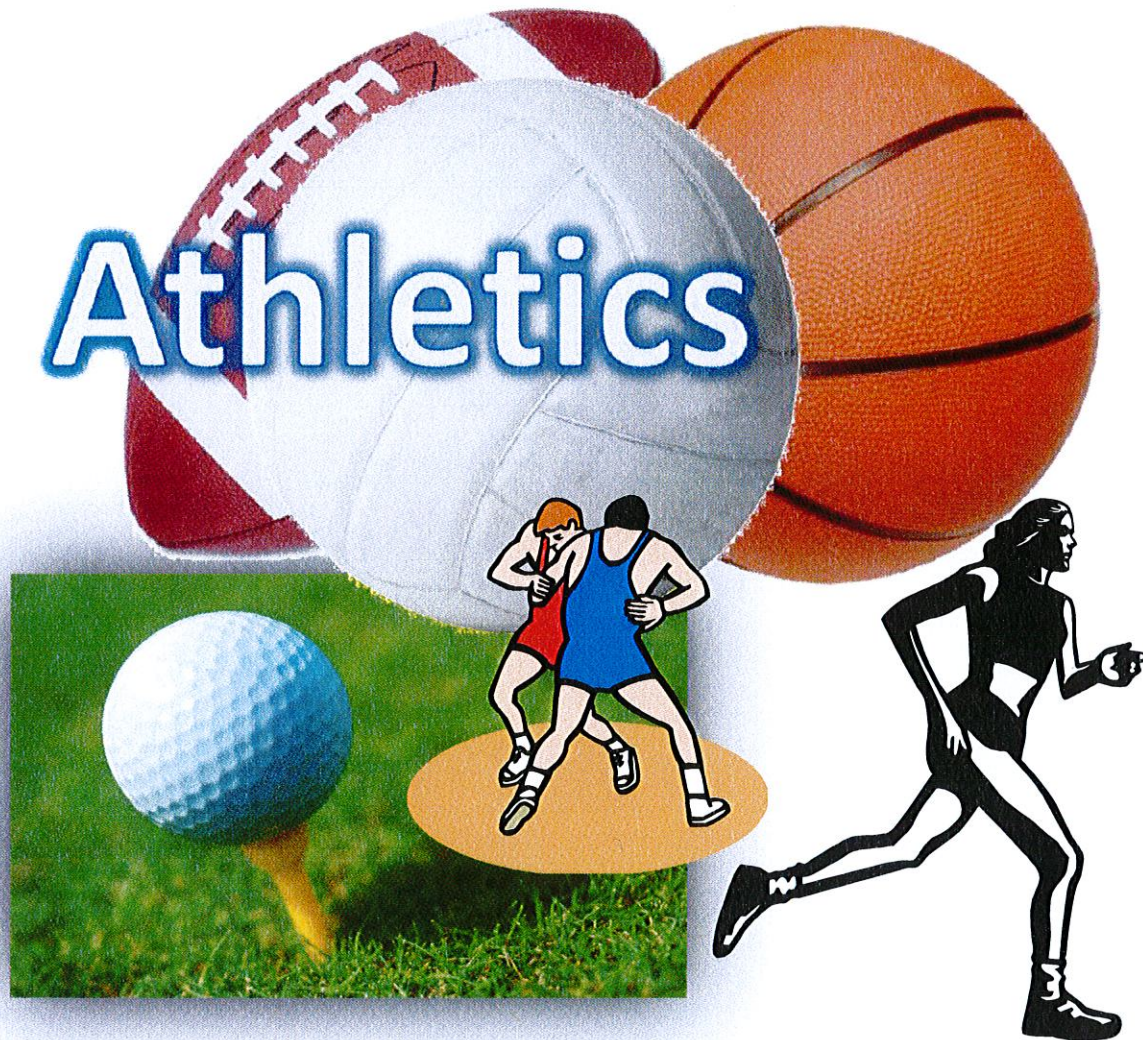


# McLaughlin School 2014-2015 Athletic Handbook



3	Code of Ethics
4	Non-Discrimination Statement
4	SDHSAA
5	Coaches/Advisors Responsibilities
	-End of Season Paperwork
	-Dress Code
	-Press Release/Media Relations
6	-Volunteer Coaches
	-Fundraising
	-Vouchers
6	Supervision of Students
7	Concussion Awareness and Prevention Policy
7	Insurance
7	Physical Examinations
8	Travel Forms
8	Attendance and Participation
8	Academic Eligibility
9	Elementary Eligibility
9-10	Training Rules
11	Travel and Transportation
11	Use of School Facilities
12	McLaughlin Fund-raising Proposal
13	SDHSAA Return to Competition, Practice, or Training
14	SDHSAA Concussion Fact Sheet for Athletes
15	SDHSAA Concussion Fact Sheet for Parents
16	McLaughlin Consent for Medical Treatment and Student Medical Exam
17	SDHSAA Annual Pre-Participation History
18	SDHSAA Pre-Participation Physical Evaluation History
19	SDHSAA Physical Examination Form
20	McLaughlin School District 15-2 Athletic Training Rules
21	McLaughlin Grade Check
22	McLaughlin Medical History Questionnaire
23	SDHSAA Consent for Medical Treatment
24	SDHSAA Annual Parent and Student Consent
25	SDHSAA Consent for Release of Medical Information (HIPAA)
26	McLaughlin School District 15-2 Request for Facilities Use

## **Code of Ethics:**

The function of a coach or advisor is to educate students through participation in interscholastic competitions. An interscholastic program should be designed to enhance academic achievement and should never interfere with opportunities for academic success. Accordingly, the following guidelines for coaches and advisors have been adopted by the NFCA Board of Directors.

