



KENAI PENINSULA BOROUGH SCHOOL DISTRICT

148 North Binkley Street Soldotna, Alaska 99669-7520
Phone (907) 714-8888 Fax (907) 262-9645

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As legal custodian of _____, a minor, I hereby authorize the principal or his/her designee, into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

I understand that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which licensed physician or dentist may deem necessary.

This authorization shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand the Kenai Peninsula Borough School District, its employees and its Board, (1) assume no liability of any nature in relation to the transportation or treatment of said minor, and (2) is not responsible for the medical bills in the event of an injury to my child.

Family Doctor	Address	Daytime Phone
Health Plan/Insurance (i.e. BlueCross)		Group/Policy No.
My Child is Allergic to the Following Medications:		
Other Medications Being Used:		
My Child has the Following Health Problems:		
Signature of Parent or Guardian:		Date:

Emergency Contact:

Name

Phone Number

Date

MIDDLE SCHOOL
CO-CURRICULAR PARTICIPANT USER FEE CONTRACT
6th, 7th and 8th GRADE STUDENTS

	KENAI MIDDLE SCHOOL		
Student Name (Please Print)	School	Grade	Date

In an effort to supplement available state and district funds for co-curricular programs, a fee will be collected from student participants. This revenue will be used to cover travel and official costs, additional coaching salaries, as well as replacement costs for equipment and uniforms. The student shall pay the appropriate fee by the beginning of the activity in order to participate. In cases where this deadline cannot be met, the student must make specific arrangements with the athletic director. Payment of the user fee provides **for participation only** and **does not guarantee playing time** in competitions, or any similar guarantee.

ACTIVITY FEE CHARGES

6TH GRADE*\$60.00

- Cross-Country Running
- Track
- Cross-Country Skiing
- Wrestling
- Soccer

FREE

- Basketball
- Volleyball

7TH & 8TH GRADE \$60.00 PER ACTIVITY

- Cross-Country Running/Skiing
- Soccer
- Basketball (\$30 Intramurals/\$30Team)
- Volleyball
- Track
- Wrestling

REFUND OF ACTIVITY FEES

FULL REFUND

Students who are cut from a co-curricular activity during the first 10 days of practice are eligible for a full refund.

PRORATED REFUND

Students injured or having special extenuating circumstances during the same activity season will receive a prorated refund. The coach and athletic director/administrator will determine the amount to be refunded.

NO REFUND

Students who quit and/or withdraw from a team due to disciplinary reasons will not receive a refund.

I have read and understand the above terms and conditions and agree to abide by the same.

Student Signature	Parent/Legal Guardian Signature	Date

APPENDIX A

CO-CURRICULAR PARTICIPATION CONSENT FORM
MIDDLE SCHOOL WARNING, ASSUMPTION OF RISK
And
HOLD HARMLESS AGREEMENT

This form affects your legal rights and responsibilities. Please read it carefully before you sign it and ask questions if there is anything you do not understand.

Student Name (Please Print) School Date

FOR ALL SPORTS AND ACTIVITIES

I understand that all co-curricular activities have a certain degree of risk. I also understand these risks may include injury ranging from minor sprains and contusions, to major injury, possible paralysis, or even death. I understand the possibility of serious injury may impair my future abilities to earn a living; to engage in other business, social and recreational activities; and to enjoy life generally.

Having read and understood the above warning, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, and I agree to obey such instructions.

I have read the Kenai Peninsula Borough School District activity guidelines and understand their contents. I understand that the Kenai Peninsula Borough School District and Alaska School Activities Association will not assume responsibility for injuries sustained in the co-curricular programs. I also understand that primary accident insurance coverage is my responsibility. I give consent for emergency treatment to be administered to my child. I also authorize the school to transport my child for any co-curricular activity.

Except for claims arising from the sole negligence or willful misconduct of the school district, I hereby agree to hold the Kenai Peninsula Borough School District, its employees, representatives and coaches, harmless from any and all liability, actions, debts, or claims of every kind whatsoever which may arise by or in connection with participation of my child/ward in activities related to the above mentioned middle school programs. The terms hereof shall serve as a release for my heirs, estate, executor and all members of my family.

