

Sport \_\_\_\_\_

Neenah Joint School District  
**ATHLETIC EMERGENCY INFORMATION CARD**

As a parent or guardian of \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

My child has \_\_\_\_\_ medical condition. Specific recommendations related to his/her medical condition are the following:

EMAIL Address: \_\_\_\_\_  
Father/Guardian Mother/Guardian

I will keep the coaching staff informed as to any changes or updates related to my child's medical condition and/or care throughout the year. In case of an emergency occasioned by an accident or injury, I give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital.

Known allergies to drugs and anesthetic:

Date of Birth: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Insurance Company and Number : \_\_\_\_\_

Family Doctor : \_\_\_\_\_ Telephone : \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Telephone : \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date \_\_\_\_\_

SCHOOL YEAR 20 \_\_\_\_ - 20 \_\_\_\_

Present Address \_\_\_\_\_

Telephone \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Initial

GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Parents' Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_

Family Dentist \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_

Telephone \_\_\_\_\_

Subscriber Member Name (Primary Insured) \_\_\_\_\_

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated there under (collectively known as "HIPAA"), authorized health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
4. It is recommended that information regarding your child's allergies and prescribed medication be made available. PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

SIGNATURE OF PARENT \_\_\_\_\_

DATE \_\_\_\_\_

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS ALTERNATE YEAR CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines 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

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# ■ PREPARTICIPATION PHYSICAL EVALUATION

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

**Explain "yes" answers here**

---



---



---



---



---

**Please indicate if you have ever had any of the following.**

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

**Explain "yes" answers here**

---



---



---



---

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

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - 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, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance 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 use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ ( _____ / _____ )	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart <sup>a</sup> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) <sup>b</sup>		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic <sup>c</sup>		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_
- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_
- Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

## WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

Cleared without restriction  Cleared, with the following qualifications: \_\_\_\_\_

Not cleared  Pending further evaluation  For all sports  For certain sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (Print/Type) \_\_\_\_\_

**SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/APNP\*:** \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address/Clinic \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Examination \_\_\_\_\_

\* Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

Parents' Place of Employment \_\_\_\_\_

Family Physician \_\_\_\_\_ Family Dentist \_\_\_\_\_

Name of Private Insurance Carrier \_\_\_\_\_ Telephone \_\_\_\_\_

Subscriber Member Name (Primary Insured) \_\_\_\_\_

### Emergency Information

Allergies \_\_\_\_\_

Other Information (medication, etc.) \_\_\_\_\_

Immunizations  Up to date (see attached documentation)  Not up to date - specify \_\_\_\_\_

(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**NEENAH MIDDLE SCHOOLS PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITIES**

NOTE: This form must be filled out and signed by parents and students, physical exam forms on file, and all fees must be paid prior to an athlete attending any practice.

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Circle the sport the student anticipates participating: Basketball, Cross Country, Football, Spirit Squad, Track, Volleyball, Wrestling

List the club(s) and/or organization(s) the student plans to participate in: \_\_\_\_\_  
\_\_\_\_\_

1. **PHYSICAL EXAMINATION:** WIAA Rules dictate that all athletes must have a current physical examination form or alternate card on file at school prior to practice.
2. **AWARENESS OF POTENTIAL INJURY:** As the parent(s)/guardian(s) of a NJSD athlete, I /we are aware that participation in sports and/or practicing in sports may be a dangerous activity involving many risks or injury and may even result in death.
3. **EMERGENCY CONSENT:** "In the event I cannot be reached, I hereby give my consent to the attending physician, trainers, coaches, directors, and teachers to secure and administer medical aid and ambulance service. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur for the necessity for such surgery."  
\_\_\_\_\_ Yes \_\_\_\_\_ No IF NO, please give name and number to call \_\_\_\_\_
4. **INSURANCE WAIVER:** We (I) the undersigned, have adequate health and accident insurance and take full financial responsibility for any, and all, injuries sustained by our/my son/daughter while participating in practice sessions or actual competitions, in a WIAA sponsored sport in the activities program of the Neenah Joint School District. We (I) further knowingly and voluntarily waive any, and all, claims against and forever release NJSD, it Board Members, Officers, Agents, and employees arising from any injury received by my son/daughter while participating whether it be in practice sessions or in actual competitions, in a WIAA-sponsored sport in the athletic program of NJSD. My insurance carrier is \_\_\_\_\_ Policy # \_\_\_\_\_
5. **STUDENT GOOD CONDUCT CODE (Summary):** Students participating in co/extra-curricular activities are prohibited from possessing, using, or purchasing tobacco, alcoholic beverages, or controlled substances. Loss of eligibility may also occur for engaging in activities outside the school community that would be grounds for arrest or citation in the criminal or juvenile court system (excluding minor offenses). Violations of rules throughout the calendar year, whether at or away from school, will result in the following action:
  - **First Offense within the Student's Middle School/High School Career:** 25% of the regularly scheduled events (to include the first WIAA playoff contest). If the suspension is not completed when a season ends, the remainder of the suspension will be served during the next season in which the student participates. Those students subjected to a penalty because of a drug or alcohol related offense are required to join and successfully complete an A.O.D.A. support group/or have a chemical assessment offered by the Student Assistance Program.
  - **Second Offense within the Student's Middle School/High School Career:** 50% of the regularly scheduled events (to include the first WIAA playoff contest). If the suspension is not completed when a season ends, the remainder of the suspension will be served during the next season in which the student participates. Those students subjected to a penalty because of a second offense related to the use of drugs or alcohol are required to have a chemical assessment and to be involved in an A.O.D.A. support group as determined by the building administrator.
  - **Third or More Offense(s) within the Student's Middle School/High School Career:** Calendar-year suspension. (Twelve months from the date of penalty) Those students subjected to a penalty because of a third offense relating to chemical misuse are required to have a chemical assessment and to successfully complete a prescribed program as deemed appropriate by the building administrator prior to further participation.
  - **Severity Clause:** Any student who supplies alcoholic beverages, controlled substances, and/or unlawfully possesses or uses a weapon will receive at least a one-year suspension from participation in NJSD activities.

