



## PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO) holding an unlimited license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any way.  
(available for download at [www.ihsaa.org](http://www.ihsaa.org)<<http://www.ihsaa.org/>>)
2. The PPE Form must be signed by a physician (MD or DO) only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
  - The physician signature must be hand-written. No signature stamps will be accepted.
  - The Physician signature and license number must be affixed on page two (2).
  - The Parent signatures must be affixed to the form on pages one (1) and four (4).
  - The Student-Athlete signature must be affixed to pages one (1) and four (4).

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

# 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 a copy of 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	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
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: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
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: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Have you ever been unable to move your arms or legs after being hit or falling?		
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)?			40. Have you ever become ill while exercising in the heat?		
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?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			<b>FEMALES ONLY</b>		
25. Do you have any history of juvenile arthritis or connective tissue disease?			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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# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year – IHSAA By-Law C 3-10)

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

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - 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 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) 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 athlete 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 athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a Physician holding an unlimited license to practice medicine to be valid for the following school year— IHSAA By-Law C 3-10)

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician (MD or DO) \_\_\_\_\_ License # \_\_\_\_\_



## INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

**ATTENTION ATHLETE:** Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
  - ... unless you are entering the ninth grade for the first time.
  - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
  - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

***This is only a brief summary of the eligibility rules.***

***You may access the IHSAA Eligibility Rules (By-Laws) at [www.ihsaa.org](http://www.ihsaa.org)***

***Please contact your school officials for further information and before participating outside your school.***

*(Consent & Release Certificate - on back or next page)*

# PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



## I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)**

Date: \_\_\_\_\_ Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

## II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**  
**Boys Sports:** Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.  
**Girls Sports:** Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
  - The student has school student accident insurance.
  - The student has adequate family insurance coverage.
  - The student has football insurance through school.
  - The student does not have insurance.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.**

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: \_\_\_\_\_ Parent/Guardian/Emancipated Student Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: (X) \_\_\_\_\_

Printed: \_\_\_\_\_

### CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.  
9150 North Meridian St., P.O. Box 40650  
Indianapolis, IN 46240-0650

**File In Office of the Principal**  
**Separate Form Required for Each School Year**

**Hobart High School  
Athletic Department  
942-8521**

<b>RETURN THIS FORM TO THE ATHLETIC DEPARTMENT</b>
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STATEMENT OF CONSENT TO ADMINISTER EMERGENCY TREATMENT  
AND ASSUMPTION OF ALL LIABILITY FOR EMERGENCY MEDICAL TREATMENT

I/We, the parent(s) legal guardian(s) of **(Name in full of Student)** \_\_\_\_\_  
**(Grade)** \_\_\_\_\_ do herein and hereby grant my/our permission to Principal, Athletic Director and the Athletic Trainer of Hobart High School or, to any qualified medical personnel in attendance, to administer or authorize to be administered, emergency medical treatment should the above named individual be injured while participating in any supervised practice session or while participating in any game, meet and/or competition which is sanctioned by and is a part of the scheduled program of athletics administered by the Department of Athletics, Hobart High School.

I/We further understand that EMERGENCY shall mean any injury which results in excessive bleeding; loss of psychomotor function in the body or any portion thereof; fracture (whether suspected or evident) or protrusion of any bone of the leg, hip, chest, shoulder, arm or neck and head; injury to the eye caused by gouging, poking, cutting, or use of chemicals; and/or which, in the opinion of the Principal, Athletic Director, Trainer, Coaching Staff, Doctor, or other qualified medical personnel present, constitutes an injury which requires immediate preventative, curative, or reparative treatment.

I/We do further understand and agree that as the parent(s) legal guardian(s) of the above named individual, that all costs arising out of and resulting from said emergency treatment, including transporting of the individual by ambulance, shall be borne by me/us and the Principal, Athletic Director, Trainer and/or Coaching Staff of Hobart High School are hereby released from any emergency medical treatment. I further understand that the Department of Athletics, Hobart High School, and the School City of Hobart do not carry any type of medical liability or health insurance from which reimbursement, either in part or in whole, may be obtained from said medical expenses.

STUDENT'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

GENDER: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

FATHER'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

LIVES WITH: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

MY CHILD IS COVERED BY MY FAMILY INSURANCE: \_\_\_\_\_ YES \_\_\_\_\_ NO

The athletic department is seeking your permission to have your son/daughter treated at a doctor's office or hospital emergency room in the event that he/she is found in need of emergency medical treatment. If an emergency occurs every effort will be made to contact you. If such contact is not possible this card may facilitate prompt medical treatment.