The Advisor and Coach: shall be aware that he or she has a tremendous influence, for either good or ill, on the education of the student and, thus, shall never place the value of winning above the value of instilling the highest ideals of character.

The Advisor and Coach: shall uphold the honor and dignity of the profession. In all personal contact with students, officials, athletic directors, school administrators, the state high school athletic association, the media, and the public. The advisor and coach shall strive to set an example of the highest ethical and moral conduct.

The Advisor and Coach: shall take an active role in the prevention of drug, alcohol and tobacco abuse.

The Advisor and Coach: shall avoid the use of alcohol and tobacco products when in contact with players.

The Advisor and Coach: shall promote the entire interscholastic program of the school and direct his or her program in harmony with the total school program.

The Advisor and Coach: shall master the contest rules and shall teach them to his or her team members. The advisor and coach shall not seek an advantage by circumvention of the spirit or letter of the rules.

The Advisor and Coach: shall exert his or her influence to enhance sportsmanship by spectators, both directly and by working closely with cheerleaders, pep club sponsors, booster clubs, and administrators.

The Advisor and Coach: shall respect and support contest officials. The advisor and coach shall not indulge in conduct which would incite players or spectators against the officials. Public criticism of officials or players is unethical.

Before and after contests: Advisors and Coaches for the competing teams should meet and exchange cordial greetings to set the correct tone for the event.

An Advisor and Coach: shall not scout opponents by any means other than those adopted by the league and/or state high school athletic association.

### **Non-Discrimination Statement**

It is the policy of the McLaughlin School District 15-2 that no person be subject to discrimination or harassment, including hazing, on the basis of race, color, national origin, sex, or handicap in its programs and activities for which the McLaughlin School District 15-2 is responsible as required by title VI, Title IX, P.L. 93-112, Sec. #504, and other state and federal laws. Any person wishing to discuss his/her rights under the McLaughlin School District 15-2 non-discrimination policies may contact the superintendent of the school, Box 880, 605-823-4484; or US department of education, office of civil rights, 10220 North Executive Hills Boulevard, 8<sup>th</sup> floor, Kansas City, Missouri 64153-1367, (816) 880-4200.

Copies of the McLaughlin School District 15-2 harassment policy are available at the office of the superintendent.

### **South Dakota High School Activities Association**

The state of South Dakota (SDCL 13-36-4) authorizes schools to delegate the control, supervision, and regulation of all high school interscholastic activities to a high school activities association. Thus South Dakota school districts, jointly and cooperatively, created and developed the South Dakota High School Activities Association (SDHSAA) to sanction and regulate activity programs for athletics, music, publications, speech, and student council through a board of control and an executive staff. Member schools ratified each article of the SDHSAA constitution, bylaws, rules, and regulations.

When a high school becomes a member school, it adopts the SDHSAA rules. The Activities/Athletic Director is McLaughlin High School's official representative to SDHSAA and is responsible for the administration and supervision of the schools activities program. A copy of the SDHSAA administrative rules and regulations is available on the school website with a link to the SDHSAA.

Each school Advisor/Coach is responsible for knowing and complying with the SDHSAA administrative rules and regulations listed in the SDHSAA handbook including but not limited to student eligibility contest regulations, and regular and out of season rules.

## Coaches/Advisors Responsibilities

All McLaughlin School District Coaches and Advisors have the responsibility to know and abide by the laws of South Dakota, the policies of the school district, and the school regulations as they affect their activities.

The first responsibility of all Coaches and Advisors is the education of the students. The following are specific responsibilities:

- 1) Prompt and faithful attendance at work;
- 2) Support and enforcement of school policies;
- 3) Diligence in submitting required paperwork;
- 4) Paperwork must be at home games and taken on away games;
- 5) Care and protection of school property;
- 6) Concern and attention for the safety and welfare of students; and
- 7) Must comply with state requirements.

If their extra duty assignment is in an area different from their teaching assignment, Coaches and Advisors will need to check out keys. Coaches will keep the keys for the season, but will need to return them if not coaching the following year. Coaches may keep keys if returning to the coaching position the following year.

Students should never have access to the Advisor and Coach/Advisor's keys. Lost keys should be immediately reported to the appropriate principal for security reasons.

