

To student athletes and their parents/caregivers:

Before you can play a sport the TSSAA (Tennessee Secondary School Athletic Association) says you must get a sport's physical. This is also called a PPE (Preparticipation Physical Evaluation). The PPE promotes the health and well-being of athletes as they train and compete. It also helps keep athletes safe as they play sports. It is NOT meant to stop them from playing.

Where can you go to get a PPE? In the newest PPE guidebook, the groups below say your doctor's office or the place where you get your medical care is where you can go to get it done:

- the American Academy of Pediatrics,
- the American Academy of Family Physicians,
- the American College of Sports Medicine,
- the American Medical Society for Sports Medicine,
- the American Orthopedic Society for Sports Medicine,
- and the American Osteopathic Academy of Sports Medicine.
- It's also endorsed by the National Athletic Trainers' Association and the National Federation of State High School Associations.

There are other places you can get a PPE, but **we recommend athletes get a PPE during their Well Visit at their doctor's office or School Based Health Center.** This ensures exams cover everything important about your overall health and well-being. It also limits absences from school and sports.

We encourage you to work the PPE into the routine health care you get at your doctor's office or the place where you get your medical care. If you're enrolled in TennCare your well visits are free.

Sincerely,

Tennessee Secondary School Athletic Association  
Tennessee Chapter of the American Academy of Pediatrics  
Tennessee Division of TennCare

Do you have TennCare and need to know who your doctor is? You can call your MCO at:

Amerigroup: 1-800-600-4441

BlueCare: 1-800-468-9698

UnitedHealthcare: 1-800-690-1606

TennCareSelect: 1-800-263-5479

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# ■ PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_

## CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

\*Entire Page Completed By Patient

### Athlete Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Sex: [ ] Male [ ] Female Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

### Emergency Contact Information

Home Address \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Another Person to Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Legal/Parent Consent

I/We hereby give consent for (athlete's name) \_\_\_\_\_ to represent (name of school) \_\_\_\_\_ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**CONSENTIMIENTO A PARTICIPAR EN ACTIVIDADES ATLETICAS Y RECIBIR CUIDADO MEDICO SI FUERA NECESARIO**

(Este Consentimiento debe ser completado por el Estudiante-Aleta y sus padres o guardianes.)

**Información del Estudiante-Aleta**

Apellido \_\_\_\_\_ Nombre \_\_\_\_\_ SN \_\_\_\_\_

Sexo: [ ] Varón [ ] Hembra Grado \_\_\_\_\_ Edad \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_/\_\_\_\_/\_\_\_\_

Alergias \_\_\_\_\_

Medicaciones \_\_\_\_\_

Seguro Médico \_\_\_\_\_ Número de la Póliza \_\_\_\_\_

Número del Grupo \_\_\_\_\_ Teléfono del Seguro \_\_\_\_\_

**Información del Contacto en Caso de Emergencia**

Dirección de Casa \_\_\_\_\_ (Ciudad) \_\_\_\_\_

(Código Postal) \_\_\_\_\_

Teléfono de Casa \_\_\_\_\_ Celular de la Madre o Guardian \_\_\_\_\_

Celular del Padre o Guardian \_\_\_\_\_

Nombre de la Madre o Guardian \_\_\_\_\_ Teléfono del Trabajo \_\_\_\_\_

Nombre del Padre o Guardian \_\_\_\_\_ Teléfono del Trabajo \_\_\_\_\_

Otra Persona Contacto \_\_\_\_\_

Número de Teléfono \_\_\_\_\_ Relación \_\_\_\_\_

**Consentimiento Legal de los Padres o Guardianes**

Yo/Nosotros damos nuestro consentimiento para que (nombre del Estudiante-Aleta) \_\_\_\_\_ pueda representar (nombre de la escuela) \_\_\_\_\_ en deportes y que yo/nosotros entendemos que esa actividad lleva la posibilidad de sufrir lesiones. Yo/Nosotros sabemos que aún con el mejor entrenamiento, los mejores artículos deportivos, y la observación estricta de las reglas, es posible sufrir lesiones. **En algunas ocasiones, estas lesiones son severas y pueden resultar en incapacidad, parálisis, y hasta la muerte. Yo/Nosotros damos permiso a la escuela y a TSSAA, sus médicos, entrenadores atléticos, y/o técnicos médicos de emergencias a dar ayuda, tratamiento, cuidado médico o quirúrgico considerados necesarios para la salud y bienestar del Estudiante-Aleta nombrado arriba durante o como resultado de su participación en los deportes.** Al firmar este consentimiento, el Estudiante-Aleta nombrado arriba y sus padres/guardianes consienten a que los profesionales de la salud conduzcan un chequeo, examinación, y pruebas del Estudiante-Aleta durante la examinación pre-participatoria y a obtener la historia médica. Entendemos que los profesionales de la salud que conduzcan estas pruebas y evaluaciones van a anotar los resultados y observaciones en los formularios y records que acompañan este documento. Como padre o guardian, yo/nosotros entendemos que somos totalmente responsables por cualquier asunto legal que pueda resultar de las acciones personales del Estudiante-Aleta nombrado arriba.