Having read the above warning and having understood the dangers and potential risks involved in playing or practicing these activities, I give my consent as the parent/legal guardian of _____ (student's name) to participate in the following program:

Student Signature Grade Date

Parent/Legal Guardian Signature Date

Note: If you are a KPBSD Connections student, you must obtain the signature of the Connection's Program Director for each activity you participate in and leave a copy of this form in his/her office.

Connections Program Director Signature Date

ASAA Guide to Concussions in Sports

Adopted 12-10-19

Concussion Facts

- A concussion is a traumatic injury to the brain which results in a temporary disruption of normal brain function.
- A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a direct or indirect force.
- Concussion symptoms may last from a few days to many months.
- Concussions can cause symptoms which interfere with school, work, and social life.
- An athlete should not return to sports when still having symptoms from a concussion as they are at risk for prolonging symptoms and at risk for sustaining additional, more serious, brain injury.
- Concussion symptoms may appear immediately or develop over the next several days or weeks. The symptoms may be subtle and are often difficult to recognize.

Signs and symptoms of a concussion

- Appears dazed or stunned, moves clumsily
- Confusion, can't recall events
- Answers questions slowly
- Lost consciousness
- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Behavior or personality changes
- Concentration, memory problems

Suspected Concussion

If a student is suspected of having a concussion, they must be immediately removed from play, be it a game or practice. Alaska Statute requires that (1) a student who is suspected of having sustained a concussion during a practice or game shall be immediately removed from the practice or game and (2) a student who has been removed from participation in a practice or game for a suspicion of a concussion may not return to participation in practice or game play until the student has been evaluated and cleared for participation in writing by a qualified person who verifies they are trained, in the evaluation and management of concussions.¹

Continuing to participate in physical activity after a concussion can lead to worsening concussion symptoms, increased risk for further injury, and even death. Parents, coaches, and officials are not expected to be able to "diagnose" a concussion, as that is the job of a medical professional. However, they must be aware of the signs and symptoms of a concussion and if they suspect a concussion, then the student must stop playing.

When in doubt, sit them out!

All students who sustain a concussion need to be evaluated and cleared for participation by an athletic trainer or qualified person who verifies that they are currently trained in the evaluation and management of concussion. Contact the student's health care provider, explain what has happened and follow their instructions. If the student is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions they should be taken to the emergency department.

Return to play

After it is determined that a student has suffered a concussion, they may not return to play or participate until they have completed the ASAA Return to Play Protocol. Concerns over students returning to play too quickly have led state lawmakers, in Alaska to pass laws stating that no player shall return to play following a suspicion of concussion until they are cleared by an appropriate health care professional. The law also mandates that coaches receive education on recognizing the signs and symptoms of concussion.

When it has been determined that a student has sustained a concussion they must successfully complete the ASAA Return to Play protocol (RPT). There is a minimum of 24 hours between steps in the Protocol. Some athletes complete one step each day. An individual athlete may be guided through the Protocol more slowly if they are at risk for prolonged concussion or additional brain injury. If symptoms recur during exercise, then exercise is ended and begins the next day at the preceding day's level.

ASAA Concussion Return to Play Protocol

SYMPTOMATIC STAGE: Physical and Cognitive Rest, then Incremental cognitive work, without provoking symptoms. **If no symptoms, for 24 hours then:**

- Day 1 15 min light aerobic activity no resistance training.
- Day 2 30 min light-moderate aerobic activity, no resistance training. Start PE Class
- Day 3 30 min moderate-heavy aerobic activity, no resistance training.
- Day 4 30 min heavy aerobic activity, 15 min resistance training
- Day 5 Return to Practice, non-contact limited participation
- Day 6 Return to full-contact practice
- Day 7 Medically eligible for competition when completes RTP protocol and is cleared by qualified person

For complete protocol see ASAA forms, Healthcare Provider Release Concussion Return to Play

Note: If symptoms recur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

COMPLETION OF RETURN TO PLAY PROTOCOL

When the Return to Play Protocol has been successfully completed, the student will be examined by the responsible healthcare provider. Additional tests may be appropriate. The provider will sign a medical clearance to resume competition. Completing the Return to Play Protocol and medical examination does not mean that the brain has fully recovered from concussion or that there is not risk in returning to

competition. Participation in athletics is accompanied by risk of injury, permanent disability, and death. Having recently sustained a concussion, a student is at increased risk for another head injury.

