

PRE-PARTICIPATION PHYSICAL EVALUATION INSTRUCTIONS

STUDENTS/PARENTS

1. Complete the History Form (pages 1 & 2) portion PRIOR to your appointment with your healthcare provider.
2. Sign the bottom of the History Form (page 2).
3. Sign the bottom of the Medical Eligibility Form (page 4) AFTER the pre-participation evaluation is complete and PRIOR to turning in the completed PPE to the school.
4. Review the Student Eligibility Checklist (page 5) AND SIGN the bottom of the page PRIOR to turning in the completed PPE to the school.
5. Review and sign the Concussion and Head Injury Release Form provided by the school.

HEALTHCARE PROVIDERS

1. Review the History Form (pages 1 & 2) with the student and his/her parent/guardian as part of the pre-participation physical evaluation.
2. Complete the Physical Examination Form (page 3) AND SIGN the bottom of page 3.
3. Complete the Medical Eligibility Form (page 4) AND SIGN page 4.

NOTE: Two signatures are required by the healthcare provider!

SCHOOL ADMINISTRATORS

1. Collect the completed PPE forms with the appropriate signatures on pages 2 – 5.
2. Based on your school's policy, determine who is responsible to review and disseminate the student's medical information provided on the form.*
3. Complete the Shared Emergency Information section on the Medical Eligibility Form (page 4).
4. Provide copies of the Medical Eligibility Form to appropriate staff with supervisory responsibility of extracurricular activities (coaches, sponsors, etc.).
5. Collect the required Concussion and Head Injury Release Form signed by the student and parent/guardian.

* Schools are encouraged to have policies in place identifying who has access to a student's complete private health information found on the PPE form. The Medical Eligibility Form can be used independently to share with staff who may not need complete access to the private health information found on the PPE.

The annual history and the physical examination shall not be taken earlier than May 1 preceding the school year for which it is applicable. The KSHSAA recommends completion of this evaluation by athletes/cheerleaders at least one month prior to the first practice to allow time for correction of deficiencies and implementation of conditioning recommendations.





PRE-PARTICIPATION PHYSICAL EVALUATION

PPE is required annually and shall not be taken earlier than May 1 preceding the school year for which it is applicable.

HISTORY FORM (Pages 1 & 2 should be filled out by the student and parent/guardian prior to the physical examination)

Name Sex Age Date of birth
Grade School Sport(s)
Home Address Phone
Personal physician Parent Email

List past and current medical conditions:
Have you ever had surgery? If yes, list all past surgical procedures:
Medicines and Allergies:
Please list all of the prescription and over-the-counter medicines, inhalers, and supplements (herbal and nutritional) that you are currently taking:
Do you have any allergies? Yes No If yes, please identify specific allergy below.
Medicines Pollens Food Stinging Insects
What was the reaction?

Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.

Table with 3 columns: Question, YES, NO. Sections include: GENERAL QUESTIONS (4 items), HEART HEALTH QUESTIONS ABOUT YOU (6 items), HEART HEALTH QUESTIONS ABOUT YOUR FAMILY (3 items), BONE AND JOINT QUESTIONS (7 items).

