

CENTENNIAL HIGH SCHOOL

"PATRIOTS"

INTERIM QUESTIONNAIRE SPORT _____

EACH STUDENT ATHLETE IS REQUIRED TO HAVE A PHYSICAL EXAMINATION PRIOR TO HIS/HER FRESHMEN AND JUNIOR YEAR. A COPY OF THIS EXAM IS TO BE ON FILE WITH THE SCHOOL ATHLETIC TRAINER BEFORE THE STUDENT IS ELIGIBLE TO PARTICIPATE IN ANY ATHLETIC CONTEST. IF YOUR STUDENT HAS HAD PHYSICAL DIFFICULTIES SINCE THE LAST EXAMINATION THE SCHOOL MAY REQUIRE A NEW EXAM.

THE FOLLOWING QUESTIONNAIRE IS TO BE COMPLETED YEARLY BY EACH STUDENT:

_____	_____	_____	_____	_____
LAST	FIRST	MIDDLE	MALE / FEMALE (CIRCLE ONE)	
/ /		YEAR IN SCHOOL: 9TH 10TH 11TH 12TH (CIRCLE ONE)		
GRADUATING CLASS	DATE			

SINCE HIS/HER LAST ATHLETIC PHYSICAL EXAMINATION HAS THIS STUDENT:

	<u>YES</u>	<u>NO</u>
1. HAD SURGERY	___	___
2. BEEN HOSPITALIZED	___	___
3. BEEN UNDER A PHYSICIAN'S CARE	___	___
4. HAD A SERIOUS ILLNESS	___	___
5. HAD AN INJURY REQUIRING A PHYSICIAN	___	___
6. BEEN RENDERED UNCONSCIOUS	___	___
7. STARTED TAKING ANY NEW MEDICATIONS	___	___
8. DEVELOPED ANY NEW DRUG ALLERGIES	___	___
9. DEVELOPED ANY HEALTH PROBLEMS	___	___

EXPLAIN ANY YES ANSWERS BELOW: _____

IS YOUR STUDENT COVERED BY A FAMILY HEALTH INSURANCE POLICY? ___ YES ___ NO

IF YES, PLEASE LIST THE NAME OF INSURANCE COMPANY AND POLICY NUMBER BELOW:

INSURANCE COMPANY: _____ POLICY NUMBER _____

I HEREBY CONSENT TO THE ABOVE NAMED STUDENT PARTICIPATING IN INTERSCHOLASTIC ATHLETIC PROGRAMS. THIS CONSENT INCLUDES TRAVELING TO AND FROM ATHLETIC EVENTS AND PRACTICES. I ALSO CONSENT TO TREATMENT DEEMED NECESSARY BY SCHOOL AUTHORITIES FOR ANY ILLNESS OR INJURY RESULTING FROM ATHLETIC PARTICIPATION. ALL ATHLETIC MEDICAL FILES WILL BE KEPT CONFIDENTIAL AND IN THE POSSESSION OF THE SPORTS MEDICINE STAFF AT CENTENNIAL HIGH SCHOOL. YOUR SIGNATURE ALSO VALIDATES THAT YOU UNDERSTAND THE NATURE OF CONCUSSION, SIGNS AND SYMPTOMS, AND THE RISKS OF ALLOWING A STUDENT ATHLETE TO CONTINUE TO PARTICIPATE AFTER SUSTAINING A CONCUSSION.

SIGNATURE OF PARENT / GUARDIAN: _____ DATE: _____

ADDRESS _____ CITY _____ ZIP _____ PHONE: HOME _____ WORK _____

Concussion Management for this Year at CHS

Cost to each athlete: \$5.⁰⁰ (Check Payable to CHS)

WEST ADA SCHOOL DISTRICT – CONCUSSION MANAGEMENT PLAN

- Athletes participating in contact and collision sports will be baseline tested using a web based program (ie: ImPact, C3Logix).
- Athletes, participating in a sport, that are suspected of a concussion will be removed from play. S/he may not return to sport until evaluated by the school's Certified Athletic Trainer or other health care professional experienced in evaluation and management of concussions and cleared for return to learn, followed by, return to play.
- All athletes, regardless of who has evaluated them, will follow the return to learn and return to play plan as outlined below and adopted by the West Ada School District.

RETURN TO LEARN

1. Break from cognitive (thinking, processing) activities
 - May mean no school, homework, computer, texting, video games, and maybe TV if it makes symptoms worse; minimize screen time.
2. Light cognitive activity resumed once athlete has had significant improvement in symptoms at rest.
 - Activities that do not cause symptoms; stop when moderate symptoms develop
 - May increase length of activities as long as symptoms do not worsen or improve within 30 minutes of a break
3. School-specific activity should be increased gradually.
 - Try some schoolwork at home, increasing duration as tolerated; work up to longer times as tolerated

RETURN TO PLAY

1. Check in daily with the athletic trainer to determine when they are free of symptoms (for minimum of 24 hours)
2. Remain symptom free for 2 consecutive days and be returned to "normal" learning environment in school (*no accommodations*)
3. Complete the post-injury web based testing
4. Complete exertional testing, performed by Certified Athletic Trainer or other experienced health care professional
5. Complete a 5 step graduated return to play protocol (*each step is a minimum of 1 day*)
 - Step 1 – Light aerobic activity
 - Step 2 – Sport specific exercise
 - Step 3 – non-contact drills
 - Step 4 – Full-contact practice with reduced repetitions
 - Step 5 – Full release with no restrictions

CONCUSSION EDUCATION: To comply with Idaho concussion law 625 under subsection 33-1625. Please visit the following online sites for concussion recognition/management materials and resources.

1. <http://legislature.idaho.gov/legislation/2012/H0632.pdf>
2. www.cdc.gov/concussion
3. www.nfhslearn.com
4. www.stlukesonline.org/sports/concussion.php

CHS Medical Personnel

Volunteer directing physician for CHS head athletic trainer, Eric Taylor, is Dr. Scot Scheffel. All CHS medical protocols must be strictly adhered to under Dr. Scheffel's supervision. Any sports related injuries/illnesses that take place on the campus of Centennial High School must follow the protocol that has been approved by the Idaho State Board of Medicine. **This includes athlete consent for evaluation and diagnosis from CHS directing physician.**

CHS sports related medical treatment, diagnosis, and/or rehabilitation by medical personnel outside of the scope of Centennial High School's sports medicine protocol must be approved by the head athletic trainer and directing volunteer physician. This protocol is necessary in order to comply with Idaho code: sec 54-3914 IDAPA 22:01.10.

This protocol is not intended to infringe on the rights of parents and student/athletes to seek medical attention from the community off-site from the Centennial High School campus. This protocol is necessary in order to provide consistent, knowledgeable care for Centennial High School student/athletes involved with Idaho High School Activities Association sanctioned activities/athletics.

Please contact Eric Taylor at 855-4250 ext 84041615 if you have questions regarding this policy.