



MHSA CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. While Logan Health is the preferred medical provider of the MHSA, parenta/guardians may choose their own medial provider for their Physical Examination This certification is valid for a period of one school year. A physical examination conducted before May 1rd is not valid for participation for the following school year. All information is to remain confidential.

HISTORY - To be completed by the student and parent(s).

				QUEST	TIONNAI	RE FOR	ATH	ILET	IC PARTICIPATION (PLEASE PRINT)		
Name								_	Male Female Grade Date of Birth		-00
Home Address									Phone Number		
Parent's Name Current School									Family Physician		100
								_			100
Currer	it Schoo	И	_						Date		- 50
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18. Have)	you ever h	ad an injury	, like a spr	ain, musc	e or ligamer	nt tear or			43. Are you happy with your weight?		
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PROVIDER'S PHYSICAL EXAMINATION FORM

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Pulses		8							- 8	
Lungs		1								
Abdomen		1							9	
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Skin	10	8							- 8	
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Neck										
Back	E.	1								
Shoulder/arm	10	9							- 5	
Elbowforearm										
Wrist/hands/fingers										
Hipfhigh										
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Leg/ankle		8								
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Signature of physic	lan/medical <u>provi</u>	dec								
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ALL INFORMATION IS TO REMAIN CONFIDENTIAL

(Updated (4/23)

Student-Athlete & Parent/Legal Custodian Concussion Statement

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each hear, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student athlete participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed healthcare provider.

Student-Athlete N	ame:		
This form must be	e complete for each student-athlete, even if there are multiple s	student-athletes	in each household.
Parent/Legal Custo	dial Guardian Name:		
□We have read th	ne Student-Athlete & Parent /Legal Custodian Concussion Infor	rmation Sheet.	If true, please check box.
After readin	ng the information sheet, I am aware of the following informati	ion:	
Student-Athlete Initials		Parent/Legal Custodial Initials	
	A concussion is a brain injury, which should be reported to my parents, my coaches, or a medical professional if one is available.		
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.		
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.		
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A	
	If I think a teammate has a concussion, I should tell my coach, parents, or licensed healthcare professional about the concussion.	N/A	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A	
	I will/my child will need written permission from a licensed healthcare professional to return to play or practice after a concussion.		
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to plan or practice occurs before concussion symptoms go away.		
	Sometimes, repeat concussions can cause serious and long-lasting problems.		
	I have read the concussion symptoms on the Concussion fact sheet.		
S414 A411 4 G	•	Deter	
Student-Athlete S	ignature:	Date:	

Date:

Parent/Legal Custodian Signature:

MHSA ASSOCIATION

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?

- 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.

Student Participation Form RICHEY/LAMBERT PUBLIC SCHOOLS TO BE RETURNED TO THE SCHOOL ON OR BEFORE THE FIRST FRIDAY

NAME:		
(Last)	(First)	(MI)
BIRTHDATE:ETHNICITY PARENT(S)/GUARDIAN:PH ADDRESS:	′:YEA	AR IN SCHOOL:
PARENT(S)/GUARDIAN: PH	HONE:(H)(V	V) Cell
ADDRESS:	_ CITY:	STATE: ZIP:
In case of emergency and the parent cannot be	reached, the following po	erson(s) is authorized to act on our behalf.
EMERGENCY CONTACT:	EMERGENCY C	CONTACT PHONE:
ACTIVITY PERMISSION: (Parent/Guardian and	• •	,
Basketball FFA	GolfTrack _	School approved field trips
Band/Choir Cheerleading	Football	Volleyball Cross Country
realizing that such activity involves the potential competent coaching/advising, the use of approinjuries are still a possibility. On rare occasions quadriplegia, or even death. Because of the	for injury which is inhero opriate protective equipr s, these injuries can be dangers of participatin	te in organized interscholastic athletics/activities, ent in all sports. I/We acknowledge that even with ment, and strict enforcement/observance of rules, so severe as to result in total disability, paralysis, in the above sports/activities, I recognize the techniques, training, and other team rules, etc
understand and have read this warning and a	im cognizant of its term mited to, those risks ind	n(s) of(Student). I/Wens. I/We understand that all sports/activities can licated. I/We hereby assume all risks of playing or

WAIVER OF LIABILITY:

I/We further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sport/activity supervisors and coaches, from and against any claim which the above named student, I/we, and/or other parent(s) or guardian(s), and sibling, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or in connection with the participation by the above named student. I/We understand by signing this warning, agreement to obey instructions, and assumptions of risk, I/we are waiving all rights that the above named student, I/we or any other person may have to any compensation for any physical injury that may result from participation by the above named student.

EQUIPMENT RESPONSIBILITY:

I/We agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above named student.