I HEREBY GIVE MY PERMISSION FOR \_\_\_\_\_ TO RECEIVE EMERGENCY MEDICAL TREATMENT.  
ATHLETE NAME

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPORTS PARTICIPATING IN



# SCHOOL CITY OF HOBART

32 East 7<sup>TH</sup> Street, Hobart, IN 46342  
 Phone: 219-942-8885 Fax: 219-942-0081  
<http://www.hobart.k12.in.us>

RETURN THIS FORM TO THE  
ATHLETIC DEPARTMENT

*“Building College and Career Ready Brickies”*

## CONCUSSION and SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete’s Name (Please Print): \_\_\_\_\_

Sport Participating In (If Known): \_\_\_\_\_ Date: \_\_\_\_\_

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete’s parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete’s coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
 (Signature of Student Athlete)

\_\_\_\_\_  
 (Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
 (Signature of Parent or Guardian)

\_\_\_\_\_  
 (Date)

## CONCUSSION INFORMATION SHEET



**HEADS UP  
CONCUSSION**

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.



### HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can’t recall events prior to or after a hit or fall.

#### SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”



## WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

## WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

## HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - » Work with their coach to teach ways to lower the chances of getting a concussion.
  - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - » Ensure that they follow their coach's rules for safety and the rules of the sport.
  - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)

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Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

## A Fact Sheet for Parents

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### FACTS

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

### WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

### How can I help my child prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Student Athletes*

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### **FACTS**

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

### **WARNING SIGNS**

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### **EMERGENCY SIGNS – Call EMS (911)**

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

### **How can I help prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?**

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

**Responsible Use of Social Networking Media for Athletics & Extra-Curricular Activities**

As an educational institution, School City of Hobart supports and encourages the rights of individuals to free speech. However, students should be concerned with any behavior that might embarrass themselves, their families, their teams, their community and/or the School City of Hobart. This includes any activities conducted online through social networking sites (i.e. Facebook, MySpace, Friendster, podcasting, blog sites, You Tube, Twitter, chat rooms, etc.).

Participation in athletics and extra-curricular activities at the School City of Hobart is a privilege, not a right. As a student at the School City of Hobart, you are a representative of the school and the community, and as such, you are always in the public eye. This fact places certain additional demands upon how you must live your life. Keep the following guidelines in mind as you participate in any of the aforementioned public media:

1. Before participating in any online community, understand that anything posted online is available to anyone in the world. Any text or photo placed online is completely out of your control at the moment it is placed online, even if you limit access to your site.
2. You are not to post information, photos, or other items that could embarrass you, your family, your team or extra-curricular activity, the Athletic Department, School, or the School City of Hobart. This includes items that may be posted on your page by others.
3. You should not post your address, phone numbers, birth date, or other personal information. You could be opening yourself up to predators or stalkers.
4. Exercise caution as to what information you post on your website about your whereabouts or plans. This will help prevent stalkers or other criminally minded individuals from gaining access to you.
5. Be aware of who you add as a friend to your site. Many people are looking to take advantage of students athletes or seek connection with students to give them a sense of membership on a team or with an organization.
6. Coaches, sponsors, and administrators can and do monitor these websites. Disparaging remarks about teammates, coaches, or school officials can serve as grounds for suspension from competition or dismissal from teams, as well as possible legal ramifications.
7. Students will face disciplinary measures for violation of team/activity policies, athletic department policies, school policies, state athletic association guidelines and/or state and federal laws. Any admissions of conduct in violation of any of these policies or laws found on a student's website will subject him or her to disciplinary measures. Any depictions of conduct in violation of any of these policies or laws found on a student's website will be subject to a full investigation and possible discipline based on the outcome.

Also keep in mind that local police or sheriff's offices or other law enforcement agencies may check these websites regularly.

Be aware of the fact that many employers and colleges also monitor these sites. You should be aware that any information posted on these websites may prevent you from obtaining a job or prevent you from attending the college of your choice.

