DISTRICT OF COLUMBIA PUBLIC SCHOOLS

AT – 13

D.C. Public Schools Department of Athletics
District of Columbia Interscholastic Athletic Association

CONSENT FOR ATHLETIC PARTICIPATION

To the Principal of: _____
NAME OF SCHOOL

STUDENT INFORMATION: _____ _____
NAME AS IT APPEARS ON BIRTH CERTIFICATE GRADE

_____ _____ **2024-2025**
DATE OF BIRTH AGE ON AUGUST 1, 2024 SCHOOL YEAR

RESIDENCE: _____
STREET ADDRESS

PARENT/GUARDIAN PRIMARY PHONE: _____ PARENT/GUARDIAN EMAIL ADDRESS: _____

STUDENT & PARENT/GUARDIAN PARTICIPATION PERMISSION FORM*

In authorizing and consenting to my student's participation in interscholastic athletics and sports, I understand and fully consent to the following:

- **Assumption of Risk:** I acknlowedge and understand that participation in competitive athletics is voluntary and I understand that it may result in severe injury, including paralysis or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but I understand it is impossible to completely eliminate such occurrences from athletics. I assume the risk of injury to my student-athlete that may occur in an athletic activity.
- **Hold Harmless:** With full understanding of the risks involved and in consideration of the acceptance of the student by DCPS in its athletics program, and the benefits derived by my student from participation, I agree to release and hold harmless the DCPS/DCIAA, its members, employees, coaches, agents, contractors and/or volunteers from all liability, claims, causes of action, or demands arising out of the student's participation in interscholastic sports.
- **Emergency Medical Treatment:** In an emergency situation, I hereby give my consent and authorize DCIAA/DCPS/DCSAA and its agents, servants, and/or employees to consent on my behalf and on behalf of the student-athlete, to administer emergency medical care/treatment in the event I am unable to be notified due to the immediacy of the emergency or after reasonably attempting to notify me of the need for such emergency medical care/treatment.
- **Controlled Substance/Drug Use:** I affirm that the student-athlete shall not use steroids, illegal drugs, alcohol, e-cigarettes, vaping pens, or tobacco unless medically prescribed for a specific condition or illness.
- **Hazing/Bullying:** I understand that hazing and bullying are prohibited at all times. Hazing involves any act that subjects teammates to mental or physical discomfort, embarrassment, harassment, or ridicule; bullying involves seeking to harm, intimidate, or coerce. All participants across the DCPS Athletics Program are expected to exhibit behavior that promotes a positive culture.

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- **Eligibility:** I understand that the student-athlete must comply with all eligibility requirements including, but not limited to, age, residency, school attendance, academic performance and physical examination. The student-athlete shall also comply with all DCIAA/DCPS/DCSAA policies and procedures at all times in order to remain eligible for participation in interscholastic athletics. I further understand that participation in interscholastic athletics is a privilege and if the student does not meet eligibility or compliance requirements at any point in time, the student may be immediately removed from participation.

I hereby give my consent for the above-named student to represent his/her school in **ALL SPORTS** programs offered **(off-season, pre-season, in-season, and post-season)**, including team travel for local or out-of-town trips.

EXCEPTIONS (if none, please put N/A):_____

_____

MEDIA CONSENT

Students participating in athletic competitions may be photographed or videotaped during competition. No compensation is associated.

_____ I, the parent/guardian of the minor student-athelete or the student-athlete that has reached 18 years old, hereby **AGREE** that DCPS or it representative(s), may video tape, photograph, and voice record the herein named student-athlete for media, marketing, or promotional purposes related to his/her participation in the DCPS Athletics Program. This may include posting online, photo displays, and other promotional opportunities.

_____ I, the parent/guardian of the minor student-athelete or the student-athlete that has reached 18 years old, hereby **DO NOT AGREE** to having the student-athlete video-taped, photographed, or voice recorded by DCPS for media, marketing, or promotional purposes related to his/her participation in the DCPS Athletics Program and hereby OPT-OUT.

Note: this media consent does not restrict the right of any student to participate in a commercial or marketing endorsement provided there is no school, DCPS, or DCSAA affiliation name or logo visible and they notify DCPS/DCSAA, per DCSAA policy. See DCSAA Handbook for more information for more information.

