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**Scott Stevens, Principal  
Elmo Fernandez, Athletic Director**

# **Freshman Athletes For Woodlawn High**

## **Need To Complete The Following:**

**Athlete's Name:** \_\_\_\_\_

- ☐ **LHSAA Medical History Evaluation**
- ☐ **LHSAA Athletic Participation / Parental Permission Form – Front & Back**
- ☐ **LHSAA Substance Abuse / Misuse Contract and Consent Form**
- ☐ **Woodlawn High Informed Consent / Emergency Treatment Release**
- ☐ **Woodlawn High Strength & Conditioning / Harmless 2021**
- ☐ **Woodlawn High Athlete Agreement**
- ☐ **EBR Parent / Legal Guardian Media Consent Form**
- ☐ **LHSAA Parent and Student-Athlete Concussion Statement**
- ☐ **Copy of Insurance Card – Front & Back**
- ☐ **Copy of Birth Certificate**

**Please make sure all forms are completed and all signatures have been provided**

**All forms must be completed in their entirety before athlete will be able to participate**

**Date Completed Packet Returned:** \_\_\_\_\_

**Date Physical Taken:** \_\_\_\_\_



# LHSAA MEDICAL HISTORY EVALUATION

**IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.**

Please Print

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Sport(s): \_\_\_\_\_ Sex: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent / Guardian: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FAMILY MEDICAL HISTORY:** Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack/Disease	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sudden Death	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	_____
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	_____	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	_____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia	_____	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	_____

**ATHLETE'S ORTHOPAEDIC HISTORY:** Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury / Concussion	_____	<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury / Stinger	_____	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Elbow L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Arm / Wrist / Hand L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Back	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hip L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Thigh L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knee L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lower Leg L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Shin Splints	_____	<input type="checkbox"/>	<input type="checkbox"/>	Ankle L / R	_____
<input type="checkbox"/>	<input type="checkbox"/>	Foot L / R	_____	<input type="checkbox"/>	<input type="checkbox"/>	Severe Muscle Strain	_____	<input type="checkbox"/>	<input type="checkbox"/>	Pinched Nerve	_____
<input type="checkbox"/>	<input type="checkbox"/>	Chest	_____	Previous Surgeries: _____							

**ATHLETE MEDICAL HISTORY:** Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur / Chest Pain / Tightness	<input type="checkbox"/>	<input type="checkbox"/>	Asthma / Prescribed Inhaler	<input type="checkbox"/>	<input type="checkbox"/>	Menstrual irregularities: Last Cycle: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath / Coughing	<input type="checkbox"/>	<input type="checkbox"/>	Rapid weight loss / gain
<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Take supplements/vitamins
<input type="checkbox"/>	<input type="checkbox"/>	Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out / Concussion	<input type="checkbox"/>	<input type="checkbox"/>	Heat related problems
<input type="checkbox"/>	<input type="checkbox"/>	Single Testicle	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent Mononucleosi
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Enlarged Spleen
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy / Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait/Anemia
<input type="checkbox"/>	<input type="checkbox"/>	Organ Loss (kidney, spleen, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Overnight in hospital
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Prescribed EPI PEN	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (Food, Drugs) _____
<input type="checkbox"/>	<input type="checkbox"/>	Medications _____						

List Dates for: Last Tetanus Shot: \_\_\_\_\_ Measles Immunization: \_\_\_\_\_ Meningitis Vaccine: \_\_\_\_\_

## PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. .... **Yes** **No**
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. .... **Yes** **No**
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. .... **Yes** **No**
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). .... **Yes** **No**

Date Signed by Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Typed or Printed Name of Parent \_\_\_\_\_

**II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)**

Height _____	Weight _____	Blood Pressure _____	Pulse _____
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### GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
(if Needed)		

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### OPTIONAL EXAMS:

**VISION:**  
 L: \_\_\_\_\_ R: \_\_\_\_\_ Corrected: \_\_\_\_\_

**DENTAL:**  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

### ORTHOPAEDIC EXAM :

	Norm	Abnl
<b>I. Spine / Neck</b>		
Cervical	<input type="checkbox"/>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/>	<input type="checkbox"/>
<b>II. Upper Extremity</b>		
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Wrist	<input type="checkbox"/>	<input type="checkbox"/>
Hand / Fingers		
<b>III. Lower Extremity</b>		
Hip	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>

From this limited screening I see no reason why this student cannot participate in athletics.

