

Sevastopol School



Athletic Handbook 2017-2018

Dear Parents and Student Athletes,

This handbook includes important information in regards to:

- Dates for Summer Camps and Opportunities
- Co-Curricular Code
- Parent / Athlete Sportsmanship
- Concussion Protocol
- Athletic Training Services - Athlete Emergency Contact Form
- Yearly Physical / Alternate Year Card

Enclosed you will find an overview of information that is important and pertinent to being a successful student athlete. **Please review the information in this handbook and turn in the Student Athlete Acknowledgement page along with EITHER completed Yearly Physical paperwork or the Alternate Year Card, the remainder of the handbook is for your reference.** These two pieces of information will be necessary for you to practice or play during the 2016-2017 school year. In addition, I will be uploading an updated Athletic Code Video to the Sevastopol School website / Athletics Page later in June. Parents and students need to view the video in its entirety. Coaches have been hard at work organizing summer leagues, open gym hours, and weight room hours. There are also numerous camps being hosted in the county including the Athletic Edge camp hosted by Door County Medical Center. Being an ATHLETE means that you need to put in time during the off season.

Enjoy your summer,

Jen Wiesner
Athletic Director, Sevastopol School
743-6282 ext 1112

Co-Curricular Code - Highlighted information

(the Co-Curricular Code is written in its entirety in the Student Handbook on pages 30-39):

- Student athletes are expected to maintain **high standards** of behavior, sportsmanship, and respect both on and off the field/court.
- **Good sportsmanship** is the responsibility of student-athletes, coaches, parents, and all spectators. Please display good sportsmanship at all times.
- To be eligible for co-curricular activities, a student must be in compliance with the Sevastopol School policies concerning correct and legal enrollment (residency) and the rules and regulations of the individual activity associations, i.e., athletics, WIAA, forensics, NHS; etc., and the Sevastopol School District Co-Curricular Policy.
- All students in grades 9 – 12 in any co-curricular activities under Category I, II, or IV must meet **academic expectations** for the **previous quarter**.
- All students in grades 9 – 12 in any co-curricular activities under Category I, II, or IV must be passing all classes and be earning at least a 1.5 GPA at the **mid-term** grading period in order to be eligible to participate.
- Since all co-curricular participants are representatives of the school, their behavior should be of such a nature that demonstrates **maturity and responsibility**. Any misconduct not covered elsewhere in this policy shall be dealt with on an individual basis. Appropriate penalties will be decided on among the coaches/advisors, the athletic director, and the principal.
- The only **legitimate excuses for missing a contest or practice** are illness, injury, funeral, or an emergency. Working, hunting, weddings, or travel are not necessarily legitimate excuses and shall be handled as seen fit by each coach.
- A **participant must be in school all day** on the day in which he/she is to **practice or participate in a contest** except in cases of family emergency, excused preplanned absences, or a written medical release obtained from a physician. (Driver's license tests are NOT excusable UNLESS a pre-planned absence form is filled out and turned into the office 24 hours prior to the student's absence.)
- All students involved in co-curricular activities shall **not illegally use and/or possess any tobacco product, alcohol, controlled drugs, or drug-related paraphernalia** during the entire calendar year (including summer months).

High School Athletes:

- Grades will be checked EVERY Friday in an ongoing effort to keep students on track
- Academic Eligibility will be determined at Mid-Quarter and End of Quarter (8 times throughout the school year)

Mid-Quarter:

- Students MUST be passing ALL classes and be earning at least a 1.5 GPA
- If students do not meet the criteria above, students must attend FIVE - 30 minute study sessions with the teacher from the class they are failing AND show evidence of passing all classes prior to being reinstated

End of Quarter:

- Students MUST pass ALL classes and earn at least a 1.5 GPA for the previous quarter
- If the student has an F in a non-core class the student must have earned at least a 2.5 GPA for the previous quarter
- If students do not meet the criteria above, students they will not be allowed to participate in games, contests, or performances for 15 consecutive school date. Students must attend Five - 30 minute study sessions AND show evidence of passing all classes prior to being reinstated

Middle School Athletes:

- Must maintain passing grades in core subjects
- Grades will be checked EVERY Friday
- Students with a failing grade will be asked to meet with the teacher in the class they are struggling in to formulate a plan to raise the grade
- If the student is still failing the same class on the following Friday, a letter will go home and the student will be ineligible to participate in games, meets, or matches until they have secured a passing grade
- We strongly recommend ineligible students to schedule after-school study sessions (coaches prefer students to arrive late to practice rather than continuing to fail a class)