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

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

Date \_\_\_\_\_

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

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

Date \_\_\_\_\_

**RETURN THIS FORM TO THE  
ATHLETIC DEPARTMENT**

**School City of Hobart Extracurricular/Athletics/Driving Consent Form**

**I have received, read and understand the policy entitled EXTRA-CURRICULAR ACTIVITIES, ATHLETICS AND STUDENT DRIVER DRUG AND/OR ALCOHOL TESTING PROGRAM. Please visit <http://hobart.schoolwires.com/drugprevention> for educational drug prevention material.**

I, \_\_\_\_\_, want to participate in this program,  
(Print Student's Name)

and in the extracurricular/athletic/driving programs of The School City of Hobart. Therefore, I voluntarily agree to be subject to the terms of the testing program for the current school year and throughout summer school. I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent called for under the program.

I, also, understand that once I have tested "positive" I can be retested at anytime during that school year.

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

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

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

\*\*\*\*\*

*The School City of Hobart does not discriminate on the basis of race, creed, sex, color, national origin, religion, age, sexual orientation, marital status, genetic information or disability, including limited English proficiency.*

**EXTRA-CURRICULAR ACTIVITIES, ATHLETICS AND STUDENT DRIVER  
DRUG AND/OR ALCOHOL TESTING PROGRAM**

The School City of Hobart is committed to providing a safe and orderly learning environment. Concerted effort has been taken to secure the facilities and manage the behavior of the student population. However, an ominous intruder, substance abuse, also presents a serious risk to the safety and well being of the school community.

In an effort to address this growing concern, a program of deterrence will be instituted as a pro-active approach to the maintenance of a drug-free school. Because substance abuse poses such an immediate threat to student drivers and because students involved in extra-curricular activities and athletics represent School City of Hobart and are expected to set positive examples for their peers, a program of deterrence will be instituted as a pro-active approach to a drug-free school and student well-being. Extra-curricular activities are those activities NOT falling within the scope of the regular curriculum (i.e. clubs, dance group, cheerleaders). Band and choir are part of the regular curriculum and, therefore, are not extra-curricular but are co-curricular.

**Purpose**

The purpose of this program is threefold: (1) to provide for the health and safety of student; (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use drugs and/or alcohol detrimental to their health; (3) to encourage students who use drugs and/or alcohol to participate in drug treatment programs.

**Introduction**

The effective date of this program is October 1, 2008. The program does not affect the current policies, practices or rights of the School City of Hobart regarding student drug and/or alcohol possession or use, where reasonable suspicion is established by means other than drug testing through this policy. It applies only to extra-curricular activities, athletics, and student drivers and is designed to create a safe, drug free environment for students and assist them in getting help when needed. No student shall be expelled or suspended from school as a result of any certified "positive" test conducted by his/her school under this program.

No student will be penalized academically for testing positive for banned substances. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities in the absence of legal compulsion by valid and binding subpoena or other legal processes, which the School City of Hobart Board of School Trustees will not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent, legal guardian, or custodian will be notified before response is made by the Superintendent, to the extent permitted by such subpoena or legal process.

### **Supporting Data**

In June 2002, the U.S. Supreme Court ruled to allow random drug tests for all middle and high school students participating in competitive extra-curricular activities. Congressional findings in the Safe and Drug-Free Schools and Communities Act of 1994 (20 United States Code 7101 et seq.) Indiana Code 20-1-1-4-9.2 that directs this to plan for and maintain drug-free schools.

Indiana Code 20-1-04-9.1 that directs this to provide instruction concerning the harmful effects of illegal drugs.

Indian code 20-43-3 sets forth health measures to be governed by school officials. Most specifically, Indiana Code 20-34-3-9 establishes the responsibility of schools to assist children found to be ill or in need of treatment.

Lake County, Indiana, due to its demographic advantage, is the home of a crossroad of major thoroughfares connecting all parts of the US and, thus, is an important vein for drug transport.

On an annual basis, School City of Hobart students are put up for expulsion for drug-related offenses. It is irresponsible for the School Board to not be proactive in deterring drug use among students.

The School City of Hobart has implemented various programs to prevent substance abuse among its students and is committed to a proactive philosophy.

Neighboring schools have enacted drug testing policies that have resulted in a reduction of cases of drug abuse and fostering a school culture that resists drug abuse.

Students who participate in athletics and other voluntary extra-curricular activities are representatives of the school system and are role models for other students.

The opportunity for a student to drive to school and park on school grounds is a privilege and carries with it responsibilities to assure the safety of other students as well as himself/herself.

Drug use increases the risk of sport-related injuries to the athlete, his/her teammates and opponents.

