

Valley High School - Powderpuff Permission Form and Concussion Fact Sheet

Dear Parent or Guardian,

In order for your student to participate in the 2020 Homecoming Powderpuff Football game MONDAY, Sept. 21, at 7 p.m. at Tiger Field, please read carefully and sign the permission slip below. Students will not be allowed to participate without ALL four (4) of the following:

- (1) Powderpuff Permission Form
- (2) Health and Injury Information Card and Consent for Medical Treatment Form
- (3) A signed concussion fact sheet (attached)
- (4) A signed COVID-19 guideline acknowledgement and waiver (attached)

**** All FOUR (4) permissions/requirements are DUE THURSDAY, SEPT. 17, BY 3:20 P.M. ** (Return to Student Services)**

If you have any questions or concerns about this activity, you may contact Ann Krois at 633-4326 or email kroisa@wdmcs.org.

My student, _____ ID# _____ Grade _____ has my permission to play Powderpuff Football on Monday, Sept. 21, at 7 p.m. at Tiger Field as part of Valley's 2020 Homecoming Week. I understand that my child is expected to be responsible and respectful throughout this activity, and my student will demonstrate safety and courtesy to all participants. I understand that the staff/teacher(s), school, or agency is not responsible for any injury, accidents, etc. incurred by my student while practicing or playing the game. In the event that illness or injury mandates that my child must go home during the activity, a person listed as an emergency contact (below) will be called. For a serious emergency, a local rescue ambulance will be contacted.

Student Signature: _____

Date: _____

Student Email: _____

Student Phone: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Phone: _____

Please check to confirm ALL FOUR (4) permissions/requirements are completed in full.
DUE THURSDAY, SEPT. 19, BY 3:20 P.M.

- (1) Powder Puff Permission Form
- (2) Health and Injury Information Card and Consent for Medical Treatment Form
- (3) A signed concussion fact sheet (attached)
- (4) A signed COVID-19 guideline acknowledgement and waiver (attached)

Shannon Campbell
VHS Associate Principal

Ann Krois
Student Council Sponsor

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. OBEY THE NEW LAW.

- a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
 3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

PARENTS:

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 and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or 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
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's Grade

Student's School

HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM

(This form is to be completed and kept available for reference wherever competition takes place. Update medical information as necessary.)

Student's Name (Last, First, MI) _____

Age _____ Grade _____ Date of Birth _____ Today's Date _____

Parent's/Guardian's Name _____

Student's Address _____

Parent's/Guardian's Home Phone Number _____

Father's/Guardian's Place of Work _____

Father's/Guardian's Work Phone Number _____

Mother's/Guardian's Place of Work _____

Mother's/Guardian's Work Phone Number _____

In an emergency, when parent's/guardian's cannot be notified, please contact:

_____ Relationship _____ Phone _____

_____ Relationship _____ Phone _____

Family Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Family Dentist _____ Phone _____

Date of last tetanus booster: _____ (month/year)

Do you wear: Glasses _____ yes _____ no / Contacts _____ yes _____ no / Dentures _____ yes _____ no

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

Please note and date any new injury information here: _____

CONSENT FOR MEDICAL TREATMENT

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. *This written authorization is granted only after a reasonable effort has been made to contact me (us).*

Date

Parent's/Guardian's signature

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Emergency Physicians
Cards provided by THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA

COVID-19 Guidelines for Powderpuff Practice and Play

The safety of our students is our first priority. All practices and games will require the following mitigation strategies to promote student safety.

- Face coverings must be worn at **ALL** times.
- Players and coaches will maintain 6-foot social distancing whenever possible.
 - This includes team discussions/huddles and on the sidelines.
- Players and coaches will take their temperatures prior to all practices and competitions.
 - If your temperature is 100.4 or higher do NOT participate.

Informed Consent Agreement for Participation in 2020 Powderpuff Football

The West Des Moines Community School District is taking reasonable measures to prevent the spread of infection, including the tracking and following of applicable state and federal guidance. However, the possibility of transmission cannot be eliminated. Students and families must be aware and acknowledge the risks before participating in athletics and activities.

By initialing and signing this informed consent agreement, you acknowledge, accept, and agree to the following (Parent/Guardian and Participant Must Initial and Sign):

_____ Participation in activities is purely voluntary

_____ My student has permission to participate in this activity

_____ Neither myself nor my student will attend meetings, practice, and/or competitions if any of the following apply:

Any member of our household is exhibiting symptoms of illness such as cough, fever, or shortness of breath. Any member of our household has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 within the last 14 days. Any member of our household has spent time with another individual who has been diagnosed with COVID-19 or has a suspected diagnosis of COVID-19 within the last 14 days.

_____ I agree to immediately inform Valley High School Administration if any member of our household has an active or suspected diagnosis for COVID-19.

_____ I am aware that myself or my student may be exposed to COVID-19 while participating or attending meetings, practices, and/or competitions. I understand that this exposure carries a risk of infection, serious injury, or death.

_____ My student is voluntarily participating in this activity and I agree to assume any and all risks of infection, injury, or death, whether those risks are known or unknown.

_____ I forever release the District from any liabilities, causes of action, lawsuits, claims, demands, or damages of any kind whatsoever that I, my assignees, heirs, guardians, next of kin, spouse, and legal representatives have, or may have in the future, related to participation in this activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE OF THE RISKS OF PARTICIPATING IN THIS ACTIVITY DURING THE COVID-19 PANDEMIC. I AM AWARE THAT THIS FORM CONTAINS A RELEASE OF LIABILITY.

Signature of Participant

Date

Signature of Parent/Guardian

Date