*I have read and understand the information/rules as stated above and in the parent/student information.*

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

Student Signature: \_\_\_\_\_ ID #: \_\_\_\_\_

Dear Students and Parents/Guardians:

Your son or daughter has chosen to augment the regular academic program of the NJSD, by participating in extra-curricular activities. As you know, student participation in these programs is a conditional privilege. The students must, among other things, maintain state academic standards, meet age requirements, and for athletes, pass a physical exam every other year.

In addition to these requirements, the board of education has established additional rules governing the students who chose to go out for extra-curricular activities, as in doing so they represent the school and depict its character to other students and community members.

We know how important it is for your family that your son/daughter participates. Therefore, it is important that you and your student read and understand the terms imposed by the Good Conduct Policy and Rules; this is why we are reviewing this information with you.

Below are some highlights of the policy. Should you or your son/daughter have any questions regarding how the Good Conduct Rule will be interpreted, we encourage you to contact an administrator.

1. The policy is in effect on a year-round, 12-month basis, even when your student is not participating.
2. There is a reward for coming forward and admitting a violation of the rule. Students are encouraged to "self-report" within 24 hours or by the next school day to a coach or activity sponsor, the activities director, an assistant principal, or principal.
3. If a student is suspended from school for some reason, the student will be ineligible to participate in extracurricular activities during the term of the suspension regardless of whether the conduct underlying the suspension is also a Good Conduct violation.
4. Eligibility for any nine-week period shall be determined by the last grade report period. A student may not have more than one failure to be eligible to participate in co-curricular activities. Incompletes shall count as failures until made up. Students will not be allowed to practice, play or perform during the period of academic ineligibility.
5. Drinking with parental consent in one's own home may be legal, but in most cases it will be deemed a violation of the Good Conduct Rule. Also, students going to foreign countries or other states or territories where the drinking age may be lower, and they can possibly drink "legally," may still NOT consume alcoholic beverages without endangering their eligibility.
6. An arrest is not always necessary for the school to impose a penalty for a violation of the Good Conduct Rule. The student will be given due process of law by being told by a school official why the school believes he/she has violated the rule, and what evidence exists for that belief. Then the student will be given an opportunity to tell his/her side of the story before a decision is made about the student's eligibility. This hearing is between the student and school officials, although you as a parent or guardian will be notified of the decision if school officials believe a violation has occurred.
7. Similarly, if a student is arrested or cited by law enforcement, the school may or may not always await the outcome of the case in court. The school will conduct its own investigation and due process hearing, reaching a result independent of the juvenile or criminal justice system.
8. The school board believes strongly in the message that minors should not use alcohol or other illegal drugs. Therefore, the board has included a requirement in the Good Conduct Rule often referred to as the "mere presence" rule. This means that students who are out for extracurricular activities may not knowingly be in attendance at a function (party, in a vehicle, etc.) where drugs or alcohol are being used or possessed by minors even if they, themselves, are not actively drinking or using illegal drugs. The policy and rule provide that upon discovering that contraband (alcohol or drugs) is present, the student must: (a) leave within a reasonable time; (b) get rid of the offending substance; (c) or, stay and risk loss of eligibility. We hope and believe that this rule will discourage beer parties and driving around in cars drinking alcohol or using drugs, both common teenage activities that are unhealthy, illegal, and very dangerous.
9. A student must BE IN SCHOOL ALL DAY on the day of a practice/contest/performance to be eligible to practice/compete/perform. Excused absences (doctor/dental appointments, family emergencies, etc.) should be pre-approved by an administrator.