STATEMENT: Prior to participation in interscholastic programs and/or trips, I understand that all parents/guardians of minor students and students 18 years of age or older who seek to participate in such programs and/or trips, are required to sign this form in order to participate. I accept the responsibility to promptly inform the student's school of any future change of the information provided. **I hereby certify that I have carefully read this form in its entirety and understand the information contained herein. Further, I hereby certify that the information I provided is true and correct to the best of my knowledge.**

_____

PRINTED NAME of Parent/Guardian or Student (18 years+)

_____ _____

SIGNATURE of Parent/Guardian or Student (18 years+) DATE

_____ _____ _____

Relationship to Student Home/Work Telephone Cell Phone or Alternative Number

( ) The student is covered by Medical Insurance ( ) The student is not covered by Medical Insurance

*DCPS= District of Columbia Public Schools
*DCIAA= District of Columbia Interscholastic Athletic Association
*DCSAA= District of Columbia State Athletic Association

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Student-Athlete Data and Emergency Treatment Information

Name (Last, First, MI) _____ DCPS Student ID# _____

Street _____ City_____State _____ Zip_____

Gender ☐ Male ☐ Female ☐ Non-binary Date of Birth_____ Grade_____

School_____ School Year 2024-2025

Emergency Contact: Please provide at least 2 (two) contacts (*Parent/Guardian should be listed first as Primary Contact)

Name	Relationship	Home Phone	Work Phone	Mobile Phone
	Parent/Guardian			

Parent/Guardian Email_____ Emergency Contact Email _____

Insurance & Billing

Insurance Co. _____ Policy #_____ Insurance Co. Phone_____

Policy Holder's Name/Relationship_____ Effective Date_____

Does the student-athlete have any of the following conditions (check all that apply)?

☐ Anemia ☐ Asthma: Medication Name Expiration Date ☐ Sickle Cell / Sickle Cell Trait

☐ Diabetes ☐ Epilepsy ☐ High Blood Pressure ☐ Previous Concussion/Head Injury; if yes, date? _____

☐ Allergies_____ Epi-Pen Used ☐ Yes, Expiration Date _____ ☐ No

Other_____ Does the student-athlete wear contacts or glasses? ☐ Contacts ☐ Glasses ☐ N/A

Date of last tetanus booster? Month/Year_____

List other medications currently used, including prescribed and over-the-counter: _____

Should it become necessary for the student-athlete to require medical treatment while participating in an interscholastic athletic event, trip, or practice session, I hereby authorize the District of Columbia Public Schools' health care providers and its agents (coaches, athletic directors, team/game physicians and emergency medical technicians (EMTs) to provide medical care to the student-athlete and/or obtain appropriate medical services. Furthermore, if DCPS personnel are unable to reach the emergency contacts designated above, I give my consent to the DCPS health care providers and its agents to send my child to a hospital, emergency care center, or available physician for medical treatment. In an emergency situation, I hereby give my consent and authorize DCIAA/DCPS/DCSAA and its agents, servants, and/or employees to consent on my behalf and on behalf of my child, to administer emergency medical care/treatment in the event I am unable to be notified due to the immediacy of the emergency or after reasonably attempting to notify me of the need for such emergency medical care/treatment. I understand this signed form is required for the student-athlete to participate in sports.

Signature _____ Date _____
(Parent/Guardian or Student at least 18 years old)

For Office Use Only:
Date of DC Universal Health Certificate (Physical)_____ AT/SC Initials:_____

CONCUSSION AND SUDDEN CARDIAC ARREST INFORMATION AND CONSENT FORMS FOR PARENTS/GUARDIANS AND STUDENT-ATHLETES

CONCUSSION INFORMATION

What is a concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms of a concussion?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptom of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

Did you know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

Symptoms reported by athlete:	**Signs observed by coaching staff:**
• Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurred vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"	• Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of 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 hit or fall • Can't recall events after hit or fall
"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."	