Concussion and schoolwork

Following a concussion, many students have difficulty with cognitive work: thinking, focusing attention, calculating, attending school, doing homework, taking tests. These problems may last from days to months and often involve difficulties with short and long-term memory, concentration, and organization.

Students should begin with a period of rest, in which they avoid cognitive work. As concussion symptoms diminish and they feel able, they can begin trials of cognitive work, e.g. reading, texting, computer, TV, videos, school. The introduction of cognitive work should be in short increments which increase progressively in length, so long as symptoms do not recur or worsen with the work. For example, start with 30 minutes of computer time, and, if symptoms do not worsen, try one hour later in the day. If several hours of cognitive work are well tolerated at home, try attending a half day of school. When a full day of school is tolerated add homework.

Academic accommodations may be necessary for students attempting to attend school when they still have concussion symptoms. In many cases it is best to lessen the athlete's class load early on after the injury. This may include staying home from school for a few days, followed by a lightened schedule for a few days, or perhaps a longer period of time, if needed. Decreasing the stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. If cognitive work at any time provokes or exacerbates symptoms, then the work should be discontinued and there should be cognitive rest until the symptoms subside. The student can attempt to advance cognitive work again on the day following resolution of the increased symptoms.

Importance of complete recovery from a concussion

Students who are not fully recovered from an initial concussion are significantly vulnerable for recurrent, cumulative, and even catastrophic consequences of a second concussive injury. The risk of such difficulties is diminished if the student is allowed time to recover from the concussion and return to play decisions are carefully made. No student should return to physical activity when symptoms of concussion are present.

The best treatment for a concussion is rest. There are no medications that can speed the recovery from a concussion. Exposure to loud noises, bright lights, computers, video games, television and phones (including text messaging) all may worsen the symptoms of a concussion. Allow the student to rest as much as possible in the days following a concussion. As the symptoms lessen, allow increased access to computers, video games, etc., but the access must be lessened if symptoms worsen.

Other Information

1. The symptoms of a concussion will usually go away within two weeks of the initial injury. However, in some cases, symptoms may last for several weeks, or even months. Symptoms such as headache, memory problems, poor concentration, and mood changes can interfere with school, work, and

social interactions. The potential for such long-term symptoms and disability underscores the need for careful management of all concussions.

2. There is no “magic number” of concussions that determine when a student should give up playing contact or collision sports. The circumstances surrounding each individual injury, such as mechanism of injury and length of symptoms following the concussion, are very important and must be considered when assessing a student’s risk for further and potentially more serious concussions. The decision to “retire” from sports can only be reached following a thorough review of the students’ concussion history, coupled with a thorough and frank discussion between a healthcare provider.
3. The issue of “chronic encephalopathy” in some former NFL and NHL players has received much media attention. Very little is known about what may be causing dramatic abnormalities in their brains. These players had long professional careers after playing in high school and college. In most cases, they played more than 20 years and suffered multiple concussions in addition to thousands of other blows to their heads. Alcohol, steroid, and other drug use may also have contributed to the brain changes. The average high school athlete does not accumulate nearly the number of potentially injurious blows to the brain as a professional player. But we know that the teenage brain is much more vulnerable to injury and to more severe injury than the older brain. And the fact that we know very little about the long-term effects of concussions in young athletes is further reason to very carefully manage each and every concussion.

What to do

- Learn to recognize the “Signs and Symptoms” of concussions.
- Teach students to speak up if they suspect that they or a teammate has a concussion.
- Monitor sports equipment for safety, fit, and maintenance.
- Monitor any decrease in grades or changes in behavior that could indicate concussion.
- Report concussions to appropriate school staff. This will help in monitoring and protecting injured students.

If you have any further questions regarding ASAA policies and procedures for managing concussions in students please visit the Alaska School Activities Association website
<http://asaa.org>

For more information on concussions go to
<http://asaa.org/resources/sports-medicine/bylaws-and-policies/>

¹ As interpreted by ASAA, “Qualified person” means either:

1. A health care provider licensed in Alaska, or exempt from licensure under Alaska law (AS 08.64.370(1), (2), or (4)), or
2. a person acting at the direction and under the supervision of a physician licensed in Alaska, or exempt from licensure.