- [ ] Student is cleared  
 [ ] Cleared after further evaluation and treatment for: \_\_\_\_\_  
 [ ] Not cleared for: \_\_contact \_\_non-contact

Printed Name of MD, DO, APRN or PA \_\_\_\_\_ Signature of MD, DO, APRN or PA \_\_\_\_\_ Date of Medical Examination \_\_\_\_\_

**This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.**



# Louisiana High School Athletic Association

## Athletic Participation/Parental Permission Form

*This form must be completed and signed **by the student-athlete's parent** prior to a student's participation in an athletic contest and shall be kept on file with the school. **It shall remain in effect for the remainder of the student's eligibility unless the student transfers to another member school.** This form is subject to **review/inspection** by the LHSAA **or its representative.***

### **PART I: STUDENT INFORMATION** (Please Print)

Student's Name: (Last, First, Middle) \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

My child entered ninth grade in \_\_\_\_\_ (month and year). Last semester/year he/she attended \_\_\_\_\_ High School.

### **ARE YOU ELIGIBLE?**

A student athlete in an LHSAA school must meet the following rules to be eligible for interscholastic athletic competition:

<b><u>RULE</u></b>	<b><u>COMMENTS</u></b>
<b>BONA FIDE STUDENT</b>	A student shall be enrolled in and attending an LHSAA member school on a regular basis and taking the required number of subjects which shall be recorded on the student's official transcript unless student is a special education student or in the 8 <sup>th</sup> grade or below. A student shall must be counted as a student on the daily attendance records of the school he/she attends. Attendance in one class makes you a student at that school.
<b>ENROLLMENT</b>	A student shall be enrolled and attending a school in the first 11 school days of the school semester at any school or will be ineligible for the first 30 school days.
<b>AGE</b>	A student shall not become 19 years of age prior to September 1 of this year.
<b>PROOF OF AGE</b>	A student shall provide legal proof of age, which meets the provisions of the LHSAA handbook, to the school administrator to be kept on file at school.
<b>CONSECUTIVE SEMESTERS</b>	Once a student shall enter the ninth grade, he/she shall have eight consecutive semesters to play athletics. (EXCEPTION: Hold-Back Repeat Student – See Rule 1.20.6 of the LHSAA handbook)
<b>SCHOLASTIC</b>	<p>For regular education high school students at the end of the first semester a student shall <b>pass at least six subjects</b> in all subjects taken.</p> <p>At the end of the year and prior to the next school year, a student shall must have <b>earned at least six units with an overall "C" average for the entire previous school year</b> as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.</p> <p>Special education students must consult the school principal, athletic director, or coach for scholastic information.</p>
<b>RESIDENCE AND SCHOOL TRANSFERS</b>	Upon entering high school for the first time, a student shall have the choice to attend any member school located in the attendance zone in which the student resides with his/her parent(s)/guardian(s) or any other household with whom the student has been residing for the past calendar year and be immediately eligible unless an applicable exception applies. A transfer to another member school in the same attendance zone shall render the student ineligible for one calendar year.
<b>UNDUE INFLUENCE</b>	If a student shall has been recruited to a school for athletic purposes, he/she shall remain ineligible as long as the student attends that school.
<b>AMATEUR</b>	A student cannot play high school athletics if he/she loses their amateur status.
<b>INDEPENDENT TEAM</b>	In certain sports a student cannot play on a school team and an independent team during the same sport season.



**MEDICAL EXAMINATION**

A student shall annually pass a physical examination given by a licensed physician/ nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete an LHSAA Medical History Evaluation form prior to participating.