**End of season Paperwork:** Coaches and Advisors are required to inventory all equipment/uniforms/supplies of that sport or activity and complete a requisition sheet for the next year. Coaches and Advisors are responsible for recovering all items that are distributed to the students for their sport or activity. Every attempt should be made by the Advisor and Coach to recover these items. They should fill out and complete the record for that sport or activity in the SDHSAA record book in the Activity/Athletic Director's office.

**Coaches Dress Code:** Coaches and Advisors will dress appropriately for the sport that they are coaching. Their dress should be clean, neat, and professional in appearance. Dress clothing or McLaughlin attire for your sport is recommended. Some exceptions will be made for coaches of outdoor sports due to the weather related concerns.

**Press Releases/Media Relations:** Game scores and stats need to be reported to the associated press the night of the contest, and also made available for the local paper.

It is a violation of the privacy act to release the name of a student who is being disciplined, is having eligibility problems, or is injured. If the media asks persistent questions, the response is “no comment.”

**Volunteers:** 1) must be approved by administration,  
2) have a completed background check on file, and  
3) be approved at the next school board meeting prior to the activity or event.

The Activities/Athletic Director will follow up on the personal information sheet and contact the references given.

**Fundraising for Sports:** All fundraising events must be approved by Middle/High School Principal and Athletic Director, with a Fund-Raising Proposal Form on page 12.

**Vouchers:** Coaches and Advisors requiring the need of vouchers for team travel or meals are required to turn in their request to the business office a week prior to when they are needed.

Vouchers will be made available to the coaches from the Activities Director’s Office. The coach will sign then the Activity Director will sign. After both have signed, the Business Manager will sign. These vouchers are as good as cash. Coaches or the Activity Director should give notice in advance to restaurants that the team will be coming to ensure that they will accept school purchase orders. This should be coordinated through the Business Office.

The voucher has 4 copies; a top white original, a yellow carbon, a pink carbon and a gold bottom carbon. The business office, after signing, will keep the gold bottom copy. The coach will take the top white, yellow and pink copies to the restaurant. The white copy stays with the restaurant while the coach will return the yellow and pink copy with the receipt to the Business Office. These will be matched with the bottom gold copy in the Business Office. Payment will be remitted to the restaurant on a weekly basis.

## **Supervision of Students**

Coaches and Advisors are responsible for the supervision of their students from the time the practice or event begins until it ends. Coaches and Advisors should be the first to enter the facility and the last to leave; students should never be unsupervised. Only students participating and other authorized personnel should be permitted in the activity area; however parents/guardians may sit in on the activity at the coaches’ discretion.

Before leaving, the Advisor and Coach should see that equipment is properly stored, lights are off, and the facility/building is locked. When the facility has multiple uses, the area should be left ready for the next program.

## **Concussion Awareness and Prevention Policy**

With commitment in providing a safe learning environment and in recognition of the risks that concussions pose to our student athletes, the school district will provide appropriate concussion awareness education through the SDHSAA required forms to athletes and parent/guardians on pages 13, 14, and 15.

Training: Each year, every athletic coach, including volunteer coaches, shall complete a training program to provide continuing education on the risks and management of concussions provided on the National Federation of State High School Association (NFHS) website. No coach shall be allowed to participate in any way in the district's athletic program until the individual provides to the district verification that he or she has completed the required training.

## **Insurance**

All students participating in interscholastic athletics must fill out the Consent for Medical Treatment and Student Medical Exam Form requesting insurance information, or the parent/guardian must sign a waiver to the effect that such coverage is not necessary. A copy of the Consent for Medical Treatment Form is on page 16.

## **Physical Examinations**

In order for all K-12 students to participate in athletic activities in the McLaughlin School District for the 2014-2015 school year they must have a current and updated physical on file with the school. The school board policy states that students are to have physicals completed annually. Each student participating must complete an annual health history report in accordance with the SDHSAA regulations. Copies of the annual health history report and physical forms are on pages 17, 18, and 19.

If a student does not have a completed and updated physical on file with the school they will not be allowed to participate in any events or practices. The cost of the physical is borne by the individual.

Physical forms and health history report forms are available in the main office and with the Activities/Athletic Director. The original forms will be kept on file with the School Nurse for the duration of the 2014 - 2015 school year.

## **Travel Forms**

Students and Parent/Legal Guardians will be required to fill out and sign the McLaughlin School District 15-2 Athletic Training Rules and required SDHSAA forms, before an athlete can participate in a contest. These forms will be the responsibility of the Head coach and must travel with the team. Copies of the Athletic Training Rules and the required SDHSA forms are pages 13, 14, 15, 16, 20, 23, 24, and 25.

## **Attendance and Participation**

In order to participate in extracurricular activities attendance to school is mandatory.

- In order to participate in any form of extracurricular activity (including: practices, meetings, games, meets, and events) students must be present at 7:30 a.m. the school day of the event, unless arrangements have been made with the office or coach beforehand.
- If a student misses school due to another school function, they will be allowed to participate in any form of extracurricular activity (including: practices, meetings, games, meets, and events).
- If a student has an appointment they will participate with a doctor's note.

