

2024/2025

Lamoni Athletics

Good Conduct Policy

Sign-Off Sheet

We have read, understand, and will abide by the rules and regulations set forth as per the good conduct policy.

Athlete Signature

Parent/Guardian Signature

Date

Lamoni Community School
2024/2025

Interscholastic Program Participation Permission

I (We) understand that accidents may occur in athletics even though normal acceptable safety precautions have been taken. My son/daughter has my permission to practice and compete in the interscholastic program. I give my permission for the school to approve emergency medical treatment for my son/daughter should an accident happen and I cannot be reached for approval.

Parent's signature - I Do Approve

Phone number

Parent's signature - I Do Not Approve

Date

_____ You have our permission to call a physician in case of an emergency
_____ Contact us before a physician is called.

Annual Premiums

A.	Full-time (24 hr) with no sports	Grades PK-12	\$ 99.00
	Full-time (24 hr) with all sports (except football-grds 9-12)	7-12	\$174.00
B.	School-time with no sports	Grades PK-12	\$16.00
	School-time with all sports (excludes football, grades 9-12)	7-12	\$91.00
C.	Football coverage (football grades 7-8 covered with School or Full time All Sports Plans)	Grds 9-12	\$250.00
D.	Extended Dental Coverage	Grds PK-12	\$9.00

The School District **does not** purchase accident insurance to cover injuries incurred by your child at school. We encourage all families to have accident coverage on their children, prior to participation in any sport or school sponsored activity. If you have a plan with a **high deductible, limited benefits or no insurance** on your child, we encourage you to review this student insurance program.

In making application for coverage, please read the information carefully:

1. Visit www.sas-mn.com to complete the application process.
2. Make check or money order payable to STUDENT ASSURANCE SERVICES, INC.
3. Questions about the plans and coverages - call (800)328-2739.

Please sign and return the form below to school if you already have adequate insurance for your child.

PARENTAL INSURANCE WAIVER

Student's Name _____ We, the undersigned, feel we have adequate insurance protection for our son/daughter while practicing or participating in interscholastic sports, or other school sponsored activities @ Lamoni Comm. Schools.

Parent's/Guardian's Signature _____

_____ Date _____

7/2024

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must annually sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Student's Signature Date

Student's Printed Name

Parent's/Guardian's Signature Date

Student's Grade Student's School

Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- 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

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion



GOOD CONDUCT POLICY

To retain eligibility for participation in Lamoni Community School's extracurricular activities, students must conduct themselves as good citizens both in and out of school at all times.

Students who represent the school in an activity are expected to serve as good role models to other students and to the members of the community.

Any student who, after a hearing at which the student shall be confronted with the allegation, the basis of the allegation, and given an opportunity to tell the student's side, is found to have violated the school's Good Conduct Rule will be deemed ineligible for a period of time, as described below. A student may lose eligibility under the Good Conduct Rule for any of the following behaviors:

- possession, use, or purchase of tobacco products, including vaping products, regardless of the student's age;
- possession, use, or purchase of alcoholic beverages, including beer and wine (having the odor of alcohol on one's breath is evidence of "use");
- 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 failing to leave despite having a reasonable opportunity to do so;
- possession, use, purchase, or attempted sale/purchase of illegal drugs, or the unauthorized possession, use, purchase, or attempted sale/purchase of otherwise lawful drugs;
- 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), regardless of whether the student was cited, arrested, convicted, or adjudicated for the act(s);
- exceedingly inappropriate or offensive conduct such as assaulting staff or students, gross insubordination (talking back or refusing to cooperate with authorities), hazing or harassment of others.

Such harassment does not have to rise to the level of violating the school's anti-bullying/harassment policy, but rather may include inappropriate and/or disparaging comments to or about others, whether made verbally, in writing, or by electronic means (e.g., text messages, electronic mail, or posting on social networking sites). Examples of such harassment includes, but is not limited to: threats; inappropriate comments about the traits of an individual or group; creating parodies to make fun of others; posting or otherwise sharing potentially embarrassing photographs, drawings, video, or depictions of others without permission. NOTE: This could include group conduct! This rule is not intended to prevent a student from expressing his/her religious or political beliefs.

If a student transfers in from another Iowa school or school district and the student had not yet completed a period of ineligibility for a violation of a Good Conduct Rule in the previous school, the student shall be ineligible if the administration determines that there is general knowledge in our school district of the fact of the student's misconduct or violation in the previous district.