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL QUESTIONS:		YES	NO		
22. Do you cough, wheeze, or have difficulty breathing during or after exercise?					
23. Have you ever used an inhaler or taken asthma medicine?					
24. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organs?					
25. Do you have groin or testicle pain, a bump, a painful bulge or hernia in the groin area?					
26. Have you had infectious mononucleosis (mono)?					
27. Do you have any recurring skin rashes or skin infection that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?					
28. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					
If yes, how many?					
What is the longest time it took for full recovery?					
When were you last released?					
29. Do you have headaches with exercise?					
30. Have you ever had numbness, tingling, weakness in your arms (including stingers/burners) or legs, or been unable to move your arms or legs after being hit or falling?					
31. Have you ever become ill while exercising in the heat?					
32. Do you get frequent muscle cramps when exercising?					
33. Do you or does someone in your family have sickle cell trait or disease?					
34. Have you ever had or do you have any problems with your eyes or vision?					
35. Do you wear protective eyewear, such as goggles or a face shield?					
36. Do you worry about your weight?					
37. Are you trying to or has anyone recommended that you gain or lose weight?					
38. Are you on a special diet or do you avoid certain types of foods or food groups?					
39. Have you ever had an eating disorder?					
40. How do you currently identify your gender? <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____					
41. Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box)		NOT AT ALL	SEVERAL DAYS	OVER HALF THE DAYS	NEARLY EVERY DAY
Feeling nervous, anxious, or on edge		0	1	2	3
Not being able to stop or control worrying		0	1	2	3
Little interest or pleasure in doing things		0	1	2	3
Feeling down, depressed, or hopeless		0	1	2	3
(A sum of 3 or more is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes) Patient Health Questionnaire Version 4 (PHQ-4)					
FEMALES ONLY:		YES	NO		
42. Have you ever had a menstrual period?					
43. If yes, are you experiencing any problems or changes with athletic participation (i.e., irregularity, pain, etc.)?					
44. How old were you when you had your first menstrual period?					
45. When was your most recent menstrual period?					
46. How many menstrual periods have you had in the past 12 months?					

Explain all Yes answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

X Signature of student-athlete _____ Signature of parent/guardian _____ Date _____

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name _____	Date of birth _____					
Date of recent immunizations:	Td _____	Tdap _____	Hep B _____	Varicella _____	HPV _____	Meningococcal _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues

- | | |
|--|--|
| <ul style="list-style-type: none"> - Do you feel stressed out or under a lot of pressure? - Do you ever feel sad, hopeless, depressed, or anxious? - Do you feel safe at your home or residence? - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip? - During the past 30 days, did you use chewing tobacco, snuff, or dip? | <ul style="list-style-type: none"> - Do you drink alcohol or use any other drugs? - Have you ever taken anabolic steroids or used any other performance enhancing supplement? - Have you ever taken any supplements to help you gain or lose weight or improve your performance? - Do you wear a seat belt, use a helmet and adhere to safe sex practices? |
|--|--|

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14 of History Form).

3. Per Kansas statute, any school athlete who has sustained a concussion shall not return to competition or practice until the athlete is evaluated by a healthcare provider and the healthcare provider (MD or DO only) provides such athlete a written clearance to return to play or practice.

EXAMINATION			
Height	Weight	Male <input type="checkbox"/> Female <input type="checkbox"/>	BP (<i>reference gender/height/age chart</i>)**** / (/) Pulse
Vision R 20/	L 20/	Corrected: Yes <input type="checkbox"/> No <input type="checkbox"/>	
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance - Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)			
Eyes/ears/nose/throat - Pupils equal, Gross Hearing			
Lymph nodes			
Heart * - Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)			
Pulses - Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis			
Neurological***			
Genitourinary (optional-males only)**			
MUSCULOSKELETAL		NORMAL	ABNORMAL FINDINGS
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional - e.g. double-leg squat test, single-leg squat test, and box drop or step drop test			

*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those. **Consider GU exam if in appropriate medical setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a significant history of concussion. ****Flynn JT, Kaelber DC, Baker-Smith CM, et al. Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents. Pediatrics. 2017;140(3):e20171904.

I acknowledge I have reviewed the preceding patient history pages and have performed the above physical examination on the student named on this form.

Name of healthcare provider (print/type) _____ Date _____

X Signature of healthcare provider _____, MD, DO, DC, PA-C, APRN
(please circle one)

Address _____ Phone _____

Healthcare Providers: You must complete the Medical Eligibility Form on the following page

Kansas State High School Activities Association, 601 SW Commerce Place | PO Box 495 | Topeka, KS 66601 | 785-273-5329

Adapted from PPE: Preparticipation Physical Evaluation, 5th Edition, © 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for non-commercial, educational purposes with acknowledgment.

