



Buckhannon-Upshur High School

Mr. Robert M. Wilmoth
Principal
Mr. Douglas A. Frashure
Mrs. Carla J. Rogers
Mr. H. Randall Roy
Mr. Tristen T. Gray
Assistant Principals

2014-2015 School Year

Dear Parents/Guardians:

Physicals for all sports will be given on Thursday, June 5, 2014, at the Physician's Office Center at the end of Amalia Drive. Fifteen dollar donations will be collected at that time to help with the cost of transportation for all sports. Physicals for those students whose last name ends from A-M will be given from 6:00-6:45 p.m. Students with last names ending from N-Z will be given physicals from 6:45-7:30 p.m. **This is the only date that physicals will be arranged by the school.** Any student who does not receive a physical on this day is responsible for making arrangements and paying for their sports physical with a doctor of his/her choice.

As Athletic Director for Buckhannon-Upshur High School, I want you to know that **you must provide insurance for your student-athlete.** If you do not have insurance covering athletic injuries, you must purchase insurance before your athlete can participate in any athletic activity. Special insurance can be purchased through the school board. This information will be available in the school office.

All Buckhannon-Upshur High School forms are attached and must be properly signed and submitted to the athlete's coach before any practice or participation is permitted. Remember—have your signature notarized.

If you choose to have your athlete's physical done at a time other than that which has been scheduled, be sure the physician uses the attached WVSSAC physical form. No other form is acceptable.

Sincerely,

Tristen Gray
Assistant Principal, Athletic Director
(304) 472-3720, Ext. 5019

Attachments



Authorization for Minor's Medical Treatment

Child

Full Legal Name: _____
 Date of Birth: _____
 Age: _____
 Gender: _____

Doctor's Information

Doctor's Name: _____
 Doctor's Office Phone: _____
 Primary Medical Insurance: _____
 Policy Number: _____
 Secondary Medical Insurance: _____
 Policy Number: _____
 Allergies: _____

Dentist's Information

Dentist's Name: _____
 Dentist's Office Phone: _____
 Date of Last Tetanus Shot: _____

Parent/Legal Guardian

Name: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____

 MOTHER'S NAME

 FATHER'S NAME

Authorization and Consent of Parent or Legal Guardian

I do hereby solemnly swear that I have legal custody of the aforementioned minor child, I grant my authorization and consent for Coach hereafter ("Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury is life threatening or in need of emergency treatment, I authorize the "Supervising Adult" to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed in the state in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the "Supervising Adult" in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing 1st Day of Practice whenever in their custody in our absence.

Parent/Legal Guardian
 Signature: _____ Date: _____

Certificate of Acknowledgement of Notary Public

This document was acknowledged before me on:

Signature of Notary Public _____ Notary Public for the State of _____

My Commission expires: _____

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

June 2013

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM
(Form required each school year on or after June 1st. File In School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name (Last) (First) (M) School Year: Grade Entering:
Home Address: Home Address of Parents:
City: City:
Phone: Date of Birth: Place of Birth:

Last semester I attended (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, We agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

- Attention Athlete! To be eligible to represent your school in any interscholastic contest, you ...
must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
must qualify under the Residence and Transfer Rule (127-2-7)
must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
must not have reached your 15th (MS), 16th (9th) or 19th (HS) birthday before August 1 of the current school year. (127-2-4)
must be residing with parent(s) as specified by Rule 127-2-7 and 8.
unless parents have made a bona fide change of residence during school term.
unless an AFS or other Foreign-Exchange student (one year of eligibility only).
unless the residence requirement was met by the 365 calendar days attendance prior to participation.
if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
must be an amateur as defined by Rule 127-2-11.
must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
must not have transferred from one school to another for athletic purposes. (127-2-7)
must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
must follow All Star Participation Rule. (127-3-4)
must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than two (2) seasons in the same sport in grades 7 and 8 or more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5).
must not have been retained without failing in grades 6, 7 or 8. (127-2-5)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

- BASEBALL CROSS COUNTRY GOLF SOFTBALL TENNIS VOLLEYBALL
BASKETBALL FOOTBALL SOCCER SWIMMING TRACK WRESTLING
CHEERLEADING

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date:

Student Signature

Parent Signature

PART III – STUDENT'S MEDICAL HISTORY
(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade ____ Age ____

Has the student ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.)
- Yes No 2. Any hospitalizations?
- Yes No 3. Any surgery (except tonsils)?
- Yes No 4. Any injuries that prohibited your participation in sports?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Knee, ankle or neck injuries?
- Yes No 7. Broken bone or dislocation?
- Yes No 8. Heat exhaustion/sun stroke?
- Yes No 9. Fainting or passing out?
- Yes No 10. Have any allergies?
- Yes No 11. Concussion? If Yes _____
Date(s) _____

Does the student:

- Yes No 12. Have any problems with heart/blood pressure?
- Yes No 13. Has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? List _____
- Yes No 15. Wear glasses____, contact lenses____, dental appliances____?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have you ever been told not to participate in any sport?
- Yes No 19. Do you know of any reason this student should not participate in sports?
- Yes No 20. Have a sudden death history in your family?
- Yes No 21. Have a family history of heart attack before age 50?
- Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
- Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV – VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____
 Visual acuity: Uncorrected _____/_____/_____; Corrected _____/_____/_____; Pupils equal diameter: Y N

PART V – SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:		Respiratory:		Abdomen:	
Appliances	Y N	Symmetrical breath sounds	Y N	Masses	Y N
Missing/loose teeth	Y N	Wheezes	Y N	Organomegaly	Y N
Caries needing treatment	Y N	Cardiovascular:		Genitourinary (males only);	
Enlarged lymph nodes	Y N	Murmur	Y N	Inguinal hernia	Y N
Skin - Infectious lesions	Y N	Irregularities	Y N	Bilaterally descended testicles	Y N
Peripheral pulses equal	Y N	Murmur with Valsalva	Y N		

Musculoskeletal: (note any abnormalities)

Neck:	Y N	Elbow:	Y N	Knee/Hip:	Y N	Hamstrings:	Y N
Shoulder:	Y N	Wrist:	Y N	Ankle:	Y N	Scoliosis:	Y N

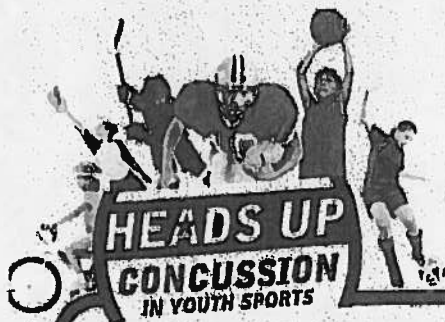
RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- _____ Full Approval;
- _____ Full approval; but needs further evaluation by Family Dentist _____; Eye Doctor _____; Family Physician _____; Other _____;
- _____ Limited approval with the following restrictions: _____;
- _____ Denial of approval for the following reasons: _____.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physicians Assistant

_____/_____/_____
Date



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

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

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.