

## ATTENTION PARENTS AND GUARDIANS OF ATHLETES!!

In order for your son or daughter to participate in athletics within Cedar Falls Community Schools, you must read through the information contained within this packet of information and return the following to the Cedar Falls High School Athletic Office:

1. Completed and signed Parent or Guardian Permission Form
2. Completed and signed Iowa Athletic Pre-Participation Physical Examination form

The State of Iowa and the IHSAA / IGSAU requires that all parents receive and sign off on the "HEADS UP: Concussion Fact Sheet for Parents" BEFORE a student can start practicing in the sanctioned sport. If the forms listed above are not returned, completed and signed, prior to the first day of practice in your son or daughter's sport, they will not be allowed to practice. The Permission Form is good for only the current school year and must be renewed by parent and student every new school year. According to State Rules, there is no grace period allowed for this form. The Physical Examination form is good for one calendar year, plus an additional thirty (30) calendar days, from the date of the physician signature on that form.

If you have additional questions, please feel free to contact the Cedar Falls High School Athletic Office at 319.553.2503.



# CONCUSSION FACT SHEET FOR PARENTS

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic 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 CONCUSSION?

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

## 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
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY PARENTS/GUARDIANS:

- 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 mood, behavior, or personality changes

## DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## 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 regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**  
Concussions take time to heal. Don't let your child return to play the day of the injury and 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. Repeat 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 PREVIOUS CONCUSSION.**  
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- 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. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

(Revised May 2019)  
**PARENT OR GUARDIAN PERMISSION FORM FOR PARTICIPATION  
IN EXTRACURRICULAR ATHLETICS / ACTIVITIES**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last First MI*

**PLEASE NOTE:** Read through numbers 1, 2, 3, and 4 below followed by the Conduct Code for Extracurricular Activities carefully and then sign the last page of this permission form if you agree to the conditions stated.

1. By signing this permission form, the undersigned hereby gives consent for the student named on this form to participate in athletics/activities understanding that there is a potential risk for serious injury by participation in athletics/activities.
2. By signing this permission form, the undersigned hereby acknowledges that they have received information provided on the concussion fact sheet titled, "HEADS UP: Concussion Fact Sheet for Parents".
3. By signing this permission form, the undersigned hereby agrees to be responsible for the proper return of all athletic equipment and/or uniforms issued by the school.
4. **MEDICAL INSURANCE IS REQUIRED.** By signing this permission form, the undersigned hereby agrees to provide medical insurance coverage for this student and releases the school/district from all financial liability resulting from accidental injury while participating in interscholastic athletics. Please contact the athletic office (319.553.2503) if you need information on affordable student insurance.

Policy Title: ***Conduct Code for Extracurricular Activities*** Code No. **503.4**

Extracurricular activities, for purposes of this policy, include all extracurricular athletics, cheerleading, dance team, clubs, extracurricular fine arts performances, student government, and any other activity or group that participates in contests, competitions, or community service projects on behalf of or as a more visible representative of the school district.

It is a privilege to participate in extracurricular activities at the Cedar Falls Community Schools. Students participating in these activities serve as more visible ambassadors of the school and role models to other students, and must adhere to high standards of conduct. When students violate these high standards, the District may withdraw the privilege to participate in extracurricular activities. Students participating in extracurricular activities are expected to abide by all rules of this policy 365 days a year, 24 hours a day, in and out of the specific extracurricular season and on or off school grounds.

The activity director may declare a student ineligible whose conduct is contrary to and in violation of the rules and regulations established and made known by the activity director or whose conduct is contrary to or in violation of this conduct policy or other board policy.

Item 1: To retain eligibility for participation in the Cedar Falls Community Schools extracurricular activities, students must conduct themselves as good citizens both in and out of school. Any student who is found to have violated the schools conduct code for extracurricular activities will be deemed ineligible for a period of time as described below. A student may lose eligibility under the conduct code for any of the following behaviors, including, but not limited to:

