

# White House High School Athletic Forms

## Athlete/Parent Information Form

✓ Coach

*Please complete entire form*

Athlete Name: \_\_\_\_\_ . Athlete Cell: \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ . Graduation Year: \_\_\_\_\_ . Sports: \_\_\_\_\_

Allergies: \_\_\_\_\_ . Medications: \_\_\_\_\_

Emergency Medical Conditions: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ . Phone Number: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ . Group #: \_\_\_\_\_

Insurance Policy Holder (circle one). Athlete      Mother      Father      Other: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office #: \_\_\_\_\_

Student Athlete Home Address: \_\_\_\_\_ . City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother (Guardian)'s Name: \_\_\_\_\_ . Father's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ . Father's Cell: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ . Father's Work: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ . Father's Email: \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **CONSENT TO REPRESENT SCHOOL**

I hereby give my consent for (student-athlete's name) \_\_\_\_\_ to represent

White House High School in the sport(s) of \_\_\_\_\_.

Name of Parent/Guardian: \_\_\_\_\_ . Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ . Date: \_\_\_\_\_

# White House High School Athletic Forms

## SUMNER COUNTY SCHOOLS TRANSPORTATION TO AND FROM EXTRACURRICULAR ACTIVITIES FORM

✓ Coach

The Sumner County Board of Education cannot provide transportation to all off campus extracurricular activities (including but not limited to athletic events, practice, club and student organization competitions or events) in school owned vehicles operated by school personnel. Student may be transported by parents or other students with parental consent.

My child \_\_\_\_\_ participates in the following extracurricular activities:

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I am aware that my child may be transported by non-school vehicles. My child may be responsible for getting himself/herself to various off-campus sites for the above activities. I understand that it may be my responsibility as parent/guardian of \_\_\_\_\_ to arrange for appropriate transportation to and from these activities, and that in doing so I accept any risk involved.

If I as a parent/guardian transport students in my personal vehicle, or if my child transports other students in his/her personal vehicle, I understand that my insurance is the primary coverage for the students while in a personal vehicle. I also understand that I am responsible for reviewing with my child any restriction(s) which may be placed on his/her driver's license that may affect the number of students he/she may transport.

**Restrictions: (If not any, write NONE)**

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I have read the above and discussed with my child. By signing below, I acknowledge my responsibility to arrange appropriate transportation for my child to and from extracurricular activities if not provided by the school.

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

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# White House High School Athletic Forms

## STUDENT INSURANCE PROGRAM 2019 - 2020

✓ Coach

According to Board Policy JGA issued on December 5, 1989, the Principal should ensure that each student, before participating in interscholastic athletic and other activities which by nature carry some risk of physical injury shall:

1. Present a statement signed by the parent(s) which assures the school that the parent(s) have insurance,  
or
2. Is willing to accept all financial responsibility related to participation.

According to this policy, the local school is **not** required, nor expected to furnish liability insurance in the case of injury. Also, the local school is not liable for incurred injuries. However, the safety of the students in Sumner County Schools is our utmost concern. The administration and coaching staff at each local school are always working for the safest environment for our student body. Therefore, the coaching staff has been asked to restrict any student from practicing and from game activity until the following criteria are met. These criteria will be considered fulfilled when the parent initials the appropriate line and signs at the bottom.

**Please initial the section that applies to you and sign at the bottom:**

\_\_\_\_\_ I **have** personal insurance to cover my child and accept all financial responsibility related to participation and travel in interscholastic athletic activities.

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**Insurance Company**

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**Policy Number**

\_\_\_\_\_ I **do not have** personal insurance to cover my child and accept all financial responsibility related to participation and travel in interscholastic athletic activities.

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**Student Name**

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**Parent/Guardian Signature**

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# White House High School Athletic Forms

✓ Athletic  
Director

## SUMNER COUNTY SCHOOLS

### White House High School

#### CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

I hereby consent to have a sample of my urine collected and tested for the presence of drugs in accordance with the Sumner County Schools Drug Testing Policy and Procedures if requested by school officials.

I understand that this testing will occur at such time or times as deemed appropriate by the athletic coach or sponsor, certified athletic trainer or school administrator. I understand that my urine samples will be sent to a licensed medical laboratory for actual testing and that the samples will be coded to provide confidentiality.

I hereby authorize the release of such urine testing results to the athletic coach or sponsor, certified athletic trainer or school administrator and other high school officials as deemed appropriate. I understand that these results will also be made available to me.

I understand that I am free to withdraw from this consent for urinalysis testing. However, I also understand that should I refuse to submit to this consent at the time requested, I will not be permitted to participate in any voluntary extracurricular program until such time as my head coach/activity sponsor and school administration shall deem appropriate. I understand that before such a test would take place, my parents and I would have an opportunity to read and to understand the Sumner County Schools Drug Education and Testing Policy and Procedures.