Consequences

The Good Conduct Rule will be in effect 365 days a year. It will be enforced during the period directly following the misconduct. When the administration believes it is more likely than not the students violated the Good Conduct Rule, the student is subject to loss of eligibility as follows:

First Offense during a student's middle school or high school career: A student who has been found to have violated the Good Conduct Rule will be ineligible from participation in extracurricular activities for seven calendar days. After the initial ineligibility period, the student may begin working toward regaining eligibility. To regain eligibility (including practice), the student shall be required to complete an educational program of four to eight (4-8) contact hours and complete at least ten (10) hours of community service as follows:

1. Take part in a professional/educational program regarding the violation, so as to assist the student in correction of the violation. The guidance counselor can help set up this educational program which must include a visit to a professional and/or attendance at educational classes/meetings relating to the student's specific problem (alcohol, illegal chemicals, tobacco, misbehavior, or vandalism). An online class could be appropriate. A fee may be assessed to the student for the cost of the program. The guidance counselor shall follow up on each case and inform the administration in writing as to when and if the student has fulfilled his/her contractual obligation prior to further participation.
2. Work at least ten (10) hours in school and/or community service. When the service project is complete, the student will complete a statement identifying the project and the amount of community service time spent signed by the project supervisor.
3. A student who fails to complete the educational and community service requirements within four weeks shall be ineligible from all extracurricular activities for nine (9) calendar weeks.
4. Before the administrator or his designate initiates an investigation, a student has the opportunity to self-report. If a student self-reports a violation of the Good Conduct Policy to the administrator or his designate, the student will reduce the consequences as follows: (first offense only not available for second or third offenses) after the mandatory seven calendar days of ineligibility, the community service will not be required.

Second Offense during a student's middle school or high school career: The student shall be given a maximum suspension of 12 calendar weeks. This shall commence immediately upon the finding of guilt. At the discretion of the Principal, a student may be eligible for up to a 50% reduction of this suspension by completing a rehabilitation program or by seeking professional counseling or assistance. The student and/or family must agree to a release of medical information for administrative verification purposes.

Third and Subsequent Offenses during a student's middle school or high school career: The student will be ineligible to participate in extracurricular activities for up to one (1) calendar year.

Safe Harbor: If a student, in good faith, suspects that he or she needs assistance in dealing with a personal substance abuse problem before it is known to the school, the student may request assistance from the school administration, guidance counselor, student assistance team, coach or sponsor of an activity without fear of penalty under the Good Conduct Rule. The student must, at his/her own expense, enter and follow a prescribed program of assessment, evaluation and treatment, if indicated by a non-school agency, and must make the administration aware of her or his participation in such a program by providing a written confirmation from the agency providing the program. This option may be used once per middle school career and once per high school career.

Academic Consequences/Good Conduct Policy

Unless the student violated the Good Conduct Rule while on school grounds or at a school event or activity off school grounds, there will be no academic consequences (e.g., detention, suspension from school) for the violation.

Severe Offenses/Good Conduct Policy

Any behavior deemed by administration to severely affect the safety and welfare of self or others will be dealt with under the consequences of the second and subsequent offenses. Severe offenses may include, but are not limited to: bomb threats, selling of drugs, or possession of a weapon.

Appeals/Good Conduct Policy

Any student who is found by the administration to have violated the Good Conduct Rule may appeal this determination to the superintendent by contacting the superintendent within 3 days of being advised of the violation. The penalty will be in effect pending the superintendent's decision.

If the student is still dissatisfied, he or she may appeal to the school board by filing a written appeal with the board secretary at least 24 hours prior to the next board meeting. The review by the board will be in closed session unless the student's parent (or the student, if the student is 18) requests an open session. The grounds for appeal to the school board are limited to the following: the student did not violate the Good Conduct Rule; the student was given inadequate due process in the investigation and determination, or the penalty is in violation of the Handbook Rule or Board Policy. The penalty will remain in effect pending the outcome of the meeting with the board.

If the school board reverses the decision of the administration, the student shall be immediately eligible and shall have any record of the ineligibility period and violation deleted from the student's record.