Parent Sportsmanship

The Sevastopol School District recognizes that healthy sports experiences require support and input from parents. We know our student-athletes are from families who love them, support them, and would not let harm come to them. As educators, we share that goal with parents. We depend on parental support in our efforts to develop young men and women who participate in the Sevastopol School District sports programs. We ask that parents make every effort to understand our educational goals and that appropriate steps are followed to resolve issues and problems. We have faith in parents as our partners in the process of developing their sons and daughters as successful student-athletes.

Parent or Guardian... As a role model who supports all programs and athletes, I will:

- **Exhibit good sportsmanship to teammates, coaches, support staff, opponents, and officials.**
- Uphold the school's rules and policies guiding the conduct of sports, including substance and abuse regulations.
- **Appreciate the value of competition with conflict, which means handling success with grace and failure with dignity.**
- Place academics first.
- **Stress respect for coaches.**
- Attend school meetings.
- **Stress the importance of lifetime health.**
- Ensure a balance in my student-athlete's life, encouraging participation in multiple sports and activities with academics place first and foremost.
- **Give consistent encouragement and support to athletes regardless of the degree of success, the level of skill, or time on the field or court.**
- Emphasize the moment, not the future.
- **Leave coaching to the coaches.**
- Address conflict appropriately. Do not approach a coach at a practice or before/after a game.

Concussion

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.

Parent Agreement:

I understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Athlete Agreement:

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

A Concussion Information Brochure with additional information on symptoms and treatment is available on the Sevastopol School Website, located on the Athletics page.

Athletic Trainer

CONSENT FOR CARE AND TREATMENT

I, the undersigned, do hereby agree and give my consent for Ministry Door County Medical Center to evaluate and furnish medical care and treatment as necessary through **ATHLETIC TRAINING SERVICES** for the above name student athlete. Additionally, I grant the athletic trainers permission to share protected health information as required in medical care situations with other healthcare providers involved in the care of the student athlete.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, the undersigned, do hereby acknowledge that Ministry Door County Medical Center has provided to me a copy of the organizations Notice of Privacy Practices explaining:

- How we use and disclose your health information

- Your privacy rights with regard to your protected health information
- Our obligations to you concerning the use and disclosure of your protected health information

AUTHORIZATION FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, the undersigned, do hereby authorize the Ministry Door County Medical Center athletic training staff to use and disclose the protected health information of the above student athlete for purposes of participation in ATHLETIC TRAINING SERVICES. Protected health information will be used by those individuals participating in Athletic Training Services as well as the school's coaching staff, athletic director, and physical education faculty involved in sporting events.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Receive Copy of This Authorization - I understand that if I agree to sign this authorization, I must be provided with a copy. **Right to Refuse to Sign This Authorization** - I understand that I am under no obligation to sign this form. If I choose not to sign this form, it may limit my ability to participate in Athletic Training Services. **Right to Withdraw This Authorization** – I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to Ministry Door County Medical Center. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer protected by Federal privacy standards.

EXPIRATION DATE: This authorization is good through the period of the above student's participation in the Athletic Training Services and/or the period of the student's school enrollment.

NOTICE OF PRIVACY PRACTICES - Athletic Training Services

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Door County Medical Center is committed to protecting the privacy and security of our patients' confidential health information. We are required by law to maintain the privacy of your health information and to provide you with Notice of our legal duties and privacy practices with respect to your personal health information. If you have any questions about any part of this Notice or if you want more information about the privacy practices at Door County Medical Center, please feel free to contact the Privacy Officer at 920-746-3567. This Notice provides you with the following important information:

- How we use and disclose your protected health information
- Your privacy rights with regard to your protected health information
- Our obligations to you concerning the use and disclosure of your protected health information

Effective Date of This Notice – November 1, 2016: The terms of this Notice apply to all designated Door County Medical Center records containing your protected health information that are created and maintained by our organization. We reserve the right to revise or amend our Notice of Privacy Practices. Any revisions or amendments to the Notice will be effective for all of your records created or maintained in the past as well as any records we create or maintain in the future. We will post a copy of the most current Notice in a prominent location on site. We will also post the most current Notice to our organizational website. Door County Medical Center will abide by the terms of the Notice currently in effect. At any time, you may request a copy of our most current Notice. You will be asked to acknowledge receipt of the Notice of Privacy Practices during an admission encounter.