## **Academic Eligibility**

In order to be eligible to participate in extracurricular activities students must be in good standing academically.

1. Eligibility
  - a. Students must have passed 4 classes the previous semester in order to participate for the current semester as required by the SDHSAA.
  - b. Grade Check
    - i. Student athletes must complete a grade check, while in season, every week.
    - ii. It will be the coach's responsibility to make sure each student-athlete obtains a grade check form on every Wednesday.
    - iii. It will be the student-athlete's responsibility to complete the grade check and turn it in to the head coach on Thursday at 4:00 p.m.
    - iv. If a student-athlete fails to complete the grade check they will be ineligible for one official contest.
    - v. On each weekly grade check students must be passing 5 classes in order to participate. If students are passing less than 5 classes they will be ineligible for 1 calendar week.
    - vi. Eligibility for sports is based on the student's cumulative GPA.



- vii. When the grade check form is presented the teacher will write down the grade the student has at that time. That grade will represent the student's grade for the week. No additional work will be graded after the grade check is completed for the current week.
- viii. Parents/Guardians will receive a copy of the eligibility and grade check form with the travel forms.
- ix. An example of the grade check form is on page 21.

- Students will still be allowed to practice during the week they are ineligible.

## **Elementary Eligibility**

The McLaughlin Public School District believes that co-curricular activities are a vital aspect of a well balanced educational program. Organized activities provide an additional avenue for positive learning experiences, and all students are encouraged to become active participants.

- 1) Each athletic participant must have a current physical form on file prior to his/her participation in any event if applicable.
- 2) Each activity participant must be in school by 7:30 AM MT the day of the event unless arrangements have been made with the principal.

## **Training Rules**

Students participating in extracurricular activities will be expected to adhere to training rules in order to continue their participation with all of the activities offered at the McLaughlin School District. Students and Parent/Guardians will sign the McLaughlin Athletic Training rules found on page 20.

Any student who receives In School Suspension (ISS) for any part of the school day will not be allowed to participate in any game, meet, or event that day, evening, or night.

- If a student receives ISS and has serviced it on Thursday, and there is a game, meet, or event that takes place the following day or weekend when school is not in session they will be allowed to participate.
- Students receiving ISS will be allowed to practice that day.
- Coaches will be notified of students who are in ISS by the Middle/High School office.

Students receiving Out of School Suspension (OSS) will not be allowed onto school property until their suspension is completed, therefore they will not be allowed to participate in any extracurricular activities, including after school practices or meetings, while serving OSS. This will result in an unexcused practice for the team.

Students participating in McLaughlin School District extracurricular activities will be expected to refrain from the use of tobacco products, alcohol, drugs, or any mind-altering chemicals. Students who are caught using any of the previously mentioned will be subject to strict discipline guidelines as recommended by the SDHSAA and the McLaughlin School District guidelines.

- First Violation: After confirmation of the first violation, the student shall lose eligibility for the next two consecutive interscholastic events or two weeks of a season in which the student is a participant, whichever is greater. No exception is permitted for a student who becomes a participant in a treatment program.

It is recommended from the SDHSAA that the school develop a local education program through which the student would receive information about the effects of misuse or abuse of mood-altering chemicals.

- Second Violation: After confirmation of the second violation, the student shall lose eligibility for the next six consecutive inter-scholastic events in which the student is a participant. No exception is permitted for a student who becomes a participant in a treatment program.

It is recommended from the SDHSAA that before being re-admitted to activities following suspension for the second violation, the student shall show evidence in writing that he/she has sought or has received counseling from a community agency or professional individual such as a school counselor, drug counselor, medical doctor, psychiatrist, or psychologist.

- Third Violation: After confirmation the third or subsequent violations, the student shall lose eligibility for the next twelve consecutive interscholastic events in which the student is participant.

If, after the third or subsequent violations, the student on his/her own volition becomes a participant in a chemical dependency program or treatment program, the student may be certified for reinstatement in SDHSAA activities after a minimum period of six weeks. Such certification must be issued by the director or a counselor of a chemical dependency treatment center.

Penalties shall be accumulative beginning with and throughout the student's participation on a varsity or sub-varsity activity.

Students participating in extracurricular activities will also be expected to follow the rules and guidelines put forth by each Advisor and Coach at the beginning of the season. Each Advisor and Coach's rules and guidelines will be approved by the Activities/Athletic Director prior to the beginning of the season

## **Travel and Transportation**

According to the McLaughlin School District Board Policy Handbook the McLaughlin School District is responsible for student safety when participating in school activities held at a location other than within the McLaughlin School District. Therefore, students participating in a school activity held at a location other than within the McLaughlin School District must return to the school on the school bus/ transportation unless:

1. If a parent/guardian requests to personally transport their child to or from an activity, a transportation waiver form must be filled out.
2. If a parent/guardian requests to have an alternative transporter for their child to travel to or from an activity, the transportation waiver form must be filled out and approved prior to the activity. The parent/guardian, activity/event advisor, alternative transporter, and administrator must sign the transportation waiver form in advance. This form can be found on page 22.
3. Under no circumstances shall the Advisor and Coach authorize the student to leave with anyone other than the adult specified in the prior parent/guardian authorization.
4. In no case shall the Advisor and Coach authorize the student to leave with the specified adult if in the opinion of the Advisor and Coach that the specified adult may be under the influence of alcohol or illegal drugs.