TRAINING RULES:

I understand that the Lambert/Richey athletic co-op has a Training Rules Policy that prohibits certain actions by me from the first day of practice to and including the last day of the season. I have read the policy (in the Student Handbook) and understand my expectations as a participant. Participation is a privilege, not a right!

EMERGENCY MEDICAL INFORMATION:

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I/we hereby consent for the student named on the front page of this information sheet to be given emergency medical care of the doctor or hospital selected by the school.
NAME OF FAMILY PHYSICIAN: PHONE:
Please list any medications, allergies, medical problems, and/or medical concerns of the which the coach/advisor should be aware:
INSURANCE: I/We understand that Richey Public School does not carry a medical insurance policy that covers participants in athletics/activities. (<i>Please check one below</i> .) I/We understand that my son/daughter is covered by our family medical policy with the listed company.
(Name of Insurance Company)
I/We understand that my son/daughter is <u>not</u> covered by a medical policy and I am responsible for the payment of medical bills that are incurred.
OUT OF TOWN TRAVEL : I/We understand that the student is a member of a school group and he/she must be encouraged to travel to and from that activity on transportation provided by the schoolwhich may be required.
The exception to this rule may be a student traveling home with a parent/guardian in which case the parent/guardian must personally contact the coach/advisor of the activity and sign a parental/guardian release which indicates you assume the liability of your student(s). I/We understand that should a student violate any of the school travel rules (in the Student Handbook), the parent/guardian and the superintendent and/or AD, will be notified and the student will either be held for the parent(s)/guardian(s) arrival or be sent home at the parent(s)/guardian(s) expense by the most reasonable means of transportation; or turned over to local authorities if criminal in nature.
I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION CONTAINED IN THIS AGREEMENT AND WILL ABIDE BY THE CONTENTS OF THIS DOCUMENT.
SIGNED:DATE: (Parent/Guardian)
SIGNED: DATE: (<i>Parent/Guardian</i>)

SIGNED: _____ DATE: ______ (Student Participant)

Form L

R & L Fusion

Richey Schools- PO Box 60, Richey, MT 59259--- 773-5523; fax 773-5554 Lambert Schools-PO Box 260 , Lambert , MT 59243 774-333;3fax 774-3335

FUSION FOOTBALL WARNING/HELMET DISCLAIMER

Football helmets are designed to offer some protection to the players' head-not the neck and the spine.

A football helmet is not designed to protect the neck-a helmet cannot prevent cervical dislocation or fracture resulting in spinal cord injury or quadriplegia.

A football helmet cannot prevent closed head or brain injuries including concussion that might occur as a result of participating in the game of football.

A football helmet cannot prevent or eliminate the risk of sustaining a concussion .

Players are not to return to play after suffering a head or brain injury without a doctor's written permission to do so.

Football is a dangerous sport. Injuries may occur as a result of intentional or accidental contact while participating in football. Even if you follow the rules, there is a chance that you can still be injured. NEVER use the helmet or the facemask as a point of contact. Each time you step onto the field there is a chance that you may be seriously injured. Injuries may include a broken bone or more serious injuries to the brain or cervical spine which could render you paralyzed or even result in death.

I have read the above warnings and accept the risks involved with my participation in football for Lambert and Richey Schools .

Football Helmet Number:		
Participant Name & Signature:_		

I have read the above warnings and accept the risks involved for my student's participation in football for Lambert and Richey Schools .

Acknowledgment of the 2023-24 Athlete Handbook

I have received a copy of the R&L FUSION ATHLETE Handbook for the 2023-24 School Year. I understand that the handbook contains information that my child and I may need during the school year. I understand that all students will be held accountable for their behavior and will be subject to the disciplinary consequences outlined in the handbook.

Print name of student:		
Signature of student:		
Signature of parent:		
Date:		
<u>Assu</u>	ımption of Risk Statement Agreemer	<u>nt</u>
I, the parent/guardian o understanding of the fo	of, am aware of an ollowing Assumption of Risk Statement.	nd in
Board of Trustees will a during practice, games, Co-op and the Richey a athletes understand the assume responsibility f that a priority in their p school staff, or any men in case of an accident in	ector, any other member of the school staff, or any rance not be held liable or responsible in case of an accides, meets, matches, tournaments, concerts, or trips sure and Lambert Public Schools. Athletes and parents/se inherent risks are the nature of participation in sport for those risks. Our coaches do the best to promote programs. The coach/advisor/director, any other member of the Board of Trustees will not be held liable incurred during practice, games, meets, matches, to rvised by Lambert and/or Richey Public Schools.	dent incurred pervised by R&I guardians of orts, and they as safety and make ember of the le or responsible
Print name of student:		
Signature of student:		
Signature of parent:		
Date:		
Please return to th	ne District Office by FRIDAY, August 18th	n, 2023.