Who Will Follow Our Privacy Practices: Door County Medical Center provides care to our patients, residents, and clients in partnership with physicians and other professionals and affiliated healthcare organizations. Our privacy practices will be followed by:

- Any of our health care professionals who care for you at any one of our locations or sites
- All locations, departments and units that are a part of our organization and staffed by our workforce, regardless of geographical location
- All members of our workforce including employees, medical staff members, students, and volunteers

Health Information Exchange: We participate in arrangements of healthcare organizations which have agreed to work with each other, to facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, these arrangements will allow us to make your health information from other participants available to those who need it to treat you at the hospital. When it is needed, ready access to your health information means better care for you. We may store health information about our patients in a joint electronic medical record with other healthcare providers who participate in the arrangement. You may contact the Privacy Officer for a list of healthcare providers who participate in these shared arrangements.

How Door County Medical Center Will Use and Disclose Your Protected Health Information: We are committed to ensuring that your health information is used responsibly by our organization. We collect health information about you and store it in paper records and computer/electronic files. We may use and disclose information about you for the following purposes:

1. **Treatment Purposes:** We may use or disclose your health information for treatment purposes. While you are a patient at our organization, we may find it necessary to share your health information with physicians, nurses, lab and radiology technicians, and others involved in your care. We may also share your health information with other healthcare organizations that participate in your care and treatment such as a hospital where you may be transferred.
2. **Payment Purposes:** Your health information may be used or disclosed without your consent for payment purposes. It may be necessary for us to disclose your health information so that we may bill and collect from you, your insurance company or other party responsible for payment for the treatment and services provided.
3. **Health Care Operations:** Your health information may be used for our organizational operations that are necessary to meet our goal of providing the highest quality of care. For example, your health information may be used for performance improvement purposes.
4. **Information Provided to You:** We may use your health information to assist us in communicating with you about appointment reminders, test results, and treatment information. Our communications to you may be by telephone, cell phone, text, e-mail, patient portal, or by mail.

5. **Facility/Patient Directory:** If you are hospitalized, we will list your name, where you are located in the facility, your general medical condition in simple one-worded terms, and your religious affiliation in our directory. The directory information, except for the religious affiliation, will be provided to persons who ask for your information by your name. The directory information with the religious affiliation will be provided to local clergy persons. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell one of our staff members that you object to this practice.
6. **Notification and Communication with Family and Friends:** Your health information may be disclosed to notify a family member, your personal representative or other friend or family member involved in your care. This information may include your location within the organization and your general condition. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.
7. **Required by Law:** As required by law, we may use and disclose your health information to law enforcement officials. In a disaster situation, we may disclose your health information to authorities to assist in locating your family and as needed, for disaster management efforts.
8. **Correctional Institutions:** If you are an inmate of a correctional institution, we may disclose to the institution your health information necessary for your health and the health and safety of others.
9. **Public Health:** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child or elder abuse or neglect; reporting to the Food and Drug Administration (FDA) problems with products and reactions to medications; and reporting disease or infection exposure.
10. **Health Oversight Activities:** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings authorized by law.
11. **Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceedings. If you are involved in a lawsuit or other administrative proceeding, we may release your health information in response to a court or administrative order.
12. **Deceased Person Information:** We may disclose your health information to coroners or medical examiners. For example, this may be necessary to determine cause of death.
13. **Organ, Eye or Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.
14. **Research:** We may disclose your health information to researchers conducting research that has been approved by our Institutional Review Board/Privacy Board.
15. **Public Safety:** We may disclose your health information to governmental agencies in order to prevent or assist when there is a serious threat to the health or safety of others or the general public.
16. **Specialized Government Functions:** We may disclose your health information for specialized government purposes which include: military and veterans activities, national security and intelligence activities, protective service of the President/others, medical suitability determinations for Department of State officials, correctional institutions and law enforcement custody situations, or provision of public benefits.
17. **Worker's Compensation:** We may disclose your health information in compliance with Worker's Compensation laws.
18. **Marketing:** We may use your health information to give to you information about other treatments or health-related benefits and services that we provide and that may be of interest to you. If you do not wish Door County Medical Center to use your information for marketing purposes, you may notify the Privacy Officer.
19. **Fundraising:** We may use your health information or share it with our related foundations to contact you regarding our fundraising activities. You also have the right to opt out of receiving fundraising communications. You may do so by contacting the Privacy Officer