KSHSAA PRE-PARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name _____ Date of birth _____

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

Medically eligible for certain sports _____

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form, except as indicated above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of healthcare provider (print or type): _____ Date: _____

X Signature of healthcare provider: _____, MD, DO, DC, or PA-C, APRN

Address: _____ Phone: _____

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

Parent or Guardian Consent

To be eligible for participation in interscholastic athletics/spirit groups, a student must have on file with the superintendent or principal, a signed statement by a physician, chiropractor, physician's assistant who has been authorized to perform the examination by a Kansas licensed supervising physician or an advanced practice registered nurse who has been authorized to perform this examination by a Kansas licensed supervising physician, certifying the student has passed an adequate physical examination and is physically fit to participate (See KSHSAA Handbook, Rule 7). A complete history and physical examination must be performed annually before a student participates in KSHSAA interscholastic athletics/cheerleading.

I do not know of any existing physical or any additional health reasons that would preclude participation in activities. I certify that the answers to the questions in the HISTORY part of the Preparticipation Physical Examination (PPE), are true and accurate. I approve participation in activities. I hereby authorize release to the KSHSAA, school nurse, certified athletic trainer (whether employee or independent contractor of the school), school administrators, coach and medical provider of information contained in this document. Upon written request, I may receive a copy of this document for my own personal health care records.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury. I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither the KSHSAA nor the school assumes any responsibility in case of accident. The undersigned agrees to be responsible for the safe return of all equipment issued by the school to the student.

X Signature of parent/guardian _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

ATTENTION PARENTS AND STUDENTS: KSHSAA ELIGIBILITY CHECKLIST

Student's Name _____ (PLEASE PRINT CLEARLY)

NOTE: Transfer Rule 18 states in part, a student is eligible transfer-wise if:

BEGINNING SEVENTH GRADER—A seventh grader, at the beginning of his or her seventh grade year, is eligible under the Transfer Rule at any school he or she may choose to attend. In addition, age and academic eligibility requirements must also be met.

BEGINNING NINTH GRADERS IN A THREE-YEAR JUNIOR HIGH SCHOOL—So that ninth graders of a three-year junior high are treated equally to ninth graders of a four-year senior high school, a student who has successfully completed the eighth grade of a two-year junior high/middle school, may transfer to the ninth grade of a three-year junior high school at the beginning of the school year and be eligible immediately under the Transfer Rule. Such a ninth grader must then, as a tenth grader, attend the feeder senior high school of their school system. Should they attend a different school as a tenth grader, they would be ineligible for eighteen weeks.

ENTERING HIGH SCHOOL FOR THE FIRST TIME—A senior high school student is eligible under the Transfer Rule at any senior high school he or she may choose to attend when senior high is entered for the first time at the beginning of the school year. In addition, age and academic eligibility requirements must also be met.

For Middle/Junior High and Senior High School Students to Retain Eligibility

Schools may have stricter rules than those pertaining to the questions above or listed below. Contact the principal or coach on any matter of eligibility. A student eligible to participate in interscholastic activities must be certified by the school principal as meeting all eligibility standards.

All KSHSAA rules and regulations are published in the official *KSHSAA Handbook* which is distributed annually to schools and is available at www.kshsaa.org.

Below Are Brief Summaries Of Selected Rules. Please See Your Principal For Complete Information.