**ATHLETIC PARTICIPATION/  
PARENTAL PERMISSION FORM**

A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school unless the student transfers to another member school.

**SUBSTANCE ABUSE/MISUSE  
CONTRACT & CONSENT FORM**

A school shall only be required to have this form completed and signed prior to the first time a student participates in LHSAA athletics at the school.

**SUSPENDED AND  
INELIGIBLE STUDENTS**

Shall not participate in any interscholastic contest on any team at any school at any level.

**LHSAA ELIGIBILITY RULES APPLY TO STUDENT-ATHLETES ON ALL TEAMS AT ALL LEVELS OF PLAY AT ALL LHSAA SCHOOLS**

Eligibility to participate in interscholastic athletics is a privilege a student earns by meeting standards outlined on this form and other regulations and policies set by the LHSAA and the student's school. If you have questions or do not fully understand an eligibility rule, check with your child's principal, athletic director or coach. By following the intent and spirit of the rules, you can help prevent violations which may penalize the student, his/her team and/or his/her school.

**ONE INELIGIBLE STUDENT MAY DISQUALIFY YOUR WHOLE TEAM – KNOW THE ELIGIBILITY RULES**

**PART II – PARENTAL PERMISSION**

I have read and reviewed the general requirements for high school athletic eligibility on this form and have discussed these requirements with my child. I understand additional questions/explanations and specific circumstances should be directed to my child's principal, athletic director or coach.

I certify the home address listed on this form is my sole bona fide residence and that I will notify the school principal immediately of any change in my residence, since such a move may alter the eligibility status of my child. All other information given is also accurate and current.

I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/ athletic director/principal of his/her school. Additionally, I give the LHSAA or it representative(s) permission to review my child's scholastic records and all required eligibility forms however submitted by the school or myself.

If the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify his/her principal of the change immediately.

I hereby give my consent and approval for my child to participate in any of the following LHSAA sports:

BASEBALL	GOLF	SWIMMING
BASKETBALL	GYMNASTICS	TENNIS
BOWLING	POWERLIFTING	TRACK AND FIELD
CROSS COUNTRY	SOCCER	VOLLEYBALL
FOOTBALL	SOFTBALL	WRESTLING

I certify all the information is correct, that I have read the summary of LHSAA eligibility rules below and I am in compliance with these standards. I also acknowledge that my child, by my signature below, has my permission to participate in interscholastic athletics during his attendance at this school. I also understand that this form shall only be completed prior to my child's first participation in any athletic contest of any sport and shall remain in effect for his/her entire athletic eligibility unless he/she transfers to another member school.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone No: (     ) \_\_\_\_\_





## LHSAA SUBSTANCE ABUSE/MISUSE CONTRACT AND CONSENT FORM

*This form must be completed and signed and kept on file with the school and is subject to inspection by the LHSAA Rules Compliance Team.*

As an LHSAA athlete, I, \_\_\_\_\_, agree to avoid the abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs. I hereby grant permission to be tested for substance abuse/misuse as a participant in any LHSAA sports program. I furthermore agree to cooperate by providing a urine or hair specimen for testing upon the request of my principal. I understand that should my specimen indicate the abuse or misuse of legal or illegal substances, I will be subject to action specified in my School Drug Policy for Student Athletes.

I, \_\_\_\_\_, parent/guardian of the undersigned student athlete, individually, and on behalf of my child, do hereby grant permission for and consent to said child being tested for substance abuse/misuse in accordance with his/her School Drug Policy for Student Athletes and I understand that if any specimen taken from him/her indicates abuse or misuse of legal or illegal substances, including anabolic steroids and other performance enhancing drugs, he/she will be subject to action specified in the School Drug Policy for Student Athletes for his/her school.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Student Athlete