Uses of Your Health Information Requiring Your Authorization:

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. We must obtain your written authorization before we may use or disclose your psychotherapy notes, except for use by the originator of the psychotherapy notes for treatment; use or disclosure by Door County Medical Center for its own mental health training programs; or use or disclosure by Door County Medical Center to defend itself in a legal action or other proceedings brought by the individual. We must obtain your written authorization before we may use or disclose your health information for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.

If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization; however, we will be unable to take back any disclosures we have already made with your authorization.

Your Rights Regarding Your Health Information: As a patient of Door County Medical Center you have certain rights with regard to the health information that is maintained by our organization. These rights are as follows:

1. You have the right to receive a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, you may contact the Privacy Officer at 920-746-3567.
2. With a few exceptions, you have the right to access, inspect and receive a copy of your health information. You have the right to request that the copy be provided in an electronic form or format (e.g., PDF saved onto CD). If the form and format are not readily producible, then the organization will work with you to create a reasonable electronic form or format. For example, you may request a copy of your immunization record from your healthcare provider. This right of access does not apply to psychotherapy notes, which are maintained for the personal use of your behavioral health professional. If you request copies of your health information, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy of your health information, you may submit a written request for a review of that decision.
3. You have the right to request in writing that your health information be amended if you feel it is incorrect or incomplete. The request must be made in writing. Door County Medical Center will review the request and make a determination as to whether or not an amendment will be made. If we did not create the information that you feel is incorrect or incomplete, we may deny your request. Door County Medical Center will communicate to you in writing the final decision on your request, as well as provide information to appeal a denial of your request should it occur.
4. You have the right to receive your health information through a reasonable alternative means or at an alternative location in a confidential manner such as sending mail to an address other than your home.
5. You have the right to request restrictions on how we use and disclose your health information. We are not required to agree to these requests, except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law.
6. You have the right to receive a list or accounting of those disclosures, which Door County Medical Center has made regarding your health information for purposes other than treatment, payment, healthcare operations, information provided directly to you, information included in facility directory listings, and information disclosed as a result of mandated government functions. Your request must state the time period desired for the accounting, which must be less than a 6-year period starting after April 14, 2003. The first accounting in a 12-month period is free; other requests may be charged according to our cost for producing the information.

Notification of a Breach: Door County Medical Center is required by law to safeguard the privacy and security of patient protected health information and to notify you following a breach of your unsecured protected health information.

If You Would Like to File a Complaint About How Your Health Information is Used and Disclosed: If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about your access to your health information, you may contact the Privacy Officer at 920-746-3567. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights. Door County Medical Center cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment or retaliate against you for filing a complaint with the Secretary of Health and Human Services.

Information for Middle School:

6th Grade

Available School sponsored sports: Cross Country, Track

Students need the following to participate:

- Signed Physician Physical (bring the WIAA paperwork already filled out to your appointment)
- Athletes & Parents need to view the Sevastopol Code of Conduct Video
- Athletes & Parents need to read the Sevastopol Athletic Handbook
- Athletes & Parents need to sign and return the last page of the Sevastopol Athletic Handbook

Available Club sports: Football, Boy's Basketball, Girl's Basketball (No paperwork required)

7th Grade

Available School sponsored sports: Cross Country, Football, Volleyball, Boy's Basketball, Girl's Basketball, Wrestling (co-op with Sturgeon Bay), Track

Students need the following to participate:

- Signed Physician Physical (bring the WIAA paperwork already filled out to your appointment), if you did not participate in a school sponsored sport in 6th grade
- Signed Alternate Year Physical Card - if you DID participate in a school sponsored sport in 6th grade
- Athletes & Parents need to view the Sevastopol Code of Conduct Video
- Athletes & Parents need to read the Sevastopol Athletic Handbook
- Athletes & Parents need to sign and return the last page of the Sevastopol Athletic Handbook

8th Grade

Available School sponsored sports: Cross Country, Football, Volleyball, Boy's Basketball, Girl's Basketball, Wrestling (co-op with Sturgeon Bay), Track