\_\_\_\_\_  
Firma del Estudiante-Aleta

\_\_\_\_\_  
Firma del Padre/Guardian

\_\_\_\_\_  
Fecha

# Gibbs High School Athletic Department Personal Responsibility & Social Media Contract

The GHS athletic department recognizes and supports student athletes' rights to freedom of speech, expression, and association, including use of social networks. HOWEVER, in this context, each student athlete should remember that being an athlete for Gibbs High School is a privilege, and you as a student athlete represent your school. You are expected to portray yourself, your team, your school, and your district in a positive manner at all times. As a GHS athlete you have been placed in a leadership position and as a leader you are to present yourself in a positive manner at all times. Please understand that if you participate in social media, you are responsible for anything you post.

This includes but is NOT limited to:

- photos you post
- statuses or tweets you post or retweet
- groups you join
- pictures *others* post of you
- statuses or *tweets* others post to your page

It is important to exercise care and thoughtfulness while using social media and to understand that what may seem private in the digital world can often become public, even without your knowledge or consent.

This contract will be used to ensure a positive representation of the GHS athletic program, Gibbs High School, and Knox County Schools. Below are the social network guidelines which provide the following direction for social networking site usage:

- Similar to comments made in person, the GHS athletic program will not tolerate disrespectful comments and behavior online such as:
  - Derogatory language or remarks that may harm teammates, coaches of any sport, teachers, administration, other student athletes, or school representatives of Knox County or any other schools
  - Incriminating photos or statements depicting violence, hazing, sexual harassment, full or partial nudity, inappropriate gestures, vandalism, underage drinking, selling/possessing/using controlled substances, or any other inappropriate behavior (INCLUDING PROFANITY)
  - Creating a serious danger to the safety of another person or making a credible threat of a serious physical or emotional injury to a person

Social media outlets may be used as a communication device. They will also be used to encourage involvement with family, friends, fans, colleges, and recruiting



outlets. It is acceptable for you to retweet or like or share things from our sites so we can promote our teams.

GHS athletes should NEVER involve themselves with alcohol or any other controlled substance. Posting pictures, retweeting or liking a post or picture with this behavior going on indicates your approval. Do not get involved.

Student athletes who are charged with a crime may be placed on suspension from athletic activities or dismissed, depending on the circumstances of the case, until a legal resolution is reached.

Student athletes who are dismissed from participation for violations of these rules may not participate in any other athletic programs at GHS until two seasons have concluded, e.g. after a violation in a fall sport, an athlete would be eligible to participate in sports the following spring.

If you are asked to remove a post from any website, you must do so immediately. This is for the protection of your reputation and that of the GHS athletic program. By signing this social media contract, you are stating that you will follow the rules indicated above and you understand that disciplinary actions and/or dismissal from the team may result if you fail to comply with these rules.

Student Athlete Name (Please Print)

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Student Athlete Signature

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Parent Signature

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Date 

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## CONCUSSION

### INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.

Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

#### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

#### WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports one or more symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

\*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

### Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

\* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.



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\* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

## Student-athlete & Parent/Legal Guardian Concussion Statement

Must be signed and returned to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	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
	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 <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	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 play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal guardian

\_\_\_\_\_  
Date

## GIBBS HIGH SCHOOL ATHLETICS PARENT/COACH COMMUNICATION

### Parent/Coach Relationship

Both parenting and coaching are extremely difficult undertakings. By establishing an understanding of each position, we are better able to accept the actions of the other and provide greater benefits to students. As parents, when your child becomes involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communication from the coach about your child.

### Communication you should expect from your child's coach

- Philosophy of the coach
- Expectations the coach has for your child as well as all the players on the team
- Location and times of all practices and contests
- Team requirements, i.e. fees, special equipment, off-season conditioning
- Procedures should your child be injured during practice or contest
- Discipline that results in the denial of your child's participation

### Communication coaches expect from parents

- Concerns expressed directly to the coach
- Notification of schedule conflicts well in advance

As your child becomes involved in the athletic programs at Gibbs High School, they will experience some of the most rewarding moments of their lives. It is important to understand that there also may be times when things do not go the way you or your child wishes. At these times discussion with the coach is encouraged.

### Appropriate concerns to discuss with coaches

- Ways to help your child improve
- Concerns about your child's behavior
- Concerns about an injury

It is very difficult to accept your child's not playing as much as you may hope. Coaches are professionals. They make judgment decisions based on what they believe to be best for all students involved. As you have seen from the list above, certain subjects can and should be discussed with our child's coach.