Dated: \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Principal

Dated: \_\_\_\_\_

\_\_\_\_\_  
Head Coach

**1.9 ABUSE AND/OR MISUSE OF ILLEGAL SUBSTANCES** - Each member school shall develop and implement a substance abuse/misuse policy including procedures for chemical testing of student-athletes. To be eligible for interscholastic athletics, prior to practicing or participating in a sport at an LHSAA school, a student-athlete and his/her parent(s)/guardian shall sign the LHSAA Substance Abuse/Misuse Contract developed and distributed to all schools by the LHSAA. Once signed, the LHSAA Substance Abuse/Misuse Contract shall remain in effect for the remainder of the student-athlete's eligibility. Schools may also have the student and parent/guardian sign a school issued form in addition to the LHSAA Substance Abuse/Misuse Contract. Schools shall be required to keep the signed form on file at the school.

**1.9.1** The penalties for failure to have the required LHSAA Substance Abuse/Misuse Contract(s) for all students completed, properly signed, and maintained in the school files shall be:

1. A school shall be fined \$50 per student, per sport for each LHSAA Substance Abuse/Misuse Form not completed, properly signed, and on file with the school not to exceed \$500 per sport.
2. A student in violation of this rule shall not be ruled ineligible for this infraction, but shall be withheld from further team practices and interscholastic athletic participation until a copy of this form is completed and submitted to the Executive Director. The completed form must be faxed or postmarked prior to the athlete's participation

**Signature of the LHSAA's contract does not necessarily mean the student athlete will be tested.**

Student's Name: \_\_\_\_\_

## **Woodlawn High Athletics**

### ***Informed Consent / Emergency Treatment Release / Hold Harmless / Insurance Declaration***

I have been informed that my son / daughter wishes to participate in an interscholastic sport while attending Woodlawn High School. In signing this form, I understand that any sport he / she participates is a high risk sport and I am aware that there is a possibility of injury, ranging from minor to severe and life threatening. I also understand that he / she must meet certain eligibility requirements prescribed by the Louisiana High School Athletic Association, East Baton Rouge Parish Schools, and Woodlawn High School. I am willing to abide by those rules, as administered through the Louisiana High School Athletic Association and Woodlawn High School Administration and Athletic Staff.

**In the event that my son / daughter is injured during strength or conditioning, practice or athletic competition:**

- Permission is given to the certified athletic trainer and / or coaching staff to provide basic and emergency care until such time that a parent or guardian is notified
- Permission is given to the certified athletic trainer to provide continued care and treatment of athletic injuries under the supervision of our team physician.
- Should a medical emergency arise, and parents can't be notified permission is given to the certified athletic trainer and / or coaching staff to seek emergency treatment and be transferred to the hospital of the parent's preference or nearest hospital for emergency treatment. Permission is also granted to the medical facility and any attending physician to provide medical treatment and perform any diagnostic imaging or testing as the attending physician deems necessary.

The East Baton Rouge School Board and its members, employees, agents, assigns and insurers shall be held harmless from and against any liability for any accidents involving the student while participating in such athletic activities and any injuries suffered by the student during, or as a result of, such participation. Woodlawn High School nor the East Baton Rouge Parish School Board shall be held responsible for any medical or emergency transportation bills that may be incurred while participating in an athletic practice, competition or event. I understand that as the parent or guardian that I am responsible for all medical bills that may be incurred while participating in strength and conditioning, practice, competition or any other event associated with the participation in a school sponsored interscholastic sport.

Per East Baton Rouge Parish School Board Policy, no student athlete shall be allowed to participate in any strength and conditioning, practice, or interscholastic athletic event without providing prior proof of insurance or the purchase of an insurance policy offered through East Baton Rouge Parish Schools. Parents shall provide proof of insurance by providing a copy of the front and back of a current insurance card and must match the information below. **No student will be allowed to participate in strength and conditioning, practice or competition in any way without the proof of insurance.**

☐

**I wish to purchase insurance coverage provided through East Baton Rouge Parish Schools.**

☐

**I decline to purchase insurance coverage provided through East Baton Rouge Parish Schools and will provide proof of private insurance by providing insurance information below and a copy of the front and back of a current insurance card.**