As interpreted by ASAA, “Trained” means that the provider

1. Has completed the online CDC Concussion Course for Clinicians in the last two years (<http://www.preventingconcussions.org>) AND
2. At least one of the following;
 - a. completed 2 hours of CE or CME in Sports Concussion Management in the last 2 years
 - b. completed a 1 year Sports Medicine Fellowship
 - c. has a Certificate of Added Qualifications in Sports Medicine
 - d. Residency in Neurology or Neurosurgery.

The Kenai Peninsula Borough School District requires that each athlete, and each athlete's parent/guardian, receive a copy of its guide entitled "A Parent's Guide to Concussion in Sports". This guide sets forth a description of the nature and risks of Concussion.

Parents and athlete should review the Guide, discuss it at home, and direct any questions to the coach, school nurse, or activities principal.

Parents and athletes need to annually acknowledge receipt of "A Parent's Guide to Concussion in Sports", and understand its contents.

Student/Parent/Guardian Acknowledgement (required for all athletes)

I acknowledge that I have received a copy of "A Parent's Guide to Concussion in Sports", and understand its contents.

Student Signature

Print Name

Date of Birth

Date

/ /

/ /

Parent/Guardian signature is required for all athletes under 18 years of age. If 18 or older, the athlete must sign below consent.

Parent/Guardian Signature

Print Name

Date

/ /

Kenai Peninsula Borough School District
Health History

STUDENT NAME (print) _____ **DOB** _____ **GRADE** _____

SCHOOL _____

PERMISSION FOR EMERGENCY CARE YES NO

ALLERGIES YES NO

Please list allergy, and describe the reaction and treatment:

CURRENT MEDICATIONS: _____

CURRENT MEDICAL ISSUES AND OTHER CONCERNS:

ASTHMA

VISION CONCERNS

DIABETES

HEARING CONCERNS

SEIZURES

SPEECH CONCERNS

HISTORY OF HEAD INJURY

MENTAL/EMOTIONAL CONCERNS

OTHER ISSUES OR CONCERNS/ADDITIONAL COMMENTS _____

CURRENT SPECIFIC MEDICAL DIAGNOSIS: YES NO

Diagnosis: _____ Date identified: _____

CARE/TREATMENT at school: _____

PAST MEDICAL INFORMATION: operations, injuries, hospitalizations, or past medical concerns: _____

My signature allows for information that pertains to school safety or helps my child in the classroom, to be shared with additional school staff as appropriate.

PARENT/GUARDIAN COMPLETING THIS FORM:

NAME(print) _____ RELATION _____

SIGNATURE _____ DATE _____



Play for Keeps
ALASKA SCHOOL ACTIVITIES ASSOCIATION

Student, Parent/Guardian Acknowledgement Form

Please read the following statements, sign below and return to your school's

- I have participated in ASAA's "Play for Keeps" orientation which includes watching the orientation video.
- I understand the terms of the Tobacco, Alcohol and Controlled Substances Policy as explained during the presentation, including the following penalties for violations.
 - First Offense - 10 days suspension
 - Second Offense - 45 days suspension and additional components
 - Third Offense - 6 months suspension and additional components
 - Fourth Offense - 1 year suspension and additional components

Additional components can be found within the Play for Keeps - Tobacco, Alcohol and Controlled Substances (TAD) Policy.

- I further understand that it is solely the school's responsibility to determine if a violation has occurred and that the school's decision may not be appealed to ASAA.
- I further understand that schools are required to report each violation to ASAA and to maintain strict confidentiality as specified in the policy. More specific wording of the confidentiality statement is found in the policy which is available from the school or at www.asaa.org.
- I further understand that students and parents/guardian must participate in the orientation and sign this form annually as part of the student's eligibility process.
- I further understand that a copy of this signed form must be returned to the school before the student is permitted to participate in interscholastic activities.
- I further understand that schools shall keep a copy of the signed forms on file.
- After participating in the "Play for Keeps" orientation and having the opportunity to review and understand ASAA's Tobacco, Alcohol and Controlled Substances Policy, the violations, penalties and reporting requirements, I agree (both student and parent/legal guardian) to be bound by the terms of the policy.

