

HOMER HIGH SCHOOL ATHLETICS REQUIRED FORMS

PHYSICAL, NSAA, AMBULANCE & CONCUSSION FORMS

Forms may be submitted as early as May 1st for 2024-25 school year.

ALL students in grades 7-12 who wish to participate in school athletics MUST submit all forms BEFORE they may begin practice.

ALL 7th graders MUST have a physical prior to the start of the school year, even if they do not plan to participate in school sports.

ATHLETES AND PARENTS MUST complete and sign all forms and have a doctor sign the physical clearance form.

- The school will mail the forms to all students' homes in the spring and summer newsletters.
- You may pick up forms at the school office.
- You may also print the forms from the school website.

NOTE: all sections must be completed, signed and on file at the school prior to any participation.

High school volleyball, cross country and football practices begin on Monday, 12 August 2024.

Return complete forms to the school office.



Concussion Awareness
Homer Community School
Student-Athlete / Parent Information Notification

This form must be signed by all student-athletes and parent/guardians before the student participates in any athletic, 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. A concussion can also be caused by a blow to another part of the body with the force transmitted to the head. Concussions can range from mild to severe and can disrupt the way the brain normally works. 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 a 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.

Signs (observed by examiner)

- Appears dazed or stunned
- Confusion
- Moves clumsily
- Loss of consciousness
- Behavior/personality changes
- Forgets events prior to injury (Retrograde amnesia)
- Forgets events after injury (Anterograde amnesia)

Symptoms (reported by athlete)

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light
- Tinnitus (ringing in ears)
- Feeling "foggy"
- Concentration or memory issues
- Change in sleep pattern
- Feeling fatigued

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

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

Athletes with the signs and symptoms of a 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 to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under-report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is key for student-athlete safety.

If You Think Your Child has Suffered a Concussion

Any athlete suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a health care professional (athletic trainer, primary care physician, or neurologist). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think 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!**

Return to Practice and Competition

Homer Community School Concussion Management Policy 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 (athletic trainer, primary care physician, or neurologist) has evaluated the athlete and provided a written authorization to return to practice and competition. Homer Community School recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. Homer Community School also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the school's athletic trainer or licensed health care professional.

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

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

For education from the Nebraska Concussion Network go to:

<http://Neb.SportsConcussion.org>

_____ Student-Athlete Name Printed	_____ Student-Athlete Signature	_____ Date
_____ Parent or Legal Guardian Printed	_____ Parent /Legal Guardian Signature	_____ Date

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of Birth _____

Cleared for all sports without Restriction GRADE _____

Cleared, with recommendations for further treatment for: _____

Not cleared Pending further evaluation For any sports For certain sports _____

Tdap booster administered on _____ (Required per Nebraska state law for students entering 7th grade)

Reasons / Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

Name of physician (print) _____ Date _____

Address _____ Phone _____

Signature of Physician _____, MD or DO

I have examined the above named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

AMBULANCE / PERMISSION TO PROVIDE CARE

This section of this form is to allow Rescue Staff and Hospital Care to admit and/or provide immediate care to our son/daughter _____ in the event that parents, parent or legal guardian cannot be contacted. Our son/daughter will be participating for Homer Community School and if injured will be cared for by local rescue services and transported to the designated hospital by Rescue Squad.

Desired Hospital: (please circle)

ST. LUKES MERCY MEDICAL CENTER PENDER WINNEBAGO

Medical information: (e.g. allergies; medication, etc.) _____

Parent Signature: _____