- Possession, use, distribution, or purchase of tobacco products, regardless of the students age;
- Possession, use, distribution, or purchase of e-cigarettes, vapor products, or alternative nicotine products, unless with physician permission regardless of the student's age;
- Possession, use, distribution, being under the influence, or the sale or purchase of alcoholic beverages;
- Being in a car or in attendance at a function or party where alcohol or other drugs are being consumed illegally by minors;
- Possession, use, distribution, being under the influence, or purchase of illegal drugs and/or drug paraphernalia, and the unauthorized possession, use, distribution, being under the influence of, or purchase of otherwise lawful drugs, and the possession, use, distribution, being under the influence of, or purchase of lawful items for the purpose of achieving mind-altering effects;
- Engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system, excluding minor traffic offenses, regardless of whether the student was cited, arrested, convicted or adjudicated for the act(s);
- Inappropriate conduct such as fighting, insubordination, bullying, hazing or harassment of others, or unauthorized possession of weapons.

**Length of Suspension:**

- 1<sup>st</sup> Offense - Students shall be suspended for a minimum of twenty percent of all activities in which a student is participating at the time of the violation.
- 2<sup>nd</sup> Offense (within one year of the date of the first offense) – A student will be suspended for a minimum of forty percent of all activities in which the student is participating at the time of the violation.
- 3<sup>rd</sup> Offense (within one year of the date of the previous offense) – A student will be suspended from all activities for a period of one calendar year from the date of the last violation.

This number of events/games missed shall be determined by multiplying the total number of events in each activity for a period by twenty percent or forty percent for a second offense. In the case of a fractional number, the total events that a student shall be withheld from will be determined by rounding to the nearest whole number. A student will be suspended for a minimum of one extracurricular event. If there is not a sufficient number for contests or performances remaining in the scheduled season to fulfill the terms of a suspension, or if the student is not currently participating in an extra-curricular activity, the suspension balance will be carried over to the tournament series and/or to the next season in which the student participates. A season is defined as commencing with the first day of practice, concluding with the last contest or performance. The penalty shall be immediate. To resume eligibility, it is mandatory that the student obtain and follow the recommendations of the school approved evaluation procedures.

For the first infraction, the voluntary admission of an infraction of the rules involving alcoholic beverages, tobacco or controlled substance will not result in a suspension if the coach/sponsor/administrator is notified within 72 hours of the violation. This provision may be used one time throughout the student's junior high school (7-8) and one time throughout the student's high school (9-12) career by any student. This voluntary admission may not be used by a student if the infraction is already known to the school or law enforcement agencies. In addition, it is mandatory that the student obtain and follow recommendations of the school approved evaluation procedures before that student regains eligibility. The purpose of this provision is to allow a student to seek help.

- Item 2: The Administration may also have at their discretion the ability to impose consequences of greater magnitude due to the severity of the violation. These violations include, but are not limited to the sale or use of an illegal drug during an activity, at school or away; a student who is arrested for or charged with a felony or charged with an act that would constitute a felony if committed by an adult.
- Item 3: Students cannot attempt to evade the intent of the Code of Conduct Rule by joining a new activity specifically to allow their suspension days to run its course. If a student athlete participates in an activity he/she had not been previously involved with, he/she must complete the season of the new activity in good standing in order for the suspension days to count.
- Item 4: A student must be present for the last three periods of a school day in order to perform at an activity that day, unless otherwise determined by a building administrator.
- Item 5: Students must follow the IHSAA and IGHSAA academic requirements.
- Item 6: A student who is suspended from school due to disciplinary reasons according to Board Policy shall not participate in extracurricular practices or events, or attend Cedar Falls High School activities (on or off campus), during the suspension period. Additionally, a student who is expelled or excluded from school for an extended period of time may be ineligible to participate in activities for the remainder of the school year.
- Item 7: The director of extracurricular activities will establish and make known rules of conduct and regulations for the students participating in the activity. Those rules of conduct shall be approved by the activities director or building principal. Said rules shall be in writing and delivered to each student and parent in the particular activity at the beginning of the season. Additional rules of conduct may be established and will be made known at the beginning of the season. Students are expected to abide by the rules as a condition of their continued participation in extracurricular activities.

#### **Appeal Procedure**

Suspension of a student from an extracurricular activity shall be the decision of the activities director within the parameters of this guide, and after the activities director has informally investigated the allegation of misconduct, and has given the student notice of the allegation and the opportunity to respond. If the activities director determined that a violation of the activity code did occur, said student may be declared ineligible for extracurricular activities.