Students need the following to participate:

- Signed Physician Physical (bring the WIAA paperwork already filled out to your appointment), if this is your first year in a school sponsored sport OR you had a physical two years ago
- Signed Alternate Year Physical Card - if you had a physical done the previous year
- Athletes & Parents need to view the Sevastopol Code of Conduct Video
- Athletes & Parents need to read the Sevastopol Athletic Handbook
- Athletes & Parents need to sign and return the last page of the Sevastopol Athletic Handbook

Information for High School:

Available School sponsored sports: Cross Country, Football, Volleyball, Boy's Soccer (co-op with Gibraltar), Girl's Swimming (co-op with Sturgeon Bay), Wrestling (co-op with Sturgeon Bay), Boy's Swimming (co-op with Sturgeon Bay), Boy's Basketball, Girl's Basketball, Track, Softball, Baseball, Golf, Girl's Soccer (co-op with Gibraltar)

Freshman

Students need the following to participate:

- **Signed Physician Physical** (bring the WIAA paperwork already filled out to your appointment), if this is your first year in a school sponsored sport OR you had a physical two year's ago
- Signed Alternate Year Physical Card - if you had a physical done the previous year
- **Concussion ImPact Test**
- Athletes & Parents view the Sevastopol **Code of Conduct Video**
- Athletes & Parents read the Sevastopol Athletic Handbook
- Athletes & Parents **sign and return the last page of the Sevastopol Athletic Handbook**
- Athletes & Parents **sign and return the Athlete Emergency Contact Form**

Sophomore

Students need the following to participate:

- **Signed Physician Physical** (bring the WIAA paperwork already filled out to your appointment), if this is your first year in a school sponsored sport OR you had a physical two year's ago
- Signed Alternate Year Physical Card - if you had a physical done the previous year
- **Concussion ImPact Test** - if you did not have one done as a freshman
- Athletes & Parents view the Sevastopol **Code of Conduct Video**
- Athletes & Parents read the Sevastopol Athletic Handbook
- Athletes & Parents **sign and return the last page of the Sevastopol Athletic Handbook**
- Athletes & Parents **sign and return the Athlete Emergency Contact Form**

Junior

Students need the following to participate:

- **Signed Physician Physical** (bring the WIAA paperwork already filled out to your appointment), if this is your first year in a school sponsored sport OR you had a physical two year's ago
- Signed Alternate Year Physical Card - if you had a physical done the previous year
- **Concussion ImPact Test**
- Athletes & Parents view the Sevastopol **Code of Conduct Video**
- Athletes & Parents read the Sevastopol Athletic Handbook
- Athletes & Parents **sign and return the last page of the Sevastopol Athletic Handbook**
- Athletes & Parents **sign and return the Athlete Emergency Contact Form**

Senior

Students need the following to participate:

- **Signed Physician Physical** (bring the WIAA paperwork already filled out to your appointment), if this is your first year in a school sponsored sport OR you had a physical two year's ago
- Signed Alternate Year Physical Card - if you had a physical done the previous year
- **Concussion ImPact Test**
- Athletes & Parents view the Sevastopol **Code of Conduct Video**
- Athletes & Parents read the Sevastopol Athletic Handbook
- Athletes & Parents **sign and return the last page of the Sevastopol Athletic Handbook**
- Athletes & Parents **sign and return the Athlete Emergency Contact Form**

Student athletes must participate in concussion ImPact testing: *

- Prior to every season
- Every year (freshman-senior year)
- **Every other year (freshman-senior year) CORRECT ANSWER**
- Once during the student's high school career

Students will NOT be able to participate in after school extracurricular activities if they miss ANY portion of the school day unless: *

- The student has a written excuse from a parent or guardian
- The student's parent or guardian contact the middle/high school office by phone to explain the absence
- **Students are NOT allowed to miss any portion of the school day unless it is for a physician appointment (with a written doctor excuse), the student has filled out a planned absence form and presented the form to the Middle/High School office a minimum of one day prior to the absence, or in the case of a family emergency CORRECT ANSWER**
- The absence is caused by a long standing appointment such as taking a drivers license test

If a student athlete has concerns or questions regarding team strategy or playing time they should follow the proper chain of command:

- Athletes should talk about their concerns with their teammates
- Parents of student athletes should discuss coaching concerns with each other in the bleachers and on the sidelines
- Parents should call the Athletic Director and/or Principal regarding their son/daughter's concerns
- **Student athletes should go directly to their coach to talk openly about any questions or concerns they are having regarding the season CORRECT ANSWER**

ImPACT Testing

Every freshman, junior, and new high school athlete needs to be ImPACT tested prior to their first practice! Look for signs that state which room testing will take place in. Testing will most likely take place in a computer lab next to the high school library. This computerized test takes approximately 35 – 45 minutes.