## **Use of School Facilities**

The School District of McLaughlin has established a policy for the usage of school facilities by outside individuals and organizations. Individuals and organizations wishing to contract for use of any facilities are responsible to comply with the rules and regulations for usage of any and all facilities set forth in the McLaughlin School District Board Policy Handbook. A request for facilities use form can be picked up at the main office. A copy is also found on page 26.

McLaughlin Activities Department

605-823-4484

P.O. Box 880, McLaughlin, SD 57642

Fax: 605-823-4886

Activities Director

Superintendent

Principal

Hank Taken Alive

Scott Lepke

Charles Fredrickson

**Fund-Raising Proposal**

Activity Group \_\_\_\_\_ Trust and Agency Account \_\_\_\_\_

Revenue from this fund-raiser will be used for: \_\_\_\_\_

How will the organization / participants benefit? \_\_\_\_\_

What is the nature of the fund-raising effort? (attach copies of contracts, agreements)

Will students participate in this fund-raiser? \_\_\_\_\_ If yes, please explain how.

Are student contributions of time, labor, and money voluntary? \_\_\_\_\_

Will this fund-raiser interfere with the educational process by placing an undue burden on either the advisor's or student's school time? (Elaborate if school time is involved)

Will a booster group be involved? (Specify) \_\_\_\_\_

Projected starting and ending dates of the fund-raiser. \_\_\_\_\_

\_\_\_\_\_  
(advisor's signature)

\_\_\_\_\_  
(administrator's signature)

Date Submitted \_\_\_\_\_

## RETURN TO COMPETITION, PRACTICE, OR TRAINING

This form is to be used after a youth athlete is removed from, and not returned to, competition, practice, or training after exhibiting concussion symptoms. The youth athlete should not be returned to competition, practice, or training until written authorization is obtained from an appropriate health care professional and the parent/guardians. A licensed health care provider is a person who is:

- (1) Registered, certified, licensed, or otherwise recognized in law by the State of South Dakota to provide medical treatment; and
- (2) Trained and experienced in the evaluation, management, and care of concussions.

This form should be kept on file at the school and need not be forwarded to the SDHSAA Office.

Athlete: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

### REASON FOR ATHLETE'S INCAPACITY

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

### Guidelines for returning to competition, practice, or training after a concussion

Note: Each step should be completed with no concussion symptoms before proceeding to the next step.

1. No activity, complete rest with no symptoms.
2. Light exercises, walking or stationary cycling with no symptoms.
3. Sport-specific activity without body contact and no symptoms.
4. Practice without body contact and no symptoms. Resume resistance training.
5. Practice with body contact and no symptoms.
6. Return to game play with no symptoms.

Note:

1. If symptoms return at any time during the rehabilitation process, wait until asymptomatic for 1 full day, then re-start at the previous step.
2. Never return to competition with symptoms.
3. Do not use "smelling salts"
4. **When in doubt, sit them out.**

### HEALTH CARE PROFESSIONAL'S ACTION

I have examined the named student-athlete following this episode and determined the following:

\_\_\_\_\_ **Permission is granted** for the athlete to return to competition, practice, or training

\_\_\_\_\_ **Permission is not granted** for the athlete to return to competition, practice, or training

COMMENT: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Care Professional Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Date: \_\_\_\_\_

\_\_\_\_\_  
School Administrator Date: \_\_\_\_\_

## CONCUSSION FACT SHEET FOR ATHLETES

### *What is a concussion?*

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### *What are the symptoms of a concussion?*

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

### *What should I do if I think I have a concussion?*

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

### *How can I prevent a concussion?*

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

**It's better to miss one game than the whole season.**

Student's Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR  
INSPECTION AT THE SCHOOL**

## CONCUSSION FACT SHEET FOR PARENTS

***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 or what seems to be a mild bump or blow to the head can be serious.

***What are the signs and symptoms?***

You can't see a concussion, Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days 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.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>◦ Appears dazed or stunned</li> <li>◦ Is confused about assignment or position</li> <li>◦ Forgets an instruction</li> <li>◦ Is unsure of game, score, or opponent</li> <li>◦ Moves clumsily</li> <li>◦ Answers questions slowly</li> <li>◦ Loses consciousness (even briefly)</li> <li>◦ Shows mood, behavior, or personality changes</li> <li>◦ Can't recall events prior to hit or fall</li> <li>◦ Can't recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>◦ Headache or "pressure" in head</li> <li>◦ Nausea or vomiting</li> <li>◦ Balance problems or dizziness</li> <li>◦ Double or blurry vision</li> <li>◦ Sensitivity to light or noise</li> <li>◦ Feeling sluggish, hazy, foggy, or groggy</li> <li>◦ Concentration or memory problems</li> <li>◦ Confusion</li> <li>◦ Just not "feeling right" or is "feeling down"</li> </ul>

***How can you help your teen prevent a concussion?***

Every sport is different, but there are steps your teens 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.