Printed Name of Student

Student Signature

Date

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date

Sport or Activity

School

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

**SUPPLEMENTAL HOLD HARMLESS, RELEASE
AND WAIVER OF LIABILITY RELATED TO COVID-19**

The Kenai Peninsula Borough School District ("KPBSD") plans to allow sporting events or similar activities (herein referred to as "SPORTING EVENT") to take place. In consideration for being permitted to compete, officiate, observe, work, and/or participate in a SPORTING EVENT, I _____, on behalf of myself and my minor children, agree and consent to the following:

1. I affirm that neither I, nor any person residing in my household, including the actual participant(s) in the SPORTING EVENT, has been diagnosed with, demonstrated any symptoms of, or have in any way knowingly been exposed to any communicable diseases, including the Novel Coronavirus Disease known as COVID-19 within the past thirty (30) calendar days;
2. I acknowledge that I am aware that by entering the premises where the SPORTING EVENT is being held that there is a risk to me and my minor children of being exposed to COVID-19, and/or any mutation or variation thereof. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask and-or gloves are worn and that KPBSD cannot guarantee that by entering the premises of the SPORTING EVENT there will be no exposure to COVID-19;
3. I understand that while certain individuals are more susceptible to becoming seriously ill if they contract COVID-19 (such as people over 65, people with serious underlying health conditions, and those with compromised immune systems), anyone, including a healthy person, is susceptible to contracting COVID-19. By signing this Waiver of Liability, I fully and knowingly agree to ASSUME ALL RISKS associated with attendance at a public event and potential exposure which may include potential exposure to the COVID-19 virus for myself and any minor children whom I consent to attend the SPORTING EVENT;
4. I understand and acknowledge that KPBSD cannot eliminate the risk of exposure to COVID-19 and agree that by the signing of this Waiver I, on behalf of myself and my minor children, ASSUME ALL RISKS, associated with my involvement and my children(s) involvement in the SPORTING EVENT;
5. By signing this Waiver, I acknowledge that participation in or attendance at the SPORTING EVENT is not required by KPBSD;
6. I agree that this Waiver, Release and Assumption of Risk is to be binding upon my heirs and the heirs of my children;

7. I hereby voluntarily agree to RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE KPBSD and/or its officers, directors, Board members, employees, contractors and-or volunteers; including promoters, participants, officials and owners of the SPORTING EVENT premises (hereinafter "Releasees"). By signing this document, RELEASEES WILL BE RELEASED FROM ANY AND ALL LIABILITY for any loss or damage whether caused by the negligence of the Releasees or otherwise;

8. To the maximum extent allowed by law, I hereby agree to INDEMNIFY AND HOLD HARMLESS the Releasees from and against any and all claims for damages, causes of action or injuries, any loss, liability, cost, (including attorneys' fees and costs expended in the defense thereof), which may be incurred or which may arise out of or related to my illness or death, or the illness or death of my children, including the actual participant(s) in the SPORTING EVENT whether caused by the negligence of the Releasees or otherwise.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE; THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR CHILD(REN) WHOM I ACCOMPANY OR ALLOW TO PARTICIPATE IN THE SPORTING EVENT; AND THAT I KNOWINGLY AGREE TO RELEASE AND WAIVE ANY CLAIM OR LEGAL CAUSE OF ACTION THAT I OR MY CHILDREN MAY HAVE AGAINST RELEASEES.

Printed Name: _____

Signature: _____

Date: _____

Please read and review the following regarding your student athlete:
(Paper copies are available at the front office)

KPBSD Middle School Activities Guidelines
Initial <http://www.kpbsd.k12.ak.us/workarea/DownloadAsset.aspx?id=4092>

ASAA Parent's Guide to Concussions in Sports
Initial <http://www.kpbsd.k12.ak.us/workarea/DownloadAsset.aspx?id=25835>

**KPBSD School Board Policy regarding Concussion In Student Athletics and Student Activities
BP 6145.22 Concussion in Student Athletics and Student Activities**
Initial <http://www.kpbsd.k12.ak.us/board.aspx?id=26159>

I have read and understood the above-referenced material.

Name

Signature

Date



(Cut and Keep for Reference)

KPBSD Middle School Activities Guidelines
<http://www.kpbsd.k12.ak.us/workarea/DownloadAsset.aspx?id=4092>

ASAA Parent's Guide to Concussions in Sports
<http://www.kpbsd.k12.ak.us/workarea/DownloadAsset.aspx?id=25835>

**KPBSD School Board Policy regarding Concussion In Student Athletics and Student Activities
BP 6145.22 Concussion In Student Athletics and Student Activities**
<http://www.kpbsd.k12.ak.us/board.aspx?id=26159>