**Scope**

This policy applies to all School City of Hobart students in grades 7-12 who are issued student parking permits and/or who participate in school sponsored extra-curricular activities and/or athletics. These programs are privileges afforded to our students.

**Drug Education**

Each prospective participant shall receive a copy of this policy and the policy will be explained to him/her at that time. Educational information will be provided to the students about the harmful effects and consequences of alcohol and other drug abuse. Students will receive information as to where they can seek professional help, if needed, for a use or abuse problem.

**Consent Form**

It is mandatory that each student in grades 7-12, prior to being issued a parking permit or allowed to participate in extra-curricular activities or athletics, sign and return the "consent form". Failure to comply will result in non-participation.

Such students shall be provided with a "consent form", a copy of which is attached hereto, which shall be dated and signed by the participant and by the parent/guardian. In doing so, the student is consenting to participate in the drug testing program at School City of Hobart.

**Banned Substances**

For the purpose of this Policy, the following substances or their metabolites that can be tested are considered illicit or banned for School City of Hobart students.

Alcohol	Amphetamines/Methamphetamines/Ecstasy	Anabolic Steroids*
Barbiturates	Benzodiazepines	Cocaine Metabolites
LSD	Marijuana Metabolites	Methadone
Methaqualone	Opiates	Hydrocodones
Phencyclidine	Propoxyphene	Oxycodones



**Testing Standards**

<b>Substance</b>	<b>Screen/Initial Level</b>	<b>Confirmation Level</b>
AMPHETAMINES (CLASS)	500 ng/ml	250 ng/ml
ECSTASY SCREEN	500 ng/ml	250 ng/ml
COCAINE METABOLITES	150 ng/ml	100 ng/ml
MARIJUANA METABOLITE	20 ng/ml	15 ng/ml
OPIATES	300 ng/ml	300 ng/ml
PCP	25 ng/ml	25 ng/ml
BARBITURATES	300 ng/ml	300 ng/ml
BENZODIAZEPINES	300 ng/ml	300 ng/ml
METHADONE	300 ng/ml	300 ng/ml
PROPOXYPHENE	300 ng/ml	300 ng/ml
OXYCODONE/OXYMOR PHONE	100 ng/ml	100 ng/ml
ALCOHOL, ETHYL	0.02 ng/ml	0.02 ng/ml
ALCOHOL, ETG/ETS	500 ng/ml	500 ng/ml

**Procedures for Random Urine Drug Testing of School City of Hobart Students**

**A. LIST OF ELIGIBLE STUDENTS**

The Designated Official will prepare a list of eligible students. This list will be forwarded to the Vendor for the random selection of students who will submit urine specimens for testing.

**B. RANDOM SELECTION OF STUDENTS FOR TESTING**

The Vendor will use a system to assure that students are selected in a random fashion. This system will utilize a computer-based system designed specifically for the purpose of randomly selecting individuals for drug testing.

**C. SCHEDULING OF URINE DRUG TESTING**

Urine drug testing is unannounced. The day and date are selected by the Designated Official and confirmed with the Vendor. Random testing may be done up to bi-weekly, but not during holidays and spring break.

D. **TESTING YEAR**

The testing year begins the date the first activity for the upcoming school year commences and continues for 365 days thereafter. This testing will be accomplished on a date and time coordinated with the testing Vendor. The Designated Official is responsible for seeing that all students and their parent/guardian/custodian properly sign the **Informed Consent Agreement** prior to testing.

E. **FORM COMPLETION**

The Vendor is responsible for seeing that proper drug testing custody and control forms are used that satisfy the needs of the **Policy for Random Urine Drug Testing of School City of Hobart** and the testing laboratory. A student number will be used for identification with the student's name only appearing on the copies that go to the donor, Medical Review Officer (MRO), and School Official.

F. **COLLECTION PROCESS/CHAIN OF CUSTODY**

Selected Students are escorted from class to the collection site. A specimen of urine is collected following this process:

1. No purses, bags or containers may be taken into the collection area with the student. All extra coats, vests, jackets, sweaters, etc., are to be removed before entering the collection area.
2. The collector adds a bluing agent (food coloring) to the water in the urinal or toilet.
3. Student is asked to rinse their hands and dry them. If no water is easily accessible, a non-alcoholic wipe may be used instead.
4. The drug testing custody and control form is completed by the Student and collector.
5. The student is told to urinate directly into the provided container and should provide a sufficient amount of urine (at least 30 ml) in one (1) attempt. The student is also told they are to hand the container of urine to the collector.
6. The student enters a closed stall to collect the specimen, and then hands the container to the collector.

