

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

CONSENT FOR ATHLETIC PARTICIPATION

Student's Name (Last, First, Middle Initial)

Date of Birth

Age on August 1st

School Name

Grade

2022-23

School Year

Street Address

City, State

Zip Code

Parent/Guardian's Primary Phone

Parent/Guardian's Email Address

STUDENT PARTICIPATION PERMISSION

Participation in competitive athletics 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 is impossible to totally eliminate such occurrences from athletics.

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

EXCEPT: _____

() I am/my child is covered by Medical Insurance

() I am not/my child is not covered by Medical Insurance

STATEMENT: Prior to participation in interscholastic programs and/or trips, all students (18 years of age or older) and the parents/guardians of minor student-athletes who seek to participate in such programs and/or trips, are required to sign this form and are deemed to have waived all claims against the DC Public Schools, its employees, and the District of Columbia for any injury, accident, or illness occurring during or by reason of participation in an interscholastic athletic program and/or trip. I accept the responsibility to inform the school of any future change of this information. Students participating in athletic competitions may be photographed during the competition.

I, the parent or guardian of the minor applicant, hereby agree that DC Public Schools or its representative, may video tape, photograph, and voice record the herein named minor applicant for media, marketing, or promotional purposes related to his/her participation in the DC Public Schools' Athletic Program. This may include posting online, photo displays and other promotional opportunities.

I have read this form and understand the rules contained herein, and the information supplied is true and correct to the best of my knowledge.

Signature of Parent/Legal Guardian (or Student Aged 18+)

Date

Relationship to Student



Athlete Data and Emergency Treatment Information

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

Street _____ City _____ State _____ Zip _____

Gender Male Female Date of Birth _____ Grade _____

School _____ School Year 2022-23

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

Name	Relationship	Home	Work	Mobile
	Parent / Guardian			

Parent/Guardian Email: _____

Insurance & Billing

Insurance Co. _____ Policy # _____ Insurance Co. Phone _____

Policy Holder's Name _____ Effective Date _____

Do you have any of the following conditions (check all that apply)?

- Anemia Asthma _____ (Inhaler Type) Sickle Cell / Sickle Cell Trait Diabetes
- Epilepsy High Blood Pressure Previous Concussion/Head Injury; if yes, date? _____
- Allergies (Epi-Pen Used Yes No) Other _____

Do you wear contacts or glasses? Contacts Glasses When was your last tetanus booster? Month/Year _____

List all medications currently used including prescribed, over the counter and rescue inhalers:

Should it become necessary for this student to require medical treatment while participating in an interscholastic athletic event, trip, or practice session, I hereby authorize the District of Columbia Public School's health care providers (athletic trainers, team/game physicians and emergency medical technicians (EMT's)) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if DCPS personnel are unable to reach those designated above, I give my consent to the DCPS athletic health care providers to take my child to a hospital, emergency care center or available physician.

Signature _____
(Parent/Guardian or Student Aged 18+)

Date _____

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

Parent & Athlete Concussion Information Sheet

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 concussions 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 symptoms 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 healthcare 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:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry 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”

Signs Observed by Coaching Staff:

- 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

Concussion Danger Signs

In rare cases, a dangerous blood clot may form on the brain in a 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 a 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 case, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. This can even be fatal.

Learn More

To learn more, go to www.cdc.gov/headsup.

I, the athlete, understand that I have the responsibility to report my symptoms to my coaches, administrators, and/or health care providers. I also understand that I must have no symptoms before return to play can occur.

Printed Name of Student

Signature of Student

Date

I have read the above DCIAA Sports Medicine Concussion Information Sheet and understand that I have a responsibility to report my child's symptoms to coaches, administrators, and health care providers. I also understand that my child must have no symptoms before return to play can occur.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

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DCIAA Athletic Director Review of Student Participation Paperwork

I, the undersigned Athletic Director, verify that this student is on track to become eligible upon the approval of all paperwork in this packet. I further acknowledge that I have reviewed all information submitted by the parent, guardian, or student and found the forms to be properly completed.

Printed Name of Athletic Director

School

Signature of Athletic Director

Date