Transfer Athletes
To Woodlawn High

Need To Complete The Following:

Athlete’s Name:______________________________________________

- LHSAA Medical History Evaluation
- LHSAA Athletic Participation / Parental Permission Form – Front & Back
- LHSAA Residence Eligibility Form
- 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. 

### 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?
  - [ ] Heart Attack / Disease  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] Stroke  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] Diabetes  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] Skin Cancer  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] COPD  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] Asthma  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] Allergies / Food, Drugs  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] Epilepsy  Yes / No  Condition  Whom: ____________________________  Whom: ____________________________
  - [ ] Other (Specify): ____________________________

### Athlete's Orthopaedic History:
- Has the athlete had any of the following injuries?
  - [ ] Head Injury / Concussion  Yes / No  Date: _______  Whom: ____________________________
  - [ ] Elbow L / R  Yes / No  Date: _______  Whom: ____________________________
  - [ ] Hip L / R  Yes / No  Date: _______  Whom: ____________________________
  - [ ] Lower Leg L / R  Yes / No  Date: _______  Whom: ____________________________
  - [ ] Foot L / R  Yes / No  Date: _______  Whom: ____________________________
  - [ ] Chest  Yes / No  Previous Surgeries: ____________________________

### Athlete's Medical History:
- Has the athlete had any of these conditions?
  - [ ] Headache  Yes / No  Condition  Whom: ____________________________
  - [ ] Neck Injury / Stinger  Yes / No  Condition  Whom: ____________________________
  - [ ] Arm / Wrist / Hand L / R  Yes / No  Condition  Whom: ____________________________
  - [ ] Thigh L / R  Yes / No  Condition  Whom: ____________________________
  - [ ] Chronic Shin Splints  Yes / No  Condition  Whom: ____________________________
  - [ ] Severe Muscle Strain  Yes / No  Condition  Whom: ____________________________
  - [ ] Previous Surgeries: ____________________________

### 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,

1. 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

2. 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

3. 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

4. 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) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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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)**

### General Medical Exam:
<table>
<thead>
<tr>
<th>Norm</th>
<th>Abnl</th>
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<tbody>
<tr>
<td>ENT</td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
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</tr>
<tr>
<td>Abdomen</td>
<td></td>
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<td>Skin</td>
<td></td>
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<tr>
<td>Hemia</td>
<td></td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th>I. Spine / Neck</th>
<th>Norm</th>
<th>Abnl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical</td>
<td></td>
<td></td>
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<tr>
<td>Thoric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Upper Extremity</th>
<th>Norm</th>
<th>Abnl</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoulder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow</td>
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<tr>
<td>Wrist</td>
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</tr>
<tr>
<td>Hand / Fingers</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Lower Extremity</th>
<th>Norm</th>
<th>Abnl</th>
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</thead>
<tbody>
<tr>
<td>Hip</td>
<td></td>
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</tr>
<tr>
<td>Knee</td>
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</tr>
<tr>
<td>Ankle</td>
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</tr>
</tbody>
</table>

### Comments:
- 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.

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**Revised 6/18**
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:

<table>
<thead>
<tr>
<th>RULE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BONA FIDE STUDENT</td>
<td>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 8th 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.</td>
</tr>
<tr>
<td>ENROLLMENT</td>
<td>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.</td>
</tr>
<tr>
<td>AGE</td>
<td>A student shall not become 19 years of age prior to September 1 of this year.</td>
</tr>
<tr>
<td>PROOF OF AGE</td>
<td>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.</td>
</tr>
<tr>
<td>CONSECUTIVE SEMESTERS</td>
<td>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)</td>
</tr>
<tr>
<td>SCHOLASTIC</td>
<td>For regular education high school students at the end of the first semester a student shall pass at least six subjects in all subjects taken. At the end of the year and prior to the next school year, a student shall must have earned at least six units with an overall “C” average for the entire previous school year as determined by the LEA in all units taken. All seniors must take at least four (4) subjects each semester.</td>
</tr>
<tr>
<td>RESIDENCE AND SCHOOL TRANSFERS</td>
<td>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.</td>
</tr>
<tr>
<td>UNDUE INFLUENCE</td>
<td>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.</td>
</tr>
<tr>
<td>AMATEUR</td>
<td>A student cannot play high school athletics if he/she loses their amateur status.</td>
</tr>
<tr>
<td>INDEPENDENT TEAM</td>
<td>In certain sports a student cannot play on a school team and an independent team during the same sport season.</td>
</tr>
</tbody>
</table>
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.

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.

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.

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
- BASKETBALL
- BOWLING
- CROSS COUNTRY
- FOOTBALL
- GOLF
- GYMNASTICS
- POWERLIFTING
- SOCCER
- SOFTBALL
- SWIMMING
- TENNIS
- TRACK AND FIELD
- VOLLEYBALL
- 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 Residence Eligibility Form

USE THIS FORM IN YOUR CONSIDERATION OF A STUDENT'S ELIGIBILITY DUE TO A TRANSFER TO YOUR SCHOOL

The student must actually be attending the school before the Residence Eligibility Form is completed. This form is to be completed by the student’s parent/guardian and filed with the school for transfer approval in regards to athletic eligibility. (If there is no change in residence associated with the student’s changing schools, a letter of explanation must be attached to this form.)

1. Student’s Name ____________________________

2. Student’s Birth Date: ______________ Age ______ Student’s School Grade: ________________

3. Yes ___ No ___ Has the student ever repeated a grade since first entering the 6th grade? If yes, please explain. __________________________________________________________________________________________________________

4. At what address does the student currently reside?
   a. Who does the student reside with?
   b. What is the student’s relationship to this person/people?

5. Length of time student has resided at above address: ________________________________________________________________________________

6. New School: ________________________________________________________________________________

   School __________ Street __________ City __________ State __________ Zip __________ Phone __________

7. Last School Attended: ________________________________________________________________________________

   School __________ Street __________ City __________ State __________ Zip __________ Phone __________

Must be completed

A. Previous Attendance Zone

B. Attendance Current Zone

8. Former Principal: ____________________________________________________________

9. Parent/Guardian former street address (city, state, zip)

10. Reason for transfer/move?

11. Yes ___ No ___ Has this move forced either of the parents/guardians to commute further to their place of employment? If yes, explain: __________________________________________________________________________

12. Status of previous residence? ☐ sold ☐ under contract for sale ☐ leased ☐ vacant ☐ still own ☐ previously renting or leasing

13. Yes ___ No ___ Are any members of the family still residing at the previous residence?

14. List other family members in grades K-12 currently attending school. ____________________________________________________________

15. Yes ___ No ___ Are there other family members in grades K-12 attending a different school other than the school the transfer student is now attending? If yes, explain. ____________________________________________________________

16. Parent/Guardian current employer: ____________________________________________________________

17. Parent/Guardian former employer: ____________________________________________________________

I, ___________________________, the parent/guardian of student listed above certify this is a permanent change of residence and not for athletic purposes.

Parent’s Signature ___________________________ Date ___________________________

Witnessed by: Notary and/or school administrator (This form must be signed by notary and/or administrator of receiving school.)

Witness Signature ___________________________ Date ___________________________

Providing false or misleading information on this form may result in penalty to student or school or both.
A copy of this form must be retained on file by the receiving school for the duration of the student’s attendance.
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: __________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
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.
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, ______________________________ Athlete’s Name have read the above Traits of a Woodlawn Panther Athlete and sign this agreement in dedicating myself to becoming a better student-athlete and a better young person.

I, ______________________________ Parent’s Name have read the above expectations of my son / daughter will 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:___________________________________________________________________
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
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.