***What should you do if you think your teen has a concussion?***

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

Parent/Guardian's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE SIGNED ANNUALLY AND MUST BE AVAILABLE FOR  
INSPECTION AT THE SCHOOL**

McLaughlin Athletics Department

605-823-4484

P.O. Box 880, McLaughlin, SD 57642

Fax: 605-823-4886

Activities Director

Superintendent

Principal

Hank Taken Alive

Scott Lepke

Charles Fredrickson

Consent for Medical Treatment and Student Medical Exam

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

In the event of injury, accident or general medical condition which requires first aid/medical attention while my son/daughter is under the supervision of the McLaughlin School District, I hereby grant permission to the school employee, physician or other medical treatment (including but not limited to x-ray, anesthetic, surgery, dental, hospitalization).

Furthermore, I understand that I will be responsible for all medical expenses.

My child is covered by: \_\_\_\_\_ Policy #: \_\_\_\_\_

Member name: \_\_\_\_\_

Group: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_ Phone: \_\_\_\_\_

YES NO Is this student currently on any medication?

If YES, please list: \_\_\_\_\_

YES NO Does this student have any medical condition that we should be aware of?

If YES, please explain: \_\_\_\_\_

YES NO Is this student allergic to any medications?

If YES, please list: \_\_\_\_\_

YES NO Is this student allergic to any foods?

If YES, please list: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION  
ANNUAL PARENT OR GUARDIAN PERMIT**

I hereby give my consent for \_\_\_\_\_ GRADE \_\_\_\_\_  
Name (Please Print) 2014-15 School Year

who was born at \_\_\_\_\_  
City, Town, County, State

on \_\_\_\_\_ to compete in SDHSAA approved athletics for \_\_\_\_\_ High School  
Date of Birth

during the 2014-2015 school year.

I/We give our permission for our son/daughter to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports.

Date \_\_\_\_\_, 20\_\_\_\_ Signed \_\_\_\_\_  
Parent or Legal Guardian

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR INSPECTION AT THE SCHOOL.**

**INITIAL PRE-PARTICIPATION HISTORY**

**SEE REVERSE SIDE FOR**

**HEALTH HISTORY QUESTIONNAIRE**

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

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

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, lightheadedness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or allantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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**SOUTH DAKOTA HIGH SCHOOL  
ACTIVITIES ASSOCIATION  
PHYSICAL EXAMINATION FORM**

Date Exam Expires: \_\_\_\_\_  
 Check Appropriate Physical Exam Term:  
 \_\_\_ Annual \_\_\_ Biennial \_\_\_ Triennial

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 CHECK ONE: \_\_\_ MALE \_\_\_ FEMALE (2014-15 School Year)