7. The collector checks the volume, reads and records the temperature within four (4) minutes of collection, and looks for evidence of tampering. If tampering is suspected, a second specimen will be requested. A second suspected tampered specimen will be considered **refusal to test** and the Designated Official notified.
8. With the student watching, the collector will pour the specimen into the two (2) bottles and recap the specimen bottles tightly.
9. The collector takes the properly signed and initialed bottle seals and places them over the caps and sides of the bottles.
10. The sealed bottles are placed inside the transport bag.
11. The top lab copies of the drug testing custody and control form are folded with the top portion visible to the outside and placed in the Requisition Pouch. The transport bag and pouch are sealed as indicated. The student is given the donor copy of the form.
12. The student may wash their hands and is then sent back to class.
13. The collector distributes the remaining copies of the form as required, being responsible for getting the appropriate copy of the form to the MRO in a timely manner.
14. The Designated Official will be notified immediately of any student who refuses to give a urine sample or is suspected of adulteration.

**G. MEDICAL REVIEW OFFICER (MRO) RESPONSIBILITIES**

The MRO will review all results of urine drug testing. Any urine specimen testing positive for illicit drugs, banned substances, or adulteration will be handled in the following manner:

1. The MRO determines if any discrepancies have occurred in the **Chain of Custody**.
2. Depending on the substances found in the urine, if necessary the parent/guardian/custodian will be contacted to determine if the student is on any prescribed medication from a physician.

3. If the student is on medication, the parent/guardian/custodian will be asked to obtain a letter from the prescribing physician, within five (5) working days, to document what medications the student is currently taking. Failure to provide such requested information will be considered a positive result.
4. The MRO will then determine if any of the prescribed medications resulted in the positive drug screen.
  - a. For example, a drug screen positive for codeine may be ruled negative by the MRO when s/he receives a letter from the treating physician that the student has been prescribed Tylenol© with codeine as a pain medication following tooth extraction.
  - b. Or, if the student has a positive drug screen for codeine and has no documented physician order for the medication (maybe a parent gave the student one of their pills), this would likely be ruled a positive drug test by the MRO.
  - c. Drug screens positive for illicit drugs (marijuana, heroin, cocaine or alcohol, etc.) would automatically be considered positive by the MRO.
5. The MRO may use quantitative results to determine if positive results on repeat tests indicate recent use of illicit or banned substances or the natural decline of levels of the illicit or banned substance from the body. If the MRO feels the quantitative levels determined to be above the established cutoffs do not reflect current use but natural decay, then a negative results may be reported.
6. Finally, the MRO, based on the information given, will certify the drug test results as positive or negative. Positives will be reported to the building principal by phone.

**Test Results**

- A. This program seeks to provide needed help for students who have a certified "positive test".
- B. Counseling Requirement

Because the Random Drug Testing Program has been established as a deterrent, students are strongly urged to seek the following help:

1. Undergo a substance abuse assessment by a licensed substance abuse professional acceptable to the Superintendent's designee. All costs for that assessment will be the financial responsibility of the student or his/her parents/guardians.
  2. Provide the school principal with written certification by the licensed substance abuse professional that the substance abuse assessment has been completed.
  3. Undergo counseling/treatment or other intervention, if any, as recommended by the licensed substance abuse professional. All costs for that counseling/treatment or other intervention will be the financial responsibility of the student or his/her parents/guardians. The Board of School Trustees will not specify requirements of any such counseling/treatment or intervention, as this will be based on the student's individual needs. The Board of School Trustees' interest is that the student receives whatever assistance is appropriate for the particular individual.
- C. The principal/principal's designee will be notified of a student testing "positive". The MRO will first notify the student and his/her parent/guardian. The student or his/her parent/guardian may submit any documented prescription, explanation, or information which will be considered in determining whether a "positive" test has been satisfactorily explained to the MRO. In addition, the student or parent/guardian may appeal by requesting that the urine specimen be tested again by the certified laboratory. The cost of a retest will be the financial responsibility of the student or his/her parents/guardians.
- D. If the test is verified "positive", the principal/principal's designee will meet with the student and his/her parent/guardian. The student and parent/guardian will be given a list of names of counseling and assistance agencies from which the family may choose. A "follow up" test will be requested by the principal/principal's designee after such an interval of time that the substance previously found would normally have been eliminated from the body.
1. Athletics:  
If the student is an athletic participant, they will be prevented from participating in athletics until the student has fully complied with the athletic code of conduct.

