

LA PLATA R-II SCHOOL DISTRICT DECLARATION OF PRIORITY SPORT

Students wishing to participate in more than one sport must declare priority/secondary choices. Each student must meet the eligibility requirements (conditioning practices) of each sport before they can participate in each specific sport. Students are thus expected to attend each sports practice on a daily basis as worked out by the coaches of the sports involved.

Priority sports practice takes precedence over secondary sports practice in situations where both practices cannot be performed in a day unless prior agreement is made by the coaches of the sports involved. Secondary sport contest takes priority over primary sports practice. Post-season contests take precedence over regular season contests. If post-season contests conflict, the athlete and the coaches (along with the Athletic Director if necessary) will work together to decide which contest the athlete will attend.

Under certain circumstances the coaches can allow a student/athlete to transfer from a priority sport to a secondary sport. In these situations both coaches and the athletic director must agree that is the best situation for the student/athlete and teams involved.

- Example: Team sport (priority) contest has to be rescheduled where there is already an individual sport (secondary) contest scheduled and the coaches work together to determine a bench player from the team/priority sport would benefit his/her self and their individual/secondary sport more by participating in the secondary sport that day.

Student and parent/guardian signature below indicates understanding and agreement to follow policy.

Student/Athlete Signature

Parent/Guardian Signature

Priority Sport

Secondary Sport

Date

La Plata R-II Field Trip Permit

Dear Parent/Guardian:

Through-out the school year we often take field trips for educational purposes. We use school transportation or sometimes even use walking if it is to an area close to school. By signing the form below, you agree to allow your student(s) to attend the trips we sponsor for our students.

PARENT/ GUARDIAN APPROVAL:

I give permission for (students name[s]) _____ to participate in the school sponsored field trips.

(Parent/Guardian Signature)

(Date)

PLEASE LIST 2 EMERGENCY CONTACT NUMBERS

Name _____ Phone Number _____
Name _____ Phone Number _____

FOR OUT OF TOWN TRIPS ONLY

In a medical emergency, your child will be taken by ambulance to the closest hospital or trauma center. It is assumed all medical fees are the parents' responsibility.

Your permission is requested for the teacher or Principal to sign any medical forms which are needed. This will assure that treatment of an injury can begin as soon as possible. Please sign this request, thereby granting your permission for school personnel to act in your behalf in the case of a medical emergency.

Parent/Guardian Signature _____ Date _____

Comments _____

La Plata R-II Schools

Texting Consent Form

Please Print Clearly

Student Name: _____
First Name Last Name

Parent/Guardian Name: _____
First Name Last Name

Parent/Guardian Name: _____
First Name Last Name

Student Address: _____
Number & Street Address

City, State & Zip Code

Student's Cell: _____ Text Message OK?
Yes No

Parent/Guardian Name: _____ Text Message OK
Yes No

Parent/Guardian Name: _____ Text Message OK
Yes No

We, the undersigned, authorize a La Plata R-II School District Coach/Sponsor, approved by the La Plata Board of Education, to communicate through text messages to our mobile devices. We realize any costs incurred for the messages will be the responsibility of the student and/or parent and not the coach/sponsor or the La Plata R-II School District.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*****Each student is responsible to notify the school of any and all situations that would affect his/her eligibility. If the student does not notify the school of the situation prior to the schools discovery, then the student shall be ineligible for up to 365 days from discovery, pending review by the (MSHSAA) Board of Directors

We, the undersigned acknowledge receipt of and have reviewed and Student Extracurricular Activities Handbook including Eligibility Guidelines for Participation in all extra-curricular activities at La Plata Jr.-Sr. High School. We also understand that the guidelines cover all sports activities, vocal and instrumental music activities, cheerleading, academic bowl, and any club/organization that represent the school in conference, district, and state competition, (example, FFA, FCCLA, FBLA, BETA). Failure to comply with the Citizenship and Eligibility Guidelines may jeopardize the student's attendance at school activities such as dances and ball games.

Signature of Student _____

Signature of Parent/Guardian _____

Date _____

This sheet must be signed by all parties indicated above and returned to the principal, the head coach, or the club sponsor before a student will be allowed to participate in any extra-curricular activity at La Plata High School.

"We the undersigned also acknowledge receipt of and have reviewed and understand the MSHSAA Concussion Information." **Athletic Team Participants Only**

Signature of Student _____

Signature of Parent _____

Date _____

STUDENT DRUG TESTING (JFCI-AFD)
(Consent Form)

I, _____, [student's name] have received, read, understand and agree to abide by the La Plata R-II School District drug testing policy and procedures. As a condition of participating in activities in the La Plata R-II School District, I agree to provide urine specimens when directed and authorize the district to have specimens tested for illegal drugs, performance-enhancing drugs, and alcohol* as stated in the district policy and procedures. I also authorize release of information concerning results of such a test to the La Plata R-II School District and to my parents/guardians.

Student Signature

Date

I, _____, [name of parent/guardian] have received, read, understand and agree to abide by the La Plata R-II School District drug testing policy and procedures. As a condition of my student's participation in activities in the La Plata R-II School District, I authorize the district to collect urine specimens from my student and authorize the district to have specimens tested for illegal drugs, performance-enhancing drugs, and alcohol* as stated in the district policy and procedures. I also authorize release of information concerning results of such a test to the La Plata R-II School District.