Concussion dangers signs

In rare cases, a dangerous blood clot may form on the brain of the person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

What should you do if you think your athlete has a concussion?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from concussion. Exercising or activities that involve a lot of concentration, such as studying working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

Why should an athlete report their symptoms?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

<u>What happens when a head injury is suspected?</u>

Pursuant to D.C. Code § 7–2871.02, an athlete who is suspected of sustaining a concussion in an athletic activity must be immediately removed from physical participation in the athletic activity and may not return to physical participation in the athletic activity until he or she has been evaluated by a licensed or certified health-care provider and receives written clearance to return to physical participation. More information about concussions can be found at the CDC Heads Up to School Sports Parent Information Page (https://www.cdc.gov/headsup/highschoolsports/parents.html).

SWAY© INFORMATION FOR CONCUSSIONS

The District of Columbia Public Schools Athletics Program currently uses concussion management software called Sway© to help identify signs of a concussion.

Balance: Sway© measures stability using built-in motion sensors of any mobile device or tablet to quantify postural sway. While the device is pressed against the chest, a motion analysis algorithm calculates stability that allows healthcare professionals to administer a medical grade balance test in virtually any setting.

Cognitive: In addition to balance, Sway© collects key measurements in concussion management such as:

- Memory
- Reaction Time
- Impulse Control
- Inspection Time

Baseline Testing:

- A baseline measurement will need to be taken annually at the beginning of the sport season and/or after recovering from a known concussion.

Baseline testing will be completed with high school students. Should you have any questions or concerns regarding our concussion management protocols, please reach out to DCIAA Co-Lead Athletic Trainer, Dr. Jamila L. Watson, DAT, LAT, ATC, at Jamila.Watson@k12.dc.gov or contact your student's school's athletic trainer.

For more information regarding the Sway software, please visit: https://swaymedical.com.

CONCUSSION QUESTIONNAIRE

- The student-athlete has sustained a previous concussion ____Yes ____No
- Total number of concussions sustained ____
- Date(s) of concussions sustained_____
- Has the student-athlete been previously SWAY concussion tested? ____Yes ____No ___Unsure
    - If yes, when_____

SUDDEN CARDIAC ARREST (SCA) INFORMATION

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops pumping. If this happens, blood stops flowing to the brain and other vital organs.
SCA is a medical emergency. SCA in student-athletes is rare but student-athletes are at a higher risk compared to non-student-athletes due to the physical activity they engage in.

Causes: The main cause of cardiac arrest is ventricular fibrillation or ventricular tachycardia, which are types of arrhythmias or irregular heartbeats. Important risk factors include prior cardiac arrest, coronary heart disease, heart valve disease, congenital heart defects, and arrhythmias caused by genetics. However, half of cardiac arrests happen to people who did not know they had a heart problem. Other causes of SCA include scarring of the heart tissue, thickened heart muscle (cardiomyopathy), heart medications, electrical abnormalities, blood vessel abnormalities, and recreational drug use. In children, cardiac arrest can occur after respiratory arrest (when breathing has stopped) due to choking or drowning.

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death

(SCD). Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Warning Signs/Symptoms of SCA	Emergency Response to SCA
• Collapses suddenly and lose consciousness (pass out); • Is not breathing or their breathing is ineffective, or they are gasping for air; • Does not respond to shouting or shaking; and/or • Does not have a pulse	• Act immediately (time is most critical to increase survival rates) • Recognize SCA • Call 911 immediately • Administer CPR • Use an Automatic External Defibrillator (AED)

Information used in this document was obtained from the American Heart Association (https://www.heart.org/en/health-topics/cardiac-arrest), and the National Institute of Health (https://www.nhlbi.nih.gov/health/cardiac-arrest and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9674198/). Visit these sites for more information.

By signing this consent form, we acknowledge that we have read the above information about concussions and SCA and we understand its contents. We have been given an opportunity to ask questions and all questions have been answered to my satisfaction. We agree to have the student-athlete participate in the SWAY Concussion Management Program during the student-athlete's participation in interscholastic sports. We understand that we have the responsibility to report the student-athlete's symptoms to their coaches, administrators, and/or health care providers. We also understand that the student-athlete must have no symptoms before return to play can occur. We further understand this signed form is required for participation in interscholastic sports.

_____

Sport(s) of Interest

_____

Printed Name of Parent/Guardian

_____ _____

Signature of Parent/Guardian (*or student signature if student is 18 or older*) Date

Revised June 2023