A student may lose eligibility under the Good Conduct Rule for any of the following behaviors:

1. Possession, use, or purchase of tobacco products, regardless of the student's age;
2. Possession, use, or purchase of alcoholic beverages, including beer and wine, regardless of the student's age;
3. Possession, use, purchase, or attempted sale/purchase of illegal drugs, or the unauthorized possession, use, purchase, or attempted sale/purchase of unlawful drugs;
4. Being in attendance at a function or party where the student knows, or has reason to know, that alcohol or other drugs are being consumed illegally by minors, and fails to leave despite having a reasonable opportunity to do so (*also referred to as the "Mere Presence Rule"*);
5. Engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system (excluding minor offenses such as traffic or hunting/fishing violations);
6. Excessively inappropriate or offensive conduct such as assaulting staff or students, gross insubordination (talking back or refusing to cooperate with authorities), serious hazing or harassment of others. NOTE: This includes group conduct.
7. Students will not represent themselves, or others, inappropriately, or unlawfully, on the internet. This would include blog sites, instant messaging, on-line profiles, etc.
8. Any student who has a gathering at his/her home/property where alcohol or drugs are being used will be given a penalty at the NEXT highest level above the level at which he/she would normally be suspended. Example: If a student hosts a party, and it is his/her first violation, since the party was at his/her home/property, he/she would be given a violation as their SECOND offense. NOTE: A student who hosts a party may not use the "Admission Prior to Determination" reduction.
9. Any situation or problem that may arise that is not specifically covered above may be reviewed by the high school/middle school administration for possible action.

#### Penalties for Violation of Co-curricular Good Conduct Rule

**First Offense within the Student's Middle School/High School Career:** 25% of the regularly scheduled events (to include the first WIAA playoff contest). If the suspension is not completed when a season ends, the remainder of the suspension will be served during the next season in which the student participates. Those students subjected to a penalty because of a drug or alcohol related offense are required to join and successfully complete an A.O.D.A. support group/or have a chemical assessment offered by the Student Assistance Program.

**Second Offense within the Student's Middle School/High School Career:** 50% of the regularly scheduled events (to include the first WIAA playoff contest). If the suspension is not completed when a season ends, the remainder of the suspension will be served during the next season in which the student participates. Those students subjected to a penalty because of a second offense related to the use of drugs or alcohol are required to have a chemical assessment and to be involved in an A.O.D.A. support group as determined by the building administrator.

**Third or More Offense(s) within the Student's Middle School/High School Career:** Calendar-year suspension. (Twelve months from the date of penalty) Those students subjected to a penalty because of a third offense relating to chemical misuse are required to have a chemical assessment and to successfully complete a prescribed program as deemed appropriate by the building administrator prior to further participation.

**Severity Clause:** Any student who supplies alcoholic beverages, controlled substances, and/or unlawfully possesses or uses a weapon will receive at least a one-year suspension from participation in NJSD activities.

NEENAH JOINT SCHOOL DISTRICT  
Neenah, Wisconsin  
ATHLETIC INSURANCE WAIVER

We (I) the undersigned, have adequate health and accident insurance and take full financial responsibility for any and all injuries sustained by our/my son/daughter/me

( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
Insert name of student/athlete      Grade

while participating, in practice sessions or competitions in practice sessions or actual competitions, in a WIAA sponsored sport in the athletic program of the Neenah Joint School District.

We (I) further knowingly and voluntarily waive any and all claims against and forever release the Neenah Joint School District, its Board Members, Officers, Agents and Employees arising from any injury received by ( \_\_\_\_\_ )

Names of student/athlete

while participating, whether it be in practice sessions or in actual competitions, in a WIAA sponsored sport in the athletic program of the Neenah Joint School District.

We (I) realize that the necessary physical examination card must be filed in the athletic office prior to first attending any athletic practice.

My insurance carrier is \_\_\_\_\_, and my policy number is \_\_\_\_\_.

Our/my signature below authorizes a coach or designated school district official to admit our/my son/daughter/me to a medical facility and or to the care of a physician, if conditions warrant such action.

Signed \_\_\_\_\_  
Parent or Legal Guardian

Signed \_\_\_\_\_  
Age of Majority Student  
(18 years of age or over)

Date \_\_\_\_\_

Student's ID Number: \_\_\_\_\_

# PARENT & ATHLETE AGREEMENT

---

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

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

Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete  
Signature \_\_\_\_\_

Date \_\_\_\_\_