

QUINCY PUBLIC SCHOOLS Middle School Extramural Athletics

Sports Eligibility: Student Information

In order for your child to play sports, you must provide the following information to your coach before the beginning of the season.

1. A copy of a recent **Physical Exam** – done within the last thirteen months and signed by your doctor and on file in the school nurse’s office. Please call your health care provider and schedule an appointment. Your child will be ineligible for participation until a copy is on file.
2. A **MIAA/Sports Medical Questionnaire and Consent Form** – filled out and signed by a parent/guardian (this will stay on file in the nurses office).
3. A **Sports Permit Form** – filled out and signed by a parent/guardian (this form is for the coach in case of an emergency).
4. A **User Fee** (see details below) - Payments can be made at www.quincypublicschools.com/msathletics (select pay use fee > Your School > the sport > boy or girl) ***Print payment receipt and return to your Athletic Director. Payments can also be made by cash, check, or money order; checks are payable to “QPS Athletic Fund”.

These forms are available at www.quincypublicschools.com/msathletics (select Medical Paperwork), your coach, or the nurse. It is the responsibility of the student to submit all of the forms to the Athletic Director. He/She will not be allowed to practice or play without the completed forms.

Sports Offered: At all Quincy Public Middle Schools, these extramural sports, along with the cost to play (user fee), are offered:

Fall: Cross Country (\$30) & Tennis (\$15)
Winter: Volleyball (\$30), Swimming (\$15), & Wrestling (\$15)
Spring: Track & Field (\$30), Golf (\$15)

Please read the 3 pieces of information listed below: the two forms mentioned do NOT need to be returned at this time:

- **Report of Head Injury During Sports Season:** Inform the coach or your school nurse if your child sustains a concussion outside of schools hours and submit the Report of Head Injury form to the school or school nurse
- **Retain the Parent/Athlete Concussion Information Sheet** for your reference.
- Concussion resource information is available at the following websites:
 - National Federation of State High Schools (NFHS) Training: “Concussion in sports: What you Need to Know” at www.nfhslearn.com
 - Centers for Disease Control and Prevention: “Heads Up to Schools” at www.cdc.gov/concussioninyouthspts

MIAA Recommended Sports Candidate Medical Questionnaire

TO BE COMPLETED BY PARENT OR GUARDIAN

DATE: _____

Student's Name: _____

Student's Address: _____ Date of Birth: _____

Parent's/Guardian Name: _____

Cell Phone: _____ and/or Home Phone: _____

Physicians Name: _____ Office Phone: _____

1. Date of Last Physical Examination: _____

2. List any operations, fractures, sprains, or bone dislocations: _____

3. Has your child ever had any of the following? (Circle Y for Yes and N for No)

A. Asthma &/or Allergies	Y	N	K. Mononucleosis	Y	N
B. Fainting &/or Convulsion	Y	N	L. Pneumonia	Y	N
C. Heart Murmur/Heart Condition	Y	N	M. Hepatitis	Y	N
D. Rheumatic Fever	Y	N	N. Bronchitis	Y	N
E. Kidney Disease or Injury	Y	N	**O. Head Injury	Y	N
F. Heat Stroke/Heat Exhaustion	Y	N	**P. Concussion	Y	N
G. Diabetes	Y	N	Q. Seizure	Y	N
H. Menstrual Problems	Y	N	R. Major Dental Problems	Y	N
I. Blood Disorders	Y	N	S. Tumors	Y	N
J. Arthritis &/or Joint Redness	Y	N	T. Bridges or False Teeth	Y	N

**If student was diagnosed with a concussion, please list diagnosis and duration of symptoms:

Please explain any "Yes" answers to the above questions: _____

4. Does your child take any medication now? _____ If so, what? _____

5. Do you know any reason for your child not to participate in any sports? Yes _____ No _____

If "Yes", please explain: _____

6. I have read and understand the CDC's Parent/Athlete Information Sheet on Concussion provided.

PARENT/GUARDIAN'S SIGNATURE: _____ Date: _____

STUDENT/ATHLETE SIGNATURE: _____ Date: _____

Quincy Public Schools
Department of Athletics

Middle School Sports Permit

Participation in Athletics is voluntary. It is important to realize that there is a possibility that catastrophic results may occur due to athletic competition. The school system has an insurance policy which covers injuries sustained while involved in school athletics. This policy is strictly non-duplicating, which means that it will only pay for medical expenses not covered by your own health insurance coverage.

Name of student: _____ Grade: _____

Sport(s) that the parent is giving permission to play for the 20__-20__ school year:

___ All extramural middle school sports that my child is interested in playing OR
just the following sports as indicated:

___ Cross Country ___ Volleyball ___ Wrestling ___ Swimming ___ Spring Track ___ Golf

Do you subscribe to a Health Insurance Plan? Yes ___ No ___

Name of Plan: _____ Policy Number: _____

This is to certify that I have read the statements on this paper and hereby give permission for my child to participate in the sport(s) named above.

Parent/Guardian's signature: _____

Home phone: _____ Cell phone: _____

Contact person if parent/guardian cannot be reached: _____

Phone: _____

Relationship to Athlete: _____

Please state any medical information school personnel should have in case of emergency:

Medications: _____

Family doctor: _____ Phone: _____

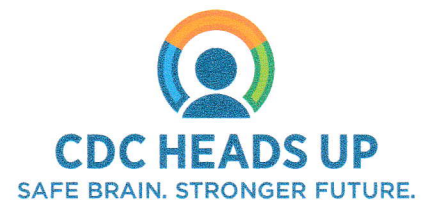
Statement of School Nurse

This is to certify that the MIAA Sports Candidate Medical Questionnaire is complete and on file. The Physical exam expires on the following date _____

Signature of Nurse: _____

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____