

# **HOMER HIGH SCHOOL ATHLETICS REQUIRED FORMS**

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## **PHYSICAL, NSAA, AMBULANCE & CONCUSSION FORMS**

**Forms may be Submitted as early as 1 May for the 2025-26 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 7<sup>th</sup> 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 11 August 2025.**

**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 3<sup>rd</sup> 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.cdc.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
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Parent or Legal Guardian Printed	Parent /Legal Guardian Signature	Date
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## NSAA Athletic and Activities Student and Parent Consent Form

School Year: \_\_\_\_\_  
Member High School: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Name of Parent(s), Guardian(s), or Person(s) in Charge: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address(es) of Student and Parent(s)/Guardian(s)/or Person(s) in Charge\*\*: \_\_\_\_\_

*\*\*Note: If Student and all Parents/Guardians do not live in the same household, please include all addresses and inform the Member School as this may impact eligibility.\*\**

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege and understand and agree that (a) by this Consent Form the NSAA has provided notice of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type, including exposure to communicable diseases, and even catastrophic injury, paralyzation, and death; and (c) even the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(2) Consent and agree to participation of the Student in NSAA activities subject to (a) all NSAA Bylaws and rules interpretations, including limitations on transfers and limitations on the use of the Student's name, image, and likeness when wearing school uniforms or engaging in commercial activity tied to the Student's participation in NSAA activities; and (b) the athletic and activities rules of the Member School;

(3) Consent and agree to the disclosure by the Member School to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in the Member School's directory information or other similar policies, and any other records or documentation needed to determine the Student's eligibility and compliance necessary to participate in NSAA activities;

(4) Understand that (a) prior to athletic participation, a pre-participation release form signed by a health care professional must be signed and submitted to the Member School; and (b) for purposes of determining fitness to participate, injury, injury status, or emergency response, Parents may be asked to consent to the disclosure of confidential medical records or information. Records and information shared for this purpose will not be redisclosed to any entities outside of the health care provider(s), Member School, or NSAA;

(5) Consent and agree (a) to authorize licensed or trained individuals, including certified sports injury personnel, to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary care, treatment, and rehabilitation for these injuries that is made available by the Member school and/or the NSAA, including transportation of the Student to a medical facility if necessary; and (b) that Parents are obligated to pay for professional medical and/or related services; the NSAA and the Member School shall not be liable for payment of such services even if made available by the Member School or NSAA.

(6) Understand that the Student or Student's likeness being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests and that any such recording may be used for broadcast, sale, or display.

We, Parent(s) and Student, acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities, and agree that Student may participate in NSAA activities.

**Student Printed Name**

**Student Signature**

**Date of Signature**

\_\_\_\_\_  
+  
**Parent(s) Printed Name(s)**

\_\_\_\_\_  
**Parent Signature(s)**

\_\_\_\_\_  
**Date of Signature(s)**

\_\_\_\_\_  
+  
\_\_\_\_\_

Revised October 2022

# 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 7<sup>th</sup> 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: \_\_\_\_\_