IOWA ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

Please complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____

Date of Birth: _____

Date of Examination: _____

Sport(s): _____

Home Address (Street, City, Zip): _____

School District: _____

Parent's/Guardian's Name: _____

Phone #: _____

Physician: _____

Phone #: _____

History Form:

List past and current medical conditions.

Have you ever had a surgery? If "yes", list all past surgical procedures.

Medicines and Supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (to medicines, pollen, food, stinging insects, etc.)

PHQ-4: Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response)

	Not at all	Several Days	Over half the days	Nearly Everyday
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 is considered positive on either subscale [Questions 1 and 2, or Questions 3 and 4] for screening purposes)

SCORE: _____

In the section below, if you answer "yes" to any questions, please explain further in the space provided at the end of this form. Circle any questions you don't know the answer to.

General Questions:

Y N

- Do you have any concerns that you would like to discuss with your provider?
- Has a provider ever denied or restricted your participation in sport for any reason?
- Do you have any ongoing medical issues or recent illnesses?

Heart Health Questions:

Y N

- Have you ever passed out or nearly passed out during or after exercise?
- Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?
- Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?
- Has a doctor ever told you that you have any heart problems?
- Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography?
- Do you get lightheaded or feel shorter of breath than your friends during exercise?
- Do you have high blood pressure or high cholesterol?

Questions about your Family:

Y N

- Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?
- Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?
- Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?
- Does anyone in your family have asthma?

Bone and Joint Questions:

Y N

- Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?
- Have you had an X-ray, MRI, CT scan or physical therapy for any reason?
- Do you have a bone, muscle, ligament or joint injury that bothers you?
- Do you currently, or have you in the past worn orthotics, braces or protective equipment for any reason?

Medical Question:

Y N

- Do you cough, wheeze or have difficulty breathing during or after exercise?
- Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?
- Do you have groin or testicle pain or a painful bulge or hernia in the groin area?
- Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?
- Have you had a concussion? Or a head injury that caused confusion, a prolonged headache, or memory problems?
- Have you ever had a seizure?
- Do you get frequent headaches?
- Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?
- Have you ever become ill when exercising in the heat?
- Do you have sickle cell trait or disease? Or anyone in your family?
- Have you ever had or do you have any problems with your eyes or vision?
- Do you worry about your weight?
- Are you trying to or has anyone recommended that you gain or lose weight?
- Are you on a special diet or do you avoid certain types of foods or food groups?
- Have you ever had an eating disorder?

FEMALES only:

Y N

- Have you ever had a menstrual period?
- How old were you when you had your first menstrual period?
- When was your most recent menstrual period?
- 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 questions on this form are complete and correct.

Signature of Athlete: _____

Signature of Parent or Guardian: _____

Date: _____

Physical Examination *(To be filled out by medical provider)*

Consider additional questions as below:

Y N

- 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?
- Do you drink alcohol or use any other drugs?
- Have you taken prescriptions medications that were not yours or outside of their intended use?
- 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 and a helmet?
- Do you use condoms if you are sexually active?

EXAMINATION

Height: _____ Weight: _____

BP: _____ / _____ (_____ / _____) Pulse: _____ Vision: R 20/____ L 20/____ Corrected Y / N

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency) 		
Eyes, ears, nose and throat <ul style="list-style-type: none"> • Pupils equal & Hearing 		
Lymph Nodes		
Heart <ul style="list-style-type: none"> • Murmurs (auscultation standing, auscultation supine, and ± Valsalva) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> • Herpes Simplex Virus, lesions suggestive of MRSA or Tinea Corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, hand, and fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional <ul style="list-style-type: none"> • May include: Duck Walk, 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.

Medical Eligibility Form

Student Athlete Name: _____ Date of Birth: _____ Date of Examination: _____

I acknowledge and give consent for a copy of this entire form to be kept in the student's school record. I agree that should student's health change in any way that would alter this form that I will inform the school as soon as possible.

Signature of Parent or Guardian: _____ Date: _____

Shared Emergency Information *(To be filled out by athlete/athlete's caregiver)*

Allergies:

Medications:

Other Information:

Emergency Contacts:

<u>Name</u>	<u>Relationship</u>	<u>Contact Information</u>
_____	_____	_____
_____	_____	_____

Participation Eligibility *(To be filled out by medical provider)*

- Medically Eligible for 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 in this form. A copy of the physical examination findings 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, the provider 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 health care professional (print): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional:
