy to meet their special interests. If the coach's philosophy does not satisfy his/her personal wants, then perhaps the athlete may want to reconsider whether or not participate.

The control of the athletic program at Indian Valley High School is under the direction of the high school principal and the athletic director. Any concerns about a particular coach or program should be discussed with the head coach. If the concern is not resolved, the athletic director should be contacted.

Your son/daughter's participation in athletics is very important. If we can all work together his/her experience will be a positive one.

Student Signature

Date

Parent/Guardian Signature

Date

YEAR ROUND ATHLETIC POLICY

As a part of our total school program, we believe that active participation improves physical and mental development, encourages self-discipline and rewards self-sacrifice, hustle, and desire. At present Indian Valley sponsors opportunities for team and individual recognition, travel, and team fellowship.

A student who chooses to participate in an athletic program must be aware that along with the rewards of participation goes the obligations of an Indian Valley student/athlete. The student is in the public eye and in many ways represents the entire student body.

The coach will inform each team of training rules and guidelines for their particular activity. The following are general rules and guidelines that apply to all sports and cheerleaders.

This policy is in effect at all times throughout the entire calendar year. The penalties for violation of these rules will be invoked regardless of the time of the year or location of the violation of this rule. Offences are cumulative from the beginning of the student's 7th grade year. If an offense occurs during the summer months, a student's penalty will be served during the first sport he/she competes in when school reconvenes in the fall.

ALCOHOL/TOBACCO/VANDALISM POLICY

After entering 7th grade no Indian Valley Local student involved in any sport or cheerleading shall:

RULE 1: Use, abuse, possess, or traffic in any of the following substances:

- A. All dangerous substances as so designated and prohibited by Ohio Statute or Board Policy.
- B. All chemicals which release toxic vapors.
- C. All alcoholic beverages.
- D. Any prescription or patent drugs except those for which permission has been granted pursuant to Board policy.
- E. Any drug paraphernalia.
- F. Tobacco and tobacco products
- G. Look-alike drugs as described by Board policy
- H. Anabolic steroids.

RULE 2: Commit theft or vandalism in any manner or degree or have any police involvement that results in prosecution (other than minor traffic violations).

CONSEQUENCE FOR VIOLATIONS OF POLICY RULES:

First Violation:

1. Denial of participation for three games or denial of participation in at least 20% of scheduled events.

2. Student, with his/her parent, must enter into a recognized counseling service for an assessment to determine if the student has a problem that requires treatment or counseling. Students who comply may have their penalty reduced by the Athletic Director by 50%.

3. A student may be permitted to practice with the team at the coaches discretion.

Second Violation:

1. Denial of participation for nine games or denial of participation in at least 50% of the scheduled events.

2. Student with his/her parent must enter into a recognized counseling service for an assessment to determine if the student has a problem that requires treatment or counseling. Students who comply may have their penalty reduced by 25%.

3. The Athletic Director must receive confirmation from the counseling service that the assessment has been completed or started before the athlete is eligible to participate in any contest.

Third Violation:

Denial of participation for one calendar year.

The Extracurricular Policy does not supercede general school Policy in cases involving policy violations during school hours, on school property, or at school-sanctioned events. In such cases the Extracurricular Policy is enforced in addition to the General School Policy for those students who are involved in extracurricular activities. In those circumstances where a student will be suspended or expelled from school, which includes curricular and extracurricular activities, the Board policy concerning suspensions and expulsions shall be followed.

YEAR ROUND ATHLETIC POLICY WAIVER

I have received, read and agree to adhere to the Indian Valley Year Round Athletic Policy and additional team guidelines given by the coach to all participants in his/her sport. I may or may not agree with all the rules and regulations in the Year Round Athletic Policy, but I do agree to follow the guidelines as a member of an athletic team.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NOTE: This form must be signed and returned to the coach before any athlete is permitted to practice or participate in an athletic program.

PARTICIPANT CONDUCT CODE

Indian Valley is a member of the O.H.S.A.A. and abides by the rules of that organization. All Indian Valley students have the privilege to try out for any team unless prohibited by the O.H.S.A.A. All Indian Valley students have the responsibility of observing the following rules and regulations of the Athletic Code if they wish to participate in Indian Valley Athletics:

- A. All athletes must satisfy academic eligibility requirements as established by the O.H.S.A.A. and the Indian Valley Board of Education.
- B. No athlete shall possess, transmit, or use alcohol or drugs.
- C. No athlete shall use tobacco of any form.
- D. No athlete shall steal school or private property, nor willfully deface or destroy athletic or personal property.
- E. All athletes shall complete and turn in required O.H.S.A.A. physical and parental permission forms, Athletic Participant Conduct Code Form, and insurance waiver form prior to taking part in practice or contest.
- F. All athletes shall adhere to curfew as may be established by individual coaches.
- G. All athletes represent the Indian Valley Schools, and shall be dressed and groomed in a neat reasonable style as set by each coach during his/her season.
- H. All athletes shall show respect for their opponents, coaches, teammates, teachers, parents.
- I. All athletes shall refrain from the use of profanity, indecent or obscene, language either spoken or written.
- J. All athletes shall control their tempers and refrain from outbursts.

These guidelines are general. Each coach is encouraged to supplement guidelines that he/she feels will add to their respective program.

The Athletic Participant Conduct Code becomes effective the date it is first signed by the parent and athlete continues in effect until the end of the school year.

VIOLATION OF THE BOARD OF EDUCATION ADOPTED CONDUCT CODE MAY RESULT IN POSSIBLE DENIAL OF PARTICIPATION OF THE PRIVILEGE OF PARTICIPATING IN THE SPORT IN WHICH THE VIOLATION HAS OCCURRED AND MAY EXTEND INTO THE NEXT SEASON.

STUDENT AND PARENT VERIFICATION FORM
ATHLETIC CODE OF CONDUCT

I have received, read and agree to adhere to the Indian Valley Code of Conduct and additional team guidelines given by the coach to all participants in his/her sport. I may or may not agree with all the rules and regulations in the athletic program, but I do agree to follow the guidelines as a member of an athletic team.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NOTE: This form must be signed and returned to the coach before any athlete is permitted to practice or participate in an athletic program.

PROOF OF INSURANCE AND/OR WAIVER OF SCHOOL
FOR INTERSCHOLASTIC ATHLETICS

_____, a student in the Indian Valley Local Schools
is covered by the following medical insurance policy:

___ School Insurance ___ Family Insurance ___ Special Football Insurance

IF FAMILY INSURANCE, PLEASE FILL OUT THE FOLLOWING:

Name of Company _____
Policy Number _____
Insurance Agency _____

In case of injury while participating in interscholastic athletics, we
parents/guardian of the above named student, will not hold the Indian Valley Local
School District or any school personnel responsible for medical costs.

_____ Signed _____
Date (Parent/Guardian)

Address _____

Phone _____

ACKNOWLEDGMENT OF RISK

Risk in sports, as in any activity, are real. Participation has the potential for causing injury to individuals. Proper conditioning, instruction, and equipment can greatly reduce your child's chance of injury. The coaches of Indian Valley will do their best to prevent, protect, and treat injuries to your child.

We acknowledge the fact that risk of injuries is present in the sports program offered in the Indian Valley Schools. We grant our child permission to assume these risks while participating in sports. We assume these risks with the understanding that the Indian Valley Schools will do everything in their power to reduce the injury potential to our child.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____