### Issues not appropriate to discuss with coaches

- Playing time
- Team strategy
- Play calling
- Other student-athletes

There are situations that may require a conference between the coach and the parent. These are to be encouraged. It is important that both parties involved have a clear understanding of the other's position. When these conferences are necessary, the following procedure should be followed to help promote a resolution to the issue of concern. If you have a concern to discuss with a coach, you should do the following:

1. Call the coach to set up an appointment. The school number is 689-9130.
2. If the coach cannot be reached, call the athletic director, Jeff Thomas.
3. **Please do not attempt to confront a coach before or after a contest or practice.** These can be very emotional times for both the parent and the coach. Meetings of this type usually do not promote resolution.

### Next Step

What can a parent do if the meeting with the coach did not provide satisfactory resolution?

1. Call and set up an appointment with the Athletic Director to discuss the situation.
2. At this meeting the appropriate next step can be determined.

Research indicates a student involved in extracurricular activities has a greater chance of success during adulthood; therefore these programs have been established. Many of the character traits required for a successful life after high school are learned by playing team sports, and your child will carry these memories for a lifetime. We hope the information provided by this page makes both your child's and your experience with the Gibbs High School athletic program less stressful and more enjoyable.

Tear off and return with completed physical

I have read and understand the guidelines for parent/coach communication at Gibbs High School.

\_\_\_\_\_  
Student Athlete (please print)

\_\_\_\_\_  
Parent Signature/Date

## Insurance Coverage Statement

I understand personal health insurance is required for my child to participate in the Knox County Schools interscholastic sports program. KCS provides a supplement insurance coverage for participants at his or her own risk and I attest that I will be responsible for all unpaid medical bills not covered by any insurance policies.

**\*\* Note:** When parents are divorced and have legal joint custody, BOTH parents must sign.

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*\*\* Parent / Legal Guardian Signature*

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*Date*

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*\*\* Parent / Legal Guardian Signature*

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*Date*

---

*Student's Name*

---

*School*

KNOX COUNTY SCHOOLS  
RELEASE OF CLAIMS FOR FUTURE ACCIDENTAL INJURIES OR DEATH  
BY STUDENT IN DANGEROUS ENTERPRISE

\_\_\_\_\_, and \_\_\_\_\_, of  
(Parent/Guardian) (Student)

Knox County, Tennessee hereby affirm that we are cognizant of all of the inherent dangers of weight lifting and of the basic safety rules for activities connected therewith. We understand that it is not the function of the instructors to serve as the guardians of the student's safety.

We understand and agree that neither Knox County nor the Knox County Board of Education, their operators, agents, or instructors, may be held liable in any way for any occurrence in connection with weight lifting which may result in injury or other damages to the student or the student's family, heirs, and assigns.

In consideration of being allowed to enroll in this course, we hereby personally assume all risks in connection with the course, and we further release Knox County and the Knox County Board of Education, their instructors, program, agents and operators, for any injury or damage which may occur while the student is enrolled as a student of the school, including all risks connected therewith, whether foreseen or unforeseen; and further to save and hold harmless Knox County and the Knox County Board of Education, their agents and instructors, from any claim by the student or the student's family, estate, heirs, or assigns, arising out of the student's enrollment and participation in this course.

We understand the terms herein are contractual and not a mere recital; and that we have signed this document as our own free act.

We have fully informed ourselves of the contents of this affirmation and release by reading it before we signed it. We affirm that the student has been instructed in basic rules of safety regarding the use of weight lifting equipment.

In Witness Whereof, we have executed this affirmation and release on this \_\_\_\_\_ day  
of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
STUDENT

\_\_\_\_\_  
WITNESS

*Must be kept on file in Principal's Office for four (4) years.*





KNOX COUNTY SCHOOLS

## KNOX COUNTY SCHOOLS MEDICAL RELEASE

This form is used to record parental permission for medical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

(Print Student's Name)

hereby grant to the Knox County Board of Education/Knox County Schools (KCS), its employees and agents the authority to seek emergency medical care for our child. I, we, voluntarily consent to the rendering of such care by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical or emergency care of my child. In the event that my child is injured or ill while under the care of KCS, I hereby give permission to KCS to provide first aid for said child and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my child, I direct that KCS attempt to contact me at the phone number(s) I have provided KCS. However, if medical care becomes essential and I am unavailable, I give permission to KCS to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. I authorize KCS to request, obtain, review and inspect any and all information bearing upon my child's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my child and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my child during this period.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

STATE OF TENNESSEE, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

☐ If not covered by medical insurance, please check box.

Student's Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Allergies or Special Conditions \_\_\_\_\_

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to the office Date \_\_\_\_\_

☐ Original is retained by teacher and taken on the field trip.