Wednesday, May 31st – 3:15pm-4:45pm

Tuesday, June 20th – 11:15am – 1:15pm

Thursday, July 6th – 11:15am – 1:15pm

Friday, July 21st – 11:30am – 2:00pm

Monday, July 31st – Football Equipment Handout Day (*time to be determined by head coach*)

For questions regarding testing or to make an appointment, please contact

920-495-4301.

Thank you!

PARTICIPATION IN ATHLETIC TRAINING SERVICES

Name of Student Athlete

Birth Date

Address

Name of School

CONSENT FOR CARE AND TREATMENT

I, the undersigned, do hereby agree and give my consent for Door County Medical Center to evaluate and furnish medical care and treatment as necessary through ATHLETIC TRAINING SERVICES for the above name student athlete. Additionally, I grant the athletic trainers permission to share protected health information as required in medical care situations with other healthcare providers involved in the care of the student athlete.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, the undersigned, do hereby acknowledge that Door County Medical Center has provided to me a copy of the organizations Notice of Privacy Practices explaining:

- How we use and disclose your health information
- Your privacy rights with regard to your protected health information
- Our obligations to you concerning the use and disclosure of your protected health information

AUTHORIZATION FOR USE & DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, the undersigned, do hereby authorize the Door County Medical Center athletic training staff to use and disclose the protected health information of the above student athlete for purposes of participation in ATHLETIC TRAINING SERVICES. Protected health information will be used by those individuals participating in Athletic Training Services as well as the school's coaching staff, athletic director, and physical education faculty involved in sporting events.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION: Right to Receive Copy of This Authorization - I understand that if I agree to sign this authorization, I must be provided with a copy. Right to Refuse to Sign This Authorization - I understand that I am under no obligation to sign this form. If I choose not to sign this form, it may limit my ability to participate in Athletic Training Services. Right to Withdraw This Authorization – I understand that I have the right to withdraw this authorization at any time by providing a written statement of withdrawal to Door County Medical Center. I am aware that my withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer protected by Federal privacy standards.

EXPIRATION DATE: This authorization is good through the period of the above student's participation in the Athletic Training Services and/or the period of the student's school enrollment.

I have had an opportunity to review and understand the content of this form. By signing this authorization, I am confirming that it accurately reflects my wishes.

SIGNATURE OF ADULT STUDENT/PARENT/LEGAL REPRESENTATIVE:

Signature/Relationship

Date

Athlete Emergency Contact Form

Student-Athlete Information:

Student-Athlete Name: _____

Sport(s) Participation: _____

Home Address: _____ City: _____ Zip: _____

Phone #: _____ Year in School (please circle): 9 10 11 12

Emergency Contact Information: Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Primary Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Alternative Phone #: _____

Alternative Contact: _____ Relation: _____

Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Alternative Phone #: _____

Primary Care Physician Location (Please circle one):

Door County Medical Center Bellin Healthcare Aurora Healthcare Other Location

Physician Name: _____

Conditions/Issues: Please list any and all medical issues the student-athlete may have (i.e. asthma, allergies, etc.)

Medications: Please list any and all medications that the student-athlete is currently taking.

****Please return form to your Athletic Director****

Student Athlete Handbook Acknowledgement

This form, must be completed and submitted, along with either a physical card or alternate year card, to Paula Symons in the Elementary School office prior to August 1, 2016. In addition, parents and athletes need to view the online athletic code video posted on the Sevastopol School website/Athletics page for a student to be declared eligible to practice and compete.

I understand that if I sign below, I agree to the following:

I have read the information above in the packet, and understand it and agree to follow all of the guidelines and information presented both here and in the Sevastopol School Student Handbook regarding the athletic code of conduct. **By signing this form you are also stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.**

Parent Signature: _____ Date: _____

Printed Name: _____

Athlete Signature: _____ Date: _____

Printed Name: _____ Grade: _____