Once the administrator determines that the student/athlete has complied with the athletic code of conduct, the student will be allowed to resume athletic activities. The student/athlete will obtain a cumulative discipline record for his/her entire high school career.

1st Violation - The student will be suspended for forty percent (40%) of scheduled contests as well as 40% of a semester from driving or participating in extra-curricular activities. This includes club meetings, home contests, dances, loss of driving privileges, or any other non-academic extra-curricular activities. Students can reduce the suspension to twenty percent (20%) of scheduled contests as well as 20% of a semester from driving or participating in extra-curricular activities if he/she enrolls in a professional intervention program within ten (10) days of the infraction and successfully completes the program, which is appropriate for the rule violation (applicable one time only on the first violation).

2nd Violation – The student/athlete will be suspended for 365 days from the date of the infraction. Students/Athletes will be removed from their current team and will be prohibited from attending any extra-curricular activities during the duration of their suspension. This includes club meetings, home contests, dances, loss of driving privileges, or any other non-academic extra-curricular activities.

3rd Violation - The student/athlete will be permanently suspended from attending any extra-curricular activities for the remainder of his/her school career. This includes club meetings, home contests, dances, loss of driving privileges, or any other non-academic extra-curricular activities.

2. **Extra-Curricular & Driving:**  
Student drivers and students in extra-curricular activities will also follow a cumulative discipline record program.

Once the administrator determines the student has completed a drug abuse intervention program, the student will be allowed to resume driving/participating. The student will obtain a cumulative discipline record for his/her entire high school career.

1st Violation - The student will be suspended for forty percent (40%) of a semester from driving or participating in extra-curricular activities. This includes club meetings, home contests, dances, loss of driving privileges, or any other non-academic extra-curricular activities. Students can reduce the suspension to twenty percent (20%) of a semester from driving or participating in extra-curricular activities if he/she enrolls in a professional intervention program within ten (10) days of the infraction and successfully completes the program, which is appropriate for the rule violation (applicable one time only on the first violation).

2nd Violation - The student will be suspended for 365 days from the date of the infraction. Students will be prohibited from attending any extra-curricular activities during the duration of their suspension. This includes club meetings, home contests, dances, loss of driving privileges, or any other non-academic extra-curricular activities.

3rd Violation - The student will be permanently suspended from attending any extra-curricular activities for the remainder of his/her school career. This includes club meetings, home contests, dances, loss of driving privileges, or any other non-academic extra-curricular activities.

- E. If a second "positive" result is obtained from the "follow up" test, or any later test of that participant, (B) and (C) (Test Results) will be followed. In addition, the School City of Hobart reserves the right to continue testing at any time during the remaining school year any participating student who tested "positive" and did not make satisfactory explanation.
- F. Information on a certified "positive" test result will be shared on a "need to know" basis with the student's principal, coach or sponsor. The results of "negative" tests will be kept confidential to protect the identity of all students being tested.
- G. MRO reports will be returned to the principal/principal's designee. Names of students tested will not be kept in open files or on any computer. MRO reports will be locked and secured in a location that is only accessible to the principal/principal's designee and separate from the student's regular file.

### **Financial Responsibility**

- A. Under this policy, School City of Hobart will pay for all initial random drug tests and all initial "follow up" drug tests.

- B. A request on appeal for another test of a "positive" urine specimen is the financial responsibility of the student or his/her parent/guardian.
- C. Counseling and subsequent treatment by non-school agencies is the financial responsibility of the student or his/her parent/guardian.

**Confidentiality**

Under this drug testing program, any staff, coach, or sponsor of School City of Hobart who has knowledge of the results of a drug test will not divulge to anyone the results of the test or the disposition of the student involved unless legally subpoenaed. Once again, this will underscore the School City of Hobart's commitment to confidentiality with regard to the program.

The testing company may not release any statistics on the rate of positive drug tests to any person, organization, or media without the written consent of the School City of Hobart. However, the testing company will provide the building principal with an annual report indicating the number of tests performed, rate of positive and negative tests, and what substances were found in the positive urine specimens.

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Revised 05/05/2016