I hereby release the Sumner County Board of Education and White House High School from any legal responsibility or liability for the release of such information and records authorized by this form.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature  
(Necessary if Student-Athlete is a minor)

To read the Sumner County Schools Drug Testing Policy, please visit: [www.SumnerSchools.org](http://www.SumnerSchools.org)

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✓ Coach

## White House Football Senior Players

### PERMISSION FORM FOR UPSTART B.D.P

I give my permission for my child \_\_\_\_\_ to participate in UPSTART B.D.P at H.B. Williams on Thursday mornings beginning on August 22, 2019. I assume responsibility for their travel to and from the elementary school. I understand that my child cannot be late to their first block class at WHHS.

Signed \_\_\_\_\_

Date \_\_\_\_\_

# White House High School Athletic Forms

✓ Coach

## White House High School 4<sup>th</sup> Block Early Dismissal Permission Form

As parents or guardians of \_\_\_\_\_, I give my permission for my child to be dismissed at 1:45 on game days during the 2019 football season. I understand that I assume the responsibility for my child once they leave campus until they return at the designated time given by Coach Porter. The game dates are listed below.

**8/23 Station Camp**  
**8/30 Glenclyff**  
**9/6 BYE**  
**9/13 Hunters Lane**  
**9/20 Springfield**  
**9/27 Watertown**  
**10/4 Portland**  
**10/11 Heritage**  
**10/18 Creekwood**  
**10/25 Montgomery Central**  
**11/1 Greenbrier**

\* If the team makes the playoffs, the Friday schedule will continue until the end of the season.

Thank you for your cooperation.

Parent's/Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_

# White House High School Athletic Forms

## Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or

racing heart. These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated. **What are the risks of practicing or playing after experiencing these symptoms?** There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it. **Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act** The act is intended to keep youth athletes safe while

# White House High School Athletic Forms

practicing or playing. The requirements of the act are:

✓ **Athletic  
Director**

All youth athletes and their parents or guardians must read and sign this form.

It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

*Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013*

The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms: (i) Unexplained shortness of breath; (ii) Chest pains; (iii) Dizziness (iv) Racing heart rate; or (v) Extreme fatigue; and

Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest

Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing. *I have reviewed and understand the symptoms and warning signs of SCA.*

\_\_\_\_\_  
Signature of Student-Athlete

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

\_\_\_\_\_  
Print Student-Athlete's Name Date

\_\_\_\_\_  
Print Parent/Guardian's Name Date

# White House High School Athletic Forms

## Concussion Baseline Testing AXON SPORTS PARENTAL CONSENT FORM

✓ Trainer

Your child's school, sports association or Medical Provider (the "Institution") wants your child to register at axonsports.com to take a Baseline test using the Axon Sports Computerized Cognitive Assessment Tool (CCAT).

The purpose of the Axon Sports CCAT is a very important one – it is designed to establish and store a Baseline of cognitive function that a qualified Medical Provider can use to compare your child's After Injury performance on the same test in the event that they sustain a suspected concussion or other traumatic brain injury (TBI). While the Axon Sports CCAT can't prevent an injury, and should never be used by a Coach or Parent to make a final decision on whether your child has had an injury or has recovered and can safely return to the classroom, practice, or competitive play, it is a valuable tool for your qualified Medical Provider if and when your child might sustain a concussion or similar injury.

Because your child is a minor, Axon Sports requires parents or guardians to review the Terms of Use and Privacy Policy for axonsports.com and the CCAT and grant consent by signing this consent form. By signing this consent form, you certify that the Institution has provided you with the opportunity to review the Terms of Use and Privacy Policy or that you have reviewed the Terms of Use and Privacy Policy at axonsports.com. Without your consent, your minor child's Axon Sports account may be deleted and any Baseline tests that have been taken will no longer be accessible.

I hereby grant my consent to the registration of my child, \_\_\_\_\_ at www.axonsports.com and to the administration and supervision of the Axon Sports CCAT by the Institution who has provided this consent form and hereby accept the Terms of Use and Privacy Policy on behalf of myself and my child.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_

**Parent/Guardian email address:** \_\_\_\_\_

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

**School: White House High School**

**Concussion Information for Students-Athletes and Parents/Legal Guardians ( to be kept at home )**

✓ Trainer

**What is a concussion?** A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a fall or a blow to the 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.

**Why is it important to recognize a concussion?** Timely recognition and appropriate response is important in the treatment of a mild traumatic brain injury (MTBI) or concussion. A patient’s health outcomes improve through early diagnosis, management, and appropriate referral following a concussion. Symptoms of a concussion may appear mild, but can lead to significant, life- long impairment affecting an individual’s ability to function physically, cognitively, or psychologically.