**Any and all medical instructions such as hospital preference drug allergies, asthma medication should be listed on the bottom of this form.**

\_\_\_\_\_  
**Parent's Name Printed**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date Signed**

**Mother's Cell Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Father's Cell Phone:** \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Alternate Contact Phone:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Drug Allergies or Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Woodlawn High Athletics**

### ***Athlete Agreement***

We, the athletes at Woodlawn high School, realize the task ahead is a great challenge and opportunity which will be met only by total dedication, hours of conditioning, and loyalty to our school, our program, our staff, and teammates. We must have complete mental and physical discipline. We will work to the best of our ability to make a contribution, whether large or small, offense or defense, starter or scout team that will make our position a strong and trusted one. We will help bring our team together through discipline, character, and most importantly "Love for one another"

### ***Traits of a Woodlawn Panther Athlete***

- ***I will respond by saying "Yes sir" or "No Ma'am" when an adult addresses me.***
- ***I will not abuse alcohol.***
- ***I will not smoke.***
- ***I will not use drugs.***
- ***I will not steal.***
- ***I will be loyal to my coaches.***
- ***I will not participate in physical fights against my teammates or classmates.***
- ***I will conduct myself in a respectful manner towards my teachers and classmates.***
- ***I will attempt to excel in my school work.***
- ***I will put my TEAM before SELF at all times.***
- ***I will respect game officials.***
- ***I will always care for all gear issued to me.***
- ***I will not use foul or offensive language at any time.***
- ***I will not make obscene or vulgar gestures via social media. i.e. Twitter, Instagram, Snap Chat***
- ***I will not display any of the above listed characteristics of a Panther Athlete associated with this agreement via social media. i.e. Twitter, Instagram, Snap Chat***
- ***I will ACCEPT victory or DEFEAT with true sportsmanship.***
- ***I understand that any school suspension WILL result in a team suspension and may affect my playing time status and my team status.***

I, \_\_\_\_\_ have read the above Traits of a Woodlawn Panther Athlete  
Athlete's Name  
and sign this agreement in dedicating myself to becoming a better student-athlete and a better young person.

I, \_\_\_\_\_ have read the above expectations of my son / daughter will  
Parent's Name  
follow in order to succeed as a Woodlawn Panther Athlete

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





## Parental/Legal Guardian Media Consent Form

I hereby consent to the use of any photographs/video tape taken of my child by the East Baton Rouge Parish School System or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the East Baton Rouge Parish School System in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, the East Baton Rouge Parish School System protects the privacy of the students and is prohibited from releasing students' personal information.

From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below and return to school.

\_\_\_\_\_ Yes, I allow my child/children to be identified in any good news district or school publication.

\_\_\_\_\_ No, I do not want my child/children identified in any good news district or school publication.

### PLEASE PRINT

Student's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_

### Parent or Guardian if above person is under 18:

Parent/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Louisiana High School Athletic Association**  
**Parent and Student-Athlete Concussion Statement**

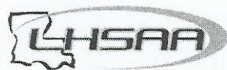
☐ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer and/or team physician.

☐ I have read and understand the Concussion Fact Sheet.

After reading the Concussion Fact Sheet, I am aware of the following information:

Parent Initial	Student Initial	
_____	_____	A concussion is a brain injury, which I am responsible for reporting to my coach , athletic trainer, or team physician.
_____	_____	A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance
_____	_____	You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
_____	_____	If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or team physician.
_____	_____	I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
_____	_____	Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
_____	_____	In rare cases, repeat concussions can cause permanent brain damage, and even death.