Signature of Parent/Guardian

Date

This consent form will remain in effect for duration of the student's enrollment within the La Plata R-II School District unless revoked in writing by the parent/guardian.

* Samples shall be tested for any substance an individual may not sell, possess, use, distribute, or purchase under either Federal or Missouri Law. This includes, but is not limited to, all scheduled drugs as defined by Federal or Missouri Law, including substances which have been classified as controlled under the emergency scheduling authority of the Drug Enforcement Administration; all prescription drugs obtained without authorization; and all prescribed and over-the-counter drugs being used for an abusive purposes, as well as alcohol. This includes, but is not limited to the following substances and their metabolites: cocaine, marijuana, opiates, synthetic opiates, amphetamines, benzodiazepines, barbiturates, methamphetamines, propoxyphene, methadone, phencyclidine, buprenorphine, synthetic cannabinoids, and synthetic stimulants, THC, benzoylecgonine, morphine, alcohol, and performance-enhancing drugs, including anabolic steroids.

Samples will not be screened for the existence of any physical conditions other than prohibited drug and alcohol use.

MSHSAA Preparticipation Physical Forms/Procedure

Medical History Form (Step 1): Issued to Student/Parent(s)/Guardian, Completed by Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note: If the student is under 18 years old, the Medical History questions are to be completed with assistance from parent(s)/guardian(s).

Note: The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination (PPE) shall keep this Medical History form in the patient's files for their records.

This Medical History form is NOT returned to the school.

MEDICAL HISTORY				
Name:			Date of Birth:	
Sex assigned at birth (F, M or intersex):		How do you identify your gender? (F, M or other):		
List past and current medical conditions:				
Have you ever had surgery? If yes, list all past surgical procedures:				
Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):				
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):				
PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bothered by any of the following problems (Circle response).				
	Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge:	0	1	2	3
Not being able to stop or control worrying:	0	1	2	3
Little interest or pleasure in doing things:	0	1	2	3
Feeling down, depressed or hopeless:	0	1	2	3
A sum of ≥ 3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.				

(Medical History Continued – Next Page)

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF "YES," EXPLAIN ANSWERS HERE

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

Signature of Student:

Signature of Parent(s) or Guardian:

Date:

Preparticipation Physical Examination Form (PPE) (Step 2): Issued to Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note: This PPE form is the recommended PPE form intended for guiding the healthcare professional (MD/DO/ARNP/PA/DC) with the completion of a preparticipation physical evaluation.

Note: The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination shall keep this PPE form in the patient's files for their records. **This PPE form is NOT returned to the school.**

PRE-PARTICIPATION PHYSICAL EXAMINATION

Name:		Date of Birth:	
EXAMINATION			
Height:		Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency)			
Eyes, ears, nose and throat • Pupils equal • Hearing			
Lymph Nodes			
Heart* • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)			
Lungs			
Abdomen			
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis			
Neurological			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional • Double-leg squat test, single-leg squat test and box drop or step drop test			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
Physician Reminders: Consider additional questions on more-sensitive issues. <ul style="list-style-type: none"> • Do you feel stressed out or under a lot of pressure? • Do you ever feel sad, hopeless, depressed or anxious? • Do you feel safe at your home or residence? • Have you ever tried cigarettes, chewing tobacco, snuff or dip? • During the past 30 days, did you use chewing tobacco, snuff or dip? • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance-enhancing supplement? • Have you ever taken any supplements to help you gain or lose weight or improve your performance? • Do you wear a seat belt, use a helmet and use condoms? 			



MSHSAA Medical Eligibility Form (Step 3):

Issued to Student/Parent(s)/Guardian, Taken to/Completed by Healthcare Professional (MD/DO/ARNP/PA/DC), Copy Retained by Healthcare Professional, Returned to School Administration.



Note: This Medical Eligibility form is the form to be used by a healthcare professional (MD/DO/ARNP/PA/DC) for granting a medical release for a student to participate in All Sports – Spirit – Marching Band after the completion of a preparticipation physical evaluation.

Note: The health care professional (MD/DO/ARNP/PA/DC) must complete this form, retain a copy in the patient's files for their records and issue this form to the student/parent.

This Medical Eligibility form MUST be returned to the school.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____

Age _____ Sex assigned at birth (F,M, intersex) _____ Grade _____ School _____ City _____

Present Address _____ Telephone _____

☐ Medically eligible for all Sports-Spirit-Marching Band without restrictions for two (2) years.

☐ Medically eligible for all Sports-Spirit-Marching Band without restriction for two (2) years with recommendations for further evaluation or treatment of: _____

☐ Medically eligible for all Sports-Spirit-Marching Band without restriction for less than two (2) years. Specify reasons and duration of approval: _____

☐ Medically eligible for certain Sports-Spirit-Marching Band: _____

☐ NOT medically eligible for Sports-Spirit-Marching Band

☐ NOT medically eligible pending further evaluation: _____

I have examined the above-named student and completed the pre-participation physical evaluation. Unless otherwise indicated, the student does not present apparent clinical contraindications to practice and participate in the sport(s) or activities as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parents/guardians).

Name of health care professional (Print/Type) _____ Date of Examination ____/____/____

Signature of Healthcare Professional (MD/DO/PA/ARNP/DC): _____

Clinic Address _____ City _____ State _____ Zip _____

Telephone _____

Student's Physician _____

Student's Dentist _____