A student may contest the declaration of ineligibility by the activities director orally or in writing to the building principal within three school days from notified of the declaration of ineligibility. The building principal shall make a ruling within two school days of receipt of notice of objection.

In the event the ruling of the building principal is adverse to the student, he or she may appeal the ruling in writing to the appropriate building activities council. The appeal shall be no later than three school days from receipt of decision of the building principal. The student will not be allowed to participate in any contest or performance during the appeal process, but may be allowed to participate in practice sessions. Said notice shall be delivered to the chairman of the appropriate building activities council. Any member of the building activities council who has been involved in prior matters regarding the ineligibility at issue may be disqualified from serving on the building activities council with regard to that matter. The building activities council shall hold a hearing within seven school days of the receipt of notice of appeal and make a ruling within two school days of the conclusion of the hearing.

A decision of the building activities council adverse to the student may be appealed by the student in writing to the superintendent or designee. The appeal shall be within seven school days of receipt of decision from the building activities council and the superintendent or designee will make a ruling within two school days of receiving the appeal.

In the event of a decision by the superintendent or designee that is adverse to the student, the ineligibility may be appealed to the Board of Education. However, it is with the discretion of the Board to determine whether to hear the appeal. The appeal shall be made in writing within seven school days of receipt of the decision from the superintendent or designee. If the Board determines not to hear the appeal, the decision by the superintendent or designee shall be final.

As a parent/guardian of (student's name) \_\_\_\_\_ involved in extracurricular activities at the Cedar Falls Community Schools, I have read and understand this Conduct Code for Extracurricular Activities, Items 1-7 as listed in the Code of Conduct on this Permission document. By signing below, I also agree to provide consent, properly return all equipment, have received the form titled "HEADS UP: Concussion Fact Sheet for Parents", and will provide medical insurance as specified in items 1-4 on the first page of this permission form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As an athlete in extracurricular activities at the Cedar Falls Community Schools, I have read and understand this Conduct Code for Extracurricular Activities items 1-7 as listed in the Code of Conduct on this Permission document. By signing below, I also agree to return all equipment immediately following the completion of my participation or at season's end for that activity.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

## ARTICLE VII 36.14(1) PHYSICAL EXAMINATION.

Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, qualified doctor of chiropractic, licensed physician assistant, or advanced registered nurse practitioner, to the effect that the student has been examined and may safely engage in athletic competition. This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

### QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Student's Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address (Street, City, Zip) \_\_\_\_\_ School District \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the other side of this form after the examination.)**

- |       | Yes   | No    |  | Yes   | No    |  |
|-------|-------|-------|--|-------|-------|--|
| 1.    | _____ | _____ | Allergies to medication, pollen, stinging insects, food, etc.?   | 20.   | _____ | Head injury, concussion, unconsciousness?  |
| 2.    | _____ | _____ | Any illness lasting more than one (1) week?                      | 21.   | _____ | Headache, memory loss, or confusion with contact?  |
| 3.    | _____ | _____ | Asthma or difficulty breathing during exercise?                  | 22.   | _____ | Numbness, tingling or weakness in arms or legs with contact?                               |
| 4.    | _____ | _____ | Chronic or recurrent illness or injury?                          | ***** |       |  |
| 5.    | _____ | _____ | Diabetes?  | 23.   | _____ | Severe muscle cramps or illness when exercising in the heat?                               |
| 6.    | _____ | _____ | Epilepsy or other seizures?                                      | ***** |       |  |
| 7.    | _____ | _____ | Eyeglasses or contacts?  | 24.   | _____ | Fracture, stress fracture or dislocated joint(s)?  |
| 8.    | _____ | _____ | Herpes or MRSA?  | 25.   | _____ | Injuries requiring medical treatment?  |
| 9.    | _____ | _____ | Hospitalizations (Overnight or longer)?                          | 26.   | _____ | Knee injury or surgery?  |
| 10.   | _____ | _____ | Marfan Syndrome?   | 27.   | _____ | Neck injury?   |
| 11.   | _____ | _____ | Missing organ (eye, kidney, testicle)?                           | 28.   | _____ | Orthotics, braces, protective equipment?   |
| 12.   | _____ | _____ | Mononucleosis or Rheumatic fever?                                | 29.   | _____ | Other serious joint injury?  |
| 13.   | _____ | _____ | Seizures or frequent headaches?                                  | 30.   | _____ | Painful bulge or hernia in the groin area?   |
| 14.   | _____ | _____ | Surgery?   | 31.   | _____ | X-rays, MRI, CT scan, physical therapy?  |
| ***** |       |       |  |       |       |  |
| 15.   | _____ | _____ | Chest pressure, pain, or tightness with exercise?                | 32.   | _____ | <b>Has a doctor ever denied or restricted your participation in sports for any reason?</b> |
| 16.   | _____ | _____ | Excessive shortness of breath with exercise?                     | 33.   | _____ | <b>Do you have any concerns you would like to discuss with your health care provider?</b>  |
| 17.   | _____ | _____ | Headaches, dizziness or fainting during, or after, exercise?     |       |       |  |
| 18.   | _____ | _____ | Heart problems (Racing, skipped beats, murmur, infection, etc.?) |       |       |  |
| 19.   | _____ | _____ | High blood pressure or high cholesterol?                         |       |       |  |

