Pledge Card

Student Name _______________________________________________________

Student Homeroom ________________________________________________

- I have read, understand and agree to accept the penalties set forth in the pages of this handbook.

Date: ___________________________ Athlete’s Signature: _____________________________

- I agree to pay for any and all equipment which I may lose, misplace or damage through carelessness or intent.
- I further agree to assume full responsibility for all equipment issued to me and to confine the use of that equipment to practice, games or meets.

Date: ___________________________ Athlete’s Signature: _____________________________

I, as a parent of ____________________________________________, have read the rules and policies set forth for athletic participation at Derby High School, and give my son/daughter permission to participate under these conditions. I will do my part in seeing that he/she follows these rules and regulations. I also give permission to the attending physician to give first aid and emergency treatment to my son/daughter should he/she require such assistance.

Date: ___________________________ Parent’s Signature: _____________________________
Emergency Information and Medical Treatment Consent Form

Athletes Name: ___________________________ Grade: ________

In case of emergency contact:

Name __________________________________ Phone Number __________________

Name __________________________________ Phone Number __________________

I, _____________________________________, the parent/guardian of ____________________________

recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and

further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do

derby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the

existing circumstance.

Please make the following notations on my son/daughter’s records:

Allergies to medication: ____________________________________________________________

Medications for long-term illness (indicate illness and medications):

____________________________________________________________________________

Relevant medical information: (e.g. contact lens, history of family diabetes, epilepsy, heart murmur):

____________________________________________________________________________

____________________________________________________________________________

Please note that the school does not have primary insurance. You must first use your own insurance carrier to pay

my medical bills. The school offers a supplemental secondary insurance plan that may be purchased at an additional

cost to you. Please see attached forms if you are interested.

Parent/Guardian Signature ___________________________ Date __________

MISSION STATEMENT

Derby High School pursues Academic achievement, promotes creative and critical thinking, expects appropriate Behavior and fosters responsible Citizenship.

“The ABC’s of DHS”
Athletic Participation Consent Form

Athlete's Name: ______________________

Address: ________________________________

- Participation in athletics at Derby High School is considered a privilege and voluntary on my part and is made with the understanding that I will abide by all the eligibility rules set forth by the Derby High School Athletic Department and the Connecticut Interscholastic Athletic Association.
- I have read, understand, and agree to adhere to all rules and regulations and accept the penalties set forth in the pages of the Derby High School Handbook.
- I agree to pay for any and all equipment which I may lose, misplace or damage through carelessness or intent.
- I further agree to assume full responsibility for equipment issued to me and to confine the use of equipment to practice, games or meets.

Signature of Athlete: ______________________ Date: ________________

Parent/Guardian Consent

I hereby give my consent for the above student to engage in interscholastic athletics offered by the Derby High School Athletic Department during the school year and to accompany the team as a member on it’s out of town trips. I understand that my son/daughter will be expected to adhere firmly to all established athletic policies and procedures. I have read both the Derby High School Athletic Code and the eligibility rules (all athletic information can be found on the Derby High School website.)

I UNDERSTAND AND ASSUME THAT THERE IS ALWAYS A POTENTIAL RISK OF INJURY TO OUR SON/DAUGHTER WHILE PARTICIPATING IN ATHLETICS

This form does not release the school from any negligence. However, this form, with your signature, verifies that you are aware that various injuries do occur while participating in athletics.

I, as parent/guardian of ______________________, have read the rules and policies set forth for athletic participation at Derby High School, and give my son/daughter permission to participate under these conditions. I will do my part in seeing that he/she follows these rules and regulations. I also give permission for first aid and emergency medical treatment to be provided to my son/daughter should he/she require such assistance.

Parent/Guardian Signature: ______________________ Date: ________________

MISSION STATEMENT

Derby High School pursues Academic achievement, promotes creative and critical thinking, expects appropriate Behavior and fosters responsible Citizenship.

"The ABC's of DHS"
Student and Parent Concussion Informed Consent Form
2016-17

This consent form was developed to provide students and parents with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education and Section 10-149c: Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.

What is a Concussion?
National Athletic Trainers Association (NATA) - A concussion is a “trauma induced alteration in mental status that may or may not involve loss of consciousness.”

Centers for Disease Control and Prevention (CDC) - “A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth.” -CDC, Heads Up: Concussion http://www.cdc.gov/headsup/basics/concussion_whatis.html

Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious” -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf

Section 1. Concussion Education Plan Summary
The Concussion Education Plan and Guidelines for Connecticut Schools was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:
1. The recognition of signs or symptoms of concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student athlete who has sustained a concussion to return to athletic activity.

Section 2. Signs and Symptoms of a Concussion: Overview
A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):
- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/slurred speech
- Slow/clumsy movements
- Losses consciousness
- Amnesia/memory problems

- Acts silly/combative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):
- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.
Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse [APRN], athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:
1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse [APRN], athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No activity</td>
<td>Complete physical and cognitive rest until asymptomatic. School may need to be modified.</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling maintaining intensity &lt;70% of maximal exertion; no resistance training</td>
<td>Increase Heart Rate</td>
</tr>
<tr>
<td>3. Sport specific exercise No contact</td>
<td>Skating drills in ice hockey, running drills in soccer; no head impact activities</td>
<td>Add Movement</td>
</tr>
<tr>
<td>4. Non-contact sport drills</td>
<td>Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training</td>
<td>Exercise, coordination and cognitive load</td>
</tr>
<tr>
<td>5. Full contact sport drills</td>
<td>Following final medical clearance, participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>6. Full activity</td>
<td>No restrictions</td>
<td>Return to full athletic participation</td>
</tr>
</tbody>
</table>

*If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don’t resolve, the athlete should be referred back to her/his medical provider.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

****** Attach local or regional board of education concussion policies ******

I have read and understand this document the “Student and Parent Concussion Informed Consent Form” and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: ___________________________ Date __________ Signature ___________

(Print Name)

I authorize my child to participate in ___________________________ for school year ___________________________

(Sport/Activity)

Parent/Guardian name: ___________________________ Date __________ Signature ___________

(Print Name)

References:

Resources:
Derby Public Schools
Insurance Waiver

Date:__________________

I, ________________________________________ (Parent) parent or guardian of ________________________________________ (Student)

Decline the offer to purchase student insurance. ______________________________________________________________

(Student)

Participation in ________________________________________ will be covered under the following insurance plan.

Detail Insurance Coverage

<table>
<thead>
<tr>
<th>Type of Plan:</th>
<th>Membership#</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

Check One:

Individual Family Coverage
Group Family Coverage

If Group:
Name of Employer
Address of Employer
Telephone Number

I understand the Derby Public Schools' insurance is excess coverage. Students must provide individual basic coverage when participating in school activities.

Signature (Parent or Guardian) ______________________ Date______

Superintendent ______________________ Date______