_____	_____
Signature of Student-Athlete	Date
_____	
Printed name of Student-Athlete	
_____	_____
Signature of Parent/Guardian	Date
_____	
Printed name of Parent/Guardian	



# ***Woodlawn Athletics Parent & Student Concussion Information***

## ***Act 314***

The Louisiana Legislature in 2011 passed the Louisiana Youth Concussion act. This law requires that all parents, athletes, and coaches be made aware of the following

- The nature and risk of concussions
- The risk associated with continuing to play after a concussion or head injury
- Sign a concussion and head injury information sheet which includes the return to the play protocol

***What is a concussion? A concussion is a brain injury that:***

- ★ Is caused by a bump or blow to the head
- ★ Can change the way your brain normally works
- ★ Can occur during practice or games in any sport
- ★ Can happen even if you haven't been knocked out
- ★ Can be serious even if you've just been "dinged"

***Symptoms that may be felt by the Athlete or seen by an Athletic Trainer, Coach, Teammate, or Parent***

**Headache or "Pressure" in Head**

**Nausea or Vomiting**

**Balance Problems or Dizziness**

**Double or Blurry Vision**

**Bothered by Light or Noise**

**Sluggish, Hazy, Foggy, or Groggy**

**Difficulty Paying Attention**

**Memory problems**

**Confusion**

**Don't Feel Right**

***Parent's should look for these Symptoms of Concussion or Head Injury***

**Appears Dazed or Stunned**

**Confused About Assignment or Position**

**Forgets Instructions**

**Unsure of Game, Score, or Opponent**

**Moves Clumsily**

**Answers Questions Slowly**

**Loses Consciousness (even briefly)**

**Shows Changes in Behavior and / or Personality**

**Can't Recall Events Prior to Hit or Fall**

***Should these Symptoms Appear or Worsen then Seek Further Medical Attention***

**Worsening Headaches**

**Vomiting**

**Decreased Level of Consciousness**

**Dilated Pupils**

**Increased Confusion**

**Stumbling / Loss of Balance**

**Weakness in One Arm / Leg**

**Blurred Vision**

**Increased Irritability**



### **It is okay to**

Use Tylenol  
Ice pack to head / neck for comfort  
Eat a light meal  
Go to sleep

### **Do Not**

Use Aspirin, Aleve, Advil or other NSAID products  
Drink alcohol  
Eat spicy foods  
Drive a car

### **What do I do next?**

If the athlete or anyone associated with the athlete detects signs of a concussion then the athlete should be immediately removed from play and referred to a medical doctor or a doctor of Osteopathic Medicine for further evaluation.

- ➔ **When in doubt sit them out**
- ➔ **On-site evaluation by appropriate health-care professional: Physician, Certified Athletic Trainer, EMT and removed from play for the remainder of that day's competition.**
- ➔ **Athlete is medically cleared by a Medical Doctor or Doctor of Osteopathic Medicine**
- ➔ **Step-wise protocol for return to learn and return to play is initiated as determined by a physician**
- ➔ **Upon completion of Return to Play protocol athlete is then released by attending physician.**

### **Return to Play Protocol**

The return to play protocol has been established by a medical doctor. It is a stage progression in which the athlete takes one stage at a time. If at any time the symptoms of a concussion return, the athlete will not progress to the next stage. There is no definite time table for the return to play.

We are fortunate that our athletes will have baseline data available for the doctors to review. The baseline data will include memory function as well as balance. The baseline data will also give physicians objective data in which to make decisions.

### **Return to Play Protocol Steps**

1. **Rest - athlete should sleep: no television, no video games, no text messaging, rest the brain**
2. **Return to Class - athlete returns to academic activities, however, athlete may need modifications in assignments, suggested modifications would be extended time, modified length of assignments.**
3. **Light aerobic activity - athlete participates in aerobic activity either inside or outside.**
4. **Sport Specific Training - athlete participates in drills specific to their sport with a higher intensity than light aerobic activity**
5. **Non-Contact training drills - athlete progresses to sport specific drills but there is no contact. Athlete wears full uniform and increases intensity.**
6. **Full-Contact training drills - athlete after having been medically cleared for full-contact participates in team drills where contact is allowed.**
7. **Return to Competition - athlete is allowed to return to full competition after being re-evaluated by attending physician.**

### **Additional Resources**

[Brain 101 - The Concussion Playbook](#)

[Heads Up: Concussion in High School Sports](#)