- Family History:**
34. \_\_\_\_\_ Does anyone in your family have Marfan syndrome?
35. \_\_\_\_\_ Has anyone in your family died of heart problems or any unexpected/unexplained reason before the age of 50?
36. \_\_\_\_\_ Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?
37. \_\_\_\_\_ Has anyone in your family had unexplained fainting, seizures, or near drowning?
38. \_\_\_\_\_ Does anyone in your family have asthma?
39. \_\_\_\_\_ Do you or someone in your family have sickle cell trait or disease?

Use this space to explain any "YES" answers from above (questions #1-38) or to provide any additional information:

\_\_\_\_\_

\_\_\_\_\_

40. Are you allergic to any prescription or over-the-counter medications? If yes, list: \_\_\_\_\_

41. List all medications you are presently taking (including asthma inhalers & EpiPens) and the condition the medication is for:  
 A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

42. Year of last known vaccination: Tdap (Tetanus): \_\_\_\_\_ Meningitis: \_\_\_\_\_ Influenza: \_\_\_\_\_

43. What is the most and least you have weighed in the past year? **Most** \_\_\_\_\_ **Least** \_\_\_\_\_

44. Are you happy with your current weight? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ *If no*, how many pounds would you like to lose or gain?  
 Lose \_\_\_\_\_ Gain \_\_\_\_\_

**FOR FEMALES ONLY:**

1. How old were you when you had your first menstrual period? \_\_\_\_\_

2. How many periods have you had in the last 12 months? \_\_\_\_\_



**PHYSICAL EXAMINATION RECORD** (To be completed by a licensed medical professional as designated in Article VII 36.14(1).)

Athlete's Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ (Repeat, if abnormal \_\_\_\_\_ / \_\_\_\_\_) Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	<b>INITIALS</b>
1. Appearance (esp. Marfan's )			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 24-31)			
14. Neurological			

Comments regarding abnormal findings: \_\_\_\_\_

**LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS**  
 (Please be precise when indicating at which level the student is cleared to participate.)

1.      **FULL & UNLIMITED PARTICIPATION**
2.      **LIMITED PARTICIPATION** - May NOT participate in the following (checked):  
          Baseball         Basketball         Bowling         Cross Country         Football         Golf         Soccer  
          Softball         Swimming         Tennis         Track         Volleyball         Wrestling
3.      **CLEARANCE PENDING DOCUMENTED FOLLOW UP OF** \_\_\_\_\_
4.      **NOT CLEARED FOR ATHLETIC PARTICIPATION DUE** \_\_\_\_\_

\_\_\_\_\_  
 Licensed Medical Professional's Name (Printed) Date of PPE

\_\_\_\_\_  
 Licensed Medical Professional's Signature Phone

**PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE**

I hereby verify the accuracy of the information on the opposite side of this form and give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury/illness and to share necessary information about the injury/illness with appropriate school personnel.

\_\_\_\_\_  
 Name of Parent or Guardian, or student if 18 years of age (Printed) Signature of Parent of Guardian, or student if 18 years of age

\_\_\_\_\_  
 Address (Street/PO Box, City, State, Zip) Phone Number

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union. Schools are encouraged NOT to change this form from its published format. Additional school forms can be attached to this form.