



# Ell-Saline Middle School / High School

(785) 225-6633 • FAX (785) 225-6694

414 E. Anderson • Brookville, Kansas 67425

## USD 307 Parent/Guardian Consent

### SPORTSMANSHIP

Ell-Saline activity/athletic programs are built around good sportsmanship as defined by USD 307 and Rule #52 of the Kansas State High School Activities Association. Rule #52 guidelines are located on KSHSAA and school websites.

### 24 HOUR RULE

Parents/patrons who have complaints about coaches and/or their strategies shall not confront coaches before, during or after games, but will schedule an appointment to discuss their concerns with the coach, athletic director and principal. The first offense will be a one game suspension. Further violation of this rule will result in a suspension from extra-curricular activities for a time specified by the administration and/or the Board of Education. The length of the suspension may be up to 1 calendar year depending on the severity of the violation.

### KSHSAA PARTICIPATION

I give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student. I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify the answers to the question in the history part of the PPE, Pre-participation Physical Examination, are true and accurate. I hereby authorize release to KSHSAA, the school nurse, athletic director, coach and medical provider of information contained in the PPE document.

I acknowledge that there are risks of participation, including the possibility of catastrophic injury.

### CONCUSSION

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is increased risk of significant damage, prolonged recovery, brain swelling and fatal consequences if the signs and symptoms of concussion are under reported or the athlete continues playing.

If an athlete suffers or is suspected of having suffered a concussion or head injury during a competition or practice, the athlete must be removed immediately. Athletes cannot return to an activity after an apparent head injury or concussion, without medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). KSHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

ImPACT testing is the most widely used computerized concussion evaluation system. USD 307 participates in the program to provide baseline data for medical professionals. I release my student to take the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT). I agree to participate in the ImPACT Concussion Management Program.

For current and up-to-date information on concussions:

<http://www.cdc.gov/headsup/youthsports/index.html>

For concussion and general information and education resources collected by KSHSAA:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

*"Soaring to New Heights of Excellence!"*



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Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_

Sport(s) \_\_\_\_\_

### Emergency Contact Information:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Phone/Emergency Numbers:

Phone/Emergency Numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alternate parent/guardian in case of emergency:

\_\_\_\_\_

List any medication or medical treatment prescribed for the student: \_\_\_\_\_

\_\_\_\_\_

**I have read and understand the information on both sides of this form. I agree and consent to the participation of my student in organized athletic activities at Ell-Saline MS/HS.**

\_\_\_\_\_  
Parent/Guardian

*" Soaring to New Heights of Excellence! "*