1. Blood pressure (sitting) \_\_\_\_\_ / \_\_\_\_\_ Repeat in 5 minutes, if elevated \_\_\_\_\_ / \_\_\_\_\_.

2. Height \_\_\_\_\_

3. Weight \_\_\_\_\_

4. Vision 20/ \_\_\_\_\_ (L) 20/ \_\_\_\_\_ (R)

5. Head \_\_\_\_\_

6. Mouth (dentures, braces?) \_\_\_\_\_

7. Eyes (contacts?) \_\_\_\_\_

8. Chest/lung \_\_\_\_\_

9. Heart

a. Heart sounds \_\_\_\_\_

b. Murmurs \_\_\_\_\_

c. pulse (rad. vs fem.) \_\_\_\_\_

d. rhythm \_\_\_\_\_

10. Abdomen

a. liver or spleen \_\_\_\_\_

b. masses \_\_\_\_\_

11. Genitalia (males only)

a. hernias \_\_\_\_\_

b. testes \_\_\_\_\_

12. Orthopedic

a. cervical spine \_\_\_\_\_

b. shoulder shrug \_\_\_\_\_

c. deltoid \_\_\_\_\_

d. arms/elbow \_\_\_\_\_

e. hands \_\_\_\_\_

f. hips \_\_\_\_\_

g. knees \_\_\_\_\_

h. ankles \_\_\_\_\_

i. Scoliosis \_\_\_\_\_

	Normal	Abnormal	COMMENTS
4. Vision 20/ _____ (L) 20/ _____ (R)	_____	_____	_____
5. Head	_____	_____	_____
6. Mouth (dentures, braces?)	_____	_____	_____
7. Eyes (contacts?)	_____	_____	_____
8. Chest/lung	_____	_____	_____
9. Heart			
a. Heart sounds	_____	_____	_____
b. Murmurs	_____	_____	_____
c. pulse (rad. vs fem.)	_____	_____	_____
d. rhythm	_____	_____	_____
10. Abdomen			
a. liver or spleen	_____	_____	_____
b. masses	_____	_____	_____
11. Genitalia (males only)			
a. hernias	_____	_____	_____
b. testes	_____	_____	_____
12. Orthopedic			
a. cervical spine	_____	_____	_____
b. shoulder shrug	_____	_____	_____
c. deltoid	_____	_____	_____
d. arms/elbow	_____	_____	_____
e. hands	_____	_____	_____
f. hips	_____	_____	_____
g. knees	_____	_____	_____
h. ankles	_____	_____	_____
i. Scoliosis	_____	_____	_____

**SPORTS PARTICIPATION RECOMMENDED FOR:**

\_\_\_\_\_ Cleared for ALL (*collision, contact/endurance sports, and other sports*)

\_\_\_\_\_ Cleared only for *contact/endurance sports and other sports*

\_\_\_\_\_ Cleared only for *other sports*

Definition: [Collision=Football and Wrestling]; [Contact/Endurance Sports=Basketball, Cross Country, Gymnastics, Soccer, Tennis, Track, Volleyball, Competitive Cheer and Competitive Dance]; [Other Sports=Golf]

\_\_\_\_\_ Cleared for ALL, but with recommendations for further evaluation or treatment for \_\_\_\_\_

\_\_\_\_\_ Above clearance to be granted only after \_\_\_\_\_

\_\_\_\_\_ Clearance cannot be given at this time because \_\_\_\_\_

NAME OF EXAMINER (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE OF EXAMINER \_\_\_\_\_

NOTE: The following licensed medical personnel are qualified to perform the examination and certify the health of the student athlete: Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, licensed Physician Assistant and licensed Nurse Practitioner.

McLaughlin Athletics Department

605-823-4484

P.O. Box 880, McLaughlin, SD 57642

Fax: 605-823-4886

Activities Director

Superintendent

Principal

Hank Taken Alive

Scott Lepke

Charles Fredrickson

McLaughlin School District 15-2 Athletic Training Rules

1. The McLaughlin School District will follow the guidelines established by the SDHSAA regarding the act of stealing, the use of alcoholic beverages, smoking, chewing tobacco or use of any illegal substance.
2. Grooming: Appropriate dress and grooming will be expected according to handbook.
3. Absences: To participate in daily practice or game, the student must be in school no later than 7:30 A.M. unless arrangements have been made with the office or coach beforehand.
  - A. One unexcused practice will result in an additional practice.
  - B. Two unexcused practices will result in a one game/meet suspension.
  - C. Three unexcused practices will result in a suspension from that team for that sport.
  - D. The following reasons for absence from practice will be considered excusable if followed in this manner
    - i. Medical appointment for the student, such as doctor, dentist, chiropractor, etc.
    - ii. Death in the immediate family. Parent/guardian must make contact with the coach and the office.
    - iii. Illness or injury to student. Parent/guardian must make contact with the coach and the office.
  - E. If a student is going to be late or misses a practice, he/she must notify a member of the coaching staff at school as soon as possible. If a coach cannot be reached, the school office can be notified and a message may be left. There is no excuse for not leaving a message. Giving a teammate a message is not acceptable.
4. **IN – SCHOOL OR OUT – OF – SCHOOL SUSPENSION:** If a game falls on a day that a student is serving an ISS or OSS, that student will be ineligible to participate in that game/meet.
5. **Profanity:** Absolutely no profanity at practice or at games (Discretion of the coach).
6. **Injuries:** If a student is hurt in practice or during a game, the coaching staff should be notified ASAP.
7. **Equipment:** The student is responsible for all school property checked out to him/her. If it is lost or stolen, the student must replace it (New Cost).
8. **Bus Rules:** The bus will leave at a predetermined time from school. If the student is late, the bus will leave without the student. Students are required to ride the bus to and from the game unless a parent/guardian is present to take the student home. A parent/guardian must fill out and sign a transportation waiver form and give it to the coach if there is a change in the transportation of the student.
9. I have received copies of the Eligibility Rule and Grade Check forms.

I HAVE READ THE RULES AND I UNDERSTAND AND AGREE TO ABIDE BY THEM

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## McLaughlin Grade Check Form

**Purpose:** As a student athlete it is your responsibility to keep your grades up to be a positive role model within the school and community. The purpose of this grade check form is to keep the student and the coach informed on the academic progress of the student. Remember you are a **STUDENT** athlete, not just an athlete.

**Directions:** Students you must present these to your teachers and get your grade, number of missing assignments, and any comments that your teacher may have about your work along with the signature. This form will be due on Thursday every week at 4:00 p.m. failure to do so will result in being ineligible for one official contest.