**How do I know if I have a concussion?** There are many signs and symptoms that a patient may have following a concussion. A concussion can affect thinking, the way the body feels, mood, or sleep patterns. Look for the following:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to stomach	Increased moodiness	Trouble falling asleep
Difficulty remembering new information	Vomiting	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise and/or light		

**What should I do if I think that I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the medical assistance that you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, your words are coming out funny/slurred, you should inform an adult, such as your parent or coach or teacher immediately. This will make sure that you get the medical help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school, or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have had a concussion, you are more likely to have another concussion.

**How do I know when it is okay for me to return to physical activity and my sport after a concussion?** After telling an adult that you think you have a concussion, you will be seen by a medical professional (Tennessee licensed medical doctor, osteopathic physician or clinical neuropsychologist) trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign that your brain has not recovered from the injury. For more information on concussions, visit [www.cdc.gov/concussion](http://www.cdc.gov/concussion)

# White House High School Athletic Forms

✓ Trainer

## MEDICAL / HEALTH INFORMATION CONSENT FORM

STUDENT NAME: \_\_\_\_\_ SPORT(S): \_\_\_\_\_

### PROTECTED HEALTH INFORMATION AUTHORIZATION FOR RELEASE OF INFORMATION (HIPAA)

I/We hereby authorize any medical provider associated with Sumner County Schools, to use and/or disclose my child's clearance and health recommendations to the athletic director, coaches and medical personnel at Sumner County Schools to inform them of their health status for the participation in athletic or activities. I/We understand my refusal to sign this authorization may affect my child's ability to participate in athletics. Medical information to be disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by state or federal law.

\_\_\_\_\_  
Parent/Guardian Initials

### LEGAL MEDICAL CONSENT

I/We hereby give consent for (student-athlete's name) \_\_\_\_\_ to represent Sumner County Schools in athletics realizing that such activity involves the potential for injury. I/We acknowledge that even the best coaching, use of the most advanced equipment, and strict observance of rules, injuries are still possible. On rare occasions these injuries are severe and result in total disability, paralysis, or even death. I/We further grant permission to Sumner County Schools and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well-being of the student-athlete named above during or resulting from participation in athletics. By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal guardian, I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student-athlete.

\_\_\_\_\_  
Parent/Guardian Initials

### ACKNOWLEDGMENT OF PERSONAL RESPONSIBILITY

I/We understand that it is my responsibility to notify Sumner County Schools and its physicians and athletic trainers in writing of any and all injuries/illnesses, athletic or otherwise, suspected injury/illnesses, and any and all pre-existing conditions that may result in further injury/illness to me, teammates, opponents, and/or athletic staff.

\_\_\_\_\_  
Parent/Guardian Initials

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

# White House High School Athletic Forms

✓ Trainer

## Student-Athlete & Parent/Legal Guardian Concussion Education Sign-Off

*Form must be completed for each student-athlete.*

Student- Athlete Name (Print): \_\_\_\_\_

Parent/Legal Guardian Name (Print): \_\_\_\_\_

*We have read the Student-Athlete & Parent/Legal Guardian Concussion Information Sheet. After reading the information sheet, I am aware of the following information:*

<i>Student Athlete Initials</i>		<i>Parent/Legal Guardian Initials</i>
	<i>A concussion is a brain injury, which should be reported to my parents, my coach(es), and/or my athletic trainer.</i>	
	<i>A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.</i>	
	<i>A concussion cannot be "seen". Some symptoms might be present right away, while other symptoms can show up hours or days after an injury.</i>	
	<i>I will tell my parents, my coach, and/or my athletic trainer about my injuries and illnesses.</i>	N/A
	<i>If I think that a teammate has a concussion, I will tell my coach(es), parents, and/or athletic trainer about the concussion.</i>	N/A
	<i>I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.</i>	N/A
	<i>I/my child will written permission from a *medical professional as defined by Tennessee law to return to play or practice after a concussion.</i>	
	<i>I realize that the Emergency Room/Urgent Care physicians will not provide clearance if seen immediately after the injury.</i>	
	<i>After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.</i>	
	<i>Based on the latest data, concussions can take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.</i>	
	<i>Sometimes, repeat concussions can cause serious and long-lasting problems.</i>	
	<i>I have read the concussion symptoms on the Concussion Information Sheet.</i>	

**\*Medical professional means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# White House High School Athletic Forms

✓ Trainer

## Information Needed for AXON CONCUSSION BASELINE TESTING Login

### STUDENT-ATHLETE INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Gender: M or F

Dominant Hand: L or R

Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: United States

State: TN Zip: \_\_\_\_\_

School: White House High School

### FOR OFFICE USE ONLY – LEAVE BLANK

Account Type: Athlete

User ID: \_\_\_\_\_

Password: \_\_\_\_\_

Axon Voucher Code: \_\_\_\_\_

MSK