- Rule 7 Physical Evaluation - Parental Consent**—Students shall have passed the **attached evaluation** and have the written consent of their parents or legal guardian.
- Rule 14 Bona Fide Student**—Eligible students shall be a **bona fide undergraduate member** of his/her school in good standing.
- Rule 15 Enrollment/Attendance**—Students must be regularly **enrolled and in attendance** not later than Monday of the fourth week of the semester in which they participate.
- Rule 16 Semester Requirements**—A student shall not have more than two semesters of possible eligibility in grade seven and two semesters in grade eight. A student shall not have more than eight consecutive semesters of possible eligibility in grades nine through twelve, regardless of whether the ninth grade is included in junior high or in a senior high school.
NOTE: If a student does not participate or is ineligible due to transfer, scholarship, etc., the semester(s) during that period shall be counted toward the total number of semesters possible.
- Rule 17 Age Requirements**—Students are eligible if they are not 19 years of **age (16, 15 or 14 for junior high or middle school student)** on or before August 1 of the school year in which they compete.
- Rule 19 Undue Influence**—The use of **undue influence** by any person to secure or retain a student shall cause ineligibility. If tuition is charged or reduced, it shall meet the requirements of the KSHSAA.
- Rules 20/21 Amateur and Awards Rules**—Students are eligible if they have not **competed under a false name** or for money or merchandise of intrinsic value, and have observed all other provisions of the Amateur and Awards Rules.
- Rule 22 Outside Competition**—Students may not engage in **outside competition** in the same sport during a season in which they are representing their school.
NOTE: Consult the coach, athletic director or principal before participating individually or on a team in any game, training session, contest, or tryout conducted by an outside organization.
- Rule 25 Anti-Fraternity**—Students are eligible if they are not members of any **fraternity** or other organization prohibited by law or by the rules of the KSHSAA.
- Rule 26 Anti-Tryout and Private Instruction**—Students are eligible if they have not participated in **training sessions or tryouts** held by colleges or other outside agencies or organizations in the same sport while a member of a school athletic team.
- Rule 30 Seasons of Sport**—Students are not eligible for more than **four seasons** in one sport in a four-year high school, three seasons in a three-year high school or two seasons in a two-year high school.

For Middle/Junior High and Senior High School Students to Determine Eligibility When Enrolling

If a **negative** response is given to any of the following questions, this enrollee should contact his/her administrator in charge of evaluating eligibility. This should be done before the student is allowed to attend his/her first class and prior to the first activity practice. If questions still exist, the school administrator should telephone the KSHSAA for a final determination of eligibility. (*Schools shall process a Certificate of Transfer Form T-E on all transfer students.*)

- | YES | NO | |
|-----------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you a bona fide student in good standing in school? (If there is a question, your principal will make that determination.) |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Did you pass at least five new subjects (those not previously passed) last semester? (<i>The KSHSAA has a minimum regulation which requires you to pass at least five subjects of unit weight in your last semester of attendance.</i>) |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Are you planning to enroll in at least five new subjects (those not previously passed) of unit weight this coming semester? (<i>The KSHSAA has a minimum regulation which requires you to enroll and be in attendance in at least five subjects of unit weight.</i>) |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Did you attend this school or a feeder school in your district last semester? (<i>If the answer is "no" to this question, please answer Sections a and b.</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Do you reside with your parents? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. If you reside with your parents, have they made a permanent and bona fide move into your school's attendance center? |

The above named student and I have read the KSHSAA Eligibility Checklist and how to retain eligibility information listed in this form. The student/parent authorizes the school to release to the KSHSAA student records and other pertinent documents and information for the purpose of determining student eligibility. The student/parent also authorizes the school and the KSHSAA to publish the name and picture of student as a result of participating in or attending extra-curricular activities, school events and KSHSAA activities or events.

X Signature of parent/guardian _____ Date _____
 X Signature of student _____ Birth Date _____ Grade _____ Date _____

The parties to this document agree that an electronic signature is intended to make this writing effective and binding and to have the same force and effect as the use of a manual signature.

KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM

This form must be signed by all student athletes and parent/guardians before the student participates in any athletic or spirit practice or contest each school year. Return signed form to school office.

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents, and coaches include:
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season.

When in doubt, the athlete sits out!

Return to Practice and Competition

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

For concussion information and educational resources collected by the KSHSAA, go to:

<http://www.kshsaa.org/Public/General/ConcussionGuidelines.cfm>

_____	_____	_____
Student/Athlete Name Printed	Student/Athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

- | | | |
|---|---|---|
| <input type="checkbox"/> Olathe East High School | <input type="checkbox"/> California Trail Middle School | <input type="checkbox"/> Oregon Trail Middle School |
| <input type="checkbox"/> Olathe North High School | <input type="checkbox"/> Chisholm Trail Middle School | <input type="checkbox"/> Pioneer Trail Middle School |
| <input type="checkbox"/> Olathe Northwest High School | <input type="checkbox"/> Frontier Trail Middle School | <input type="checkbox"/> Prairie Trail Middle School |
| <input type="checkbox"/> Olathe South High School | <input type="checkbox"/> Indian Trail Middle School | <input type="checkbox"/> Santa Fe Trail Middle School |
| <input type="checkbox"/> Olathe West High School | <input type="checkbox"/> Mission Trail Middle School | <input type="checkbox"/> Summit Trail Middle School |



Olathe Public Schools USD #233
ATHLETIC/ACTIVITIES (CO/EXTRA-CURRICULAR)
SUBSTANCE ABUSE AGREEMENT

Students participating in athletics and/or KSHSAA activities will not use or possess tobacco, alcohol, illegal drugs, or substances that are dangerous to a student’s health. Because the use of alcohol, illegal drugs, and tobacco is detrimental to the health and welfare of any student and because the use of alcohol and illegal drugs and the purchase of tobacco is illegal for adolescents in the state of Kansas, Olathe school district administrators, coaches and activity sponsors believe that the use or possession of the above substances is unacceptable.

The use, distribution or possession of tobacco (including electronic cigarettes and vaping devices), illegal drugs and alcohol, on or off school property, will be considered a violation of published policy during the time the student is a member of an Olathe district athletic team and/or KSHSAA-sponsored activity.

Violation of this regulation may be reported by a school district administrator, a staff member from the student’s school, the police, or upon verification by the parents of the accused student and/or admission of the student athlete or co-curricular student.

.....

As a participant in co-curricular and/or extra-curricular activities at an Olathe public school, I have received, read and agree to the “Implementation Procedures and Minimum Consequences” (printed on the back) about “no use” or possession of tobacco, alcohol, illegal drugs, or substances that are harmful or dangerous to my health. I understand that I may be subject to the consequences listed on the “Implementation Procedures and Minimum Consequences,” which could result in the exclusion from any or all activities.

Student’s Name: *(Please Print)* _____

Student’s ID Number: _____

Student’s Signature: _____

Date: _____

I have read and support the above agreement and understand the consequences listed in the “Implementation Procedures” received by my student.

Parent / Guardian Signature: _____

Date: _____

Note: Consequences for violations (in or out of season) of this policy shall carry over from sport to sport, activity to activity, and season to season. If a second offense takes place after 365 days from the first, a ‘clean slate’ is granted with first offense consequences implemented. However, if a second or third violation takes place a ‘clean slate’ is not granted for the remainder of the students’ high school career.

Olathe Public Schools USD # 233
Implementation Procedures and Minimum Consequences
Athletic/Activity (Co-Curricular and Extra Curricular) Procedure Concerning
Substance Abuse

First Offense:

After confirmation by school officials of the first violation, the student will be placed on initial probation from his/her athletic team, co-curricular or extra-curricular activity.

- For athletics, the period of initial probation shall be for not less the 14 calendar days. The student will not be allowed to compete within the 14-day probation period and will be required to miss a minimum of one competition. The student will also be required to attend a substance abuse program. However, if the student shows proof of enrollment and attendance in an approved substance abuse program, the student may be allowed to attend practice sessions with the approval by the coach and school administration.
- For non-athletic, co-curricular or extra-curricular activities, the period of initial probation and severity shall be determined by the activity sponsor and school administration. The length of probation will be based upon the duration of the activity in which the student is participating and the nature and frequency of the scheduled upcoming performances or activities. An attempt will be made to assign disciplinary consequences in a timely manner. The student will also be required to attend a substance abuse program. However, if the student shows proof of enrollment and attendance in an approve substance abuse program, the student may be allowed to attend practice sessions or meetings with approval by the sponsor and school administration. *In regard to in-class participation for those students in co-curricular activity classes (i.e. band, vocal music, cheerleading, drill-team, etc.) this policy is not intended to have an effect on a student's grade for the course.*

Second Offense:

After confirmation by school officials of a second violation (less than 365 days of the first offense for the student regardless of activity/season), the student will be placed on a final probation from his/her athletic team, extra/co-curricular activity.