Period 2	Grade:	# of Missing Assignments	Teacher Comments/Signature:
Period 3	Grade:	# of Missing Assignments	Teacher Comments/Signature:
Period 4	Grade:	# of Missing Assignments	Teacher Comments/Signature:
Period 5	Grade:	# of Missing Assignments	Teacher Comments/Signature:
Period 6	Grade:	# of Missing Assignments	Teacher Comments/Signature:
Period 7	Grade:	# of Missing Assignments	Teacher Comments/Signature:
Period 8	Grade:	# of Missing Assignments	Teacher Comments/Signature:

McLaughlin Athletics Department

605-823-4484

P.O. Box 880, McLaughlin, SD 57642

Fax: 605-823-4886

Activities Director

Superintendent

Principal

Hank Taken Alive

Scott Lepke

Charles Fredrickson

Medical History Questionnaire

Please Print

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

Athlete's Name: \_\_\_\_\_  
(Last) (First) (MI)

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

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_

In Case of an Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Sport(s) Participating: \_\_\_\_\_

Please list all sports you may be participating in throughout the year.

Instructions: Circle the appropriate answer. For every question answered YES please explain completely.

YES NO 1. Are you currently taking any medication? \_\_\_\_\_

YES NO 2. Do you have any medical conditions that may affect your performance or any condition we should be aware of? (Epilepsy, diabetes, etc...) \_\_\_\_\_

YES NO 3. Do you have any conditions that affect your heart? \_\_\_\_\_

YES NO 4. Do you wear contacts during athletics? \_\_\_\_\_

YES NO 5. Do you wear any dental appliances? \_\_\_\_\_

YES NO 6. Are you allergic to any medications? \_\_\_\_\_

YES NO 7. Do you have any other allergies? (Environmental/nutritional) \_\_\_\_\_  
\_\_\_\_\_

YES NO 8. Have you ever had any head injuries? \_\_\_\_\_

YES NO 9. Have you ever had any injuries to your joints? (Sprains) \_\_\_\_\_

YES NO 10. Have you ever had neck and/or back injuries? \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is the form that the South Dakota High School Activities Association recommends to those member schools that feel it is important to get consent from parents and/or legal guardians for medical treatment when away from home on road trips for various activities. This form should be kept on file at the school and another copy should travel with each team on which the athlete competes.

## CONSENT FOR MEDICAL TREATMENT

I am the **PLEASE CIRCLE ONE** Mother Father Legal Guardian of \_\_\_\_\_  
\_\_\_\_\_, who participates in co-curricular activities for \_\_\_\_\_  
\_\_\_\_\_ High School. I hereby consent to any medical services that may be required while said child is under the supervision of an employee of the \_\_\_\_\_ School District while on a school-sponsored activity and hereby appoint said employee to act on behalf in securing necessary medical services from any duly licensed medical provider.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

## CONSENT OF CHILD

I, \_\_\_\_\_, have read the above Consent For Medical Treatment Form signed by my (**PLEASE CIRCLE ONE**) Mother Father Legal Guardian and join with (**PLEASE CIRCLE ONE**) him her in the consent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Student's Signature: \_\_\_\_\_

**SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION  
ANNUAL PARENT AND STUDENT CONSENT FORM**

School Year: 2014-2015 Name of High School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The Parent and Student hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.
2. Understand and agree that (a) by this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death; and (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility.
3. Consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and
4. Consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. ***If I do not wish to have any or all such information disclosed, I must notify the above mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.***

I acknowledge that I have read paragraphs one (1) through four (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participating in activities.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name of Student (Print Name)

\_\_\_\_\_  
Student Signature

I am the student's parent/guardian. I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. I hereby give my permission for \_\_\_\_\_ (student's name) to practice and compete for the above named high school in activities approved by the SDHSAA.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent/Guardian (Print Name)

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

**THIS FORM MUST BE COMPLETED ANNUALLY AND MUST BE AVAILABLE FOR  
INSPECTION AT THE SCHOOL**



**CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM (HIPAA)**

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. I authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on July 1, 2015.
6. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**This form must be completed annually and must be available for inspection at the school**

**Instructions:**

Please select below which facility you request to use. Specify the activity in which you wish to engage and the time and date in which you require the facilities requested.

This request will be used to present to the Activities Director, Middle/High School Principal and/or Superintendent for approval. Upon approval, a Facilities Use Agreement contract will be provided to the contractor. Deposit and Fees are due upon receipt of the contract.

Checks should be made payable to: McLaughlin School District

Point of Contact: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**Facility:**

- General Building
- Kitchen/Cafeteria
- Original Gymnasium (Old Gym)
- Weight Room

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Times: From \_\_\_\_\_ To \_\_\_\_\_

Activity: \_\_\_\_\_

\_\_\_\_\_

For any additional accommodations requested, please submit as an attachment to this form.

\_\_\_\_\_ FOR OFFICE USE ONLY \_\_\_\_\_

- Approved
- Denied, for \_\_\_\_\_
- Terminated, for \_\_\_\_\_

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Activities Director  
MS/HS Principal  
Superintendent