- For athletics, the period of final probation shall be for not less than 28 calendar days. The student will not be allowed to compete within the 28-day probation period and will be required to miss a minimum of 3 competitions. The student will also be required to enroll in an intervention program for substance abuse, which is approved by the school administration. The student will be required to show proof of participation in the substance abuse program.
- For non-athletic co-curricular or extra-curricular activities, the period of final probation and severity shall be determined by the activity sponsor and school administration. The length of probation will be based upon the duration of the activity in which the student is participating and the nature and frequency of scheduled upcoming performances or activities.

In all cases, the consequences assigned shall be greater than the consequences for the first offense. An attempt will be made to assign disciplinary consequences in a timely manner. The student will also be required to enroll in an intervention program for substance abuse, which is approved by the school administration. The student will be required to show proof on participation in the substance program. *In regard to in-class participation for those students in co-curricular activity classes (i.e. band, vocal music, cheerleading, drill-team, etc.) this policy in not intended to have an effect on a student's grade for the course.*

Third Offense:

After confirmation of a third violation by school officials, the student shall be suspended from all on his/her athletic or extra/co-curricular activity for 365 days. Prior to participation in any athletic or extra/co-curricular activities the subsequent year, the student must have enrolled in a substance abuse program administered by licensed drug/alcohol agency. The agency must verify adherence by the student to the recommended care program.

Notice of Non-discrimination: The Olathe Public Schools prohibit discrimination on the basis of race, color, national origin, sex, age, religion or disability in its programs, activities or employment, and provides equal access to the Boy Scouts and other designated youth groups to its facilities as required by: Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973 and other relevant state and federal laws. Inquiries regarding compliance with applicable civil rights statutes related to ethnicity, gender, age discrimination or equal access may be directed to Staff Counsel, 14160 S. Black Bob Road, Olathe, KS 66063-2000, phone 913-780-7000. All inquiries regarding compliance with applicable statutes regarding Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act and the Americans with Disabilities Act may be directed to the Assistant Superintendent General Administration, 14160 S. Black Bob Rd. Olathe, KS 66063-2000, phone (913) 780-7000. Interested persons including those with impaired vision or hearing, can also obtain information as to the existence and location of services, activities and facilities that are accessible to and usable by disabled persons by calling the Assistant Superintendent General Administration. (07/17)

STUDENT TRANSPORTATION CONSENT FORM 2021-22

STUDENT TRANSPORTATION CONSENT AND RELEASE

There are times during the school year when activities, events and practices will be held away from the school. Olathe Public Schools provides transportation, but there are times when students can benefit from other transportation options. Please review the transportation options listed below, check any that are acceptable for your student, sign the form and have your student return the form to the appropriate teacher/sponsor/coach.

I/We hereby give my/our student, _____

Print Full Name

permission to: **(Please check all appropriate spaces)**

No **Yes**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | ride to and from activities, events and practices on school authorized vehicles, |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with his/her parent, |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with an adult licensed driver, |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with a sibling who is at least 16 years of age and a licensed driver, |
| <input type="checkbox"/> | <input type="checkbox"/> | ride with another participant who is a licensed driver and at least 16 years of age, or |
| <input type="checkbox"/> | <input type="checkbox"/> | my student is at least 16 years of age, is a licensed driver, and can drive himself/herself. |

Note: Students can only drive within school district boundaries.

I/we understand that Olathe Public Schools employees cannot supervise activity participants except when they travel to and from events and practices on school authorized vehicles. For valuable consideration, the receipt of which is hereby acknowledged, I/we knowingly and voluntarily release and forever discharge Olathe Public Schools USD #233 and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from activities, events or practices by transportation other than a school authorized vehicle.

Parent/Guardian Signature

Date

Student Signature

Date

Parents have responsibility to ensure their student uses the mode of transportation authorized by the parent. This Consent Form may be revoked or modified in writing at any time.

Updated 4/10/2019

