

# Clark County High School March Newsletter

February is wrapping up with some strange weather! Hitting highs of nearly 80 one day and starting the next morning at 15! Hopefully, our March weather isn't as fickle and we are able to enjoy some mild temperatures and warmer weather to kick off our spring!

Baseball, Track and Golf seasons start up this month and, currently, our athletes are putting in the work to get well-prepared! Scholar Bowl and eSports are both in full swing and are performing well in their competitions. We are so thankful to all of our coaches that they work hard to provide these opportunities for our students! We appreciate the positive community support that we get from you all at these events. We've received several great comments from visiting schools regarding how well our students and student section conduct themselves at games and we want to recognize that high degree of character!

I am also excited to announce that Mr. Dennis Dent has been chosen to be the high school principal beginning the 2024-25 school year. I've appreciated my time at Clark County R-1 greatly and will miss the fantastic faculty, staff, and students in our district. I feel confident that the high school is in good hands with Mr. Dent and that Clark County R-1 High School can look forward to great things to come!

*-Mr. Taylor*





# 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
T= Track BB = Base- ball G= Golf SB = Scholar Bowl					1 Brunswick CDE Contest	2 Columbia CDE Contest SB MS @ Scotland Tourney
3	4 Jr. Immunizations	5 CCFA Banquet 6:00	6	7 FFA mtg 6:30	8 Courtwarming Dance 7:00 –10:00 pm	9 Quincy Showcase of Excellence Elsberry CDE Contest
10	11 <b>NO SCHOOL PD</b> Centralia LDE Contest	12 ACT Juniors	13 Area LDE Contest	14	15 <b>End 3rd qtr</b>	16 BB V/JV @ Moberly 1:00 SB Conference @ Brookfield  Band Bingo 6:00 HS Commons
17  	18 Grade cards to students BB V/JV @ Schuyler 5:00 T V @ Kirksville 3:30	19 <b>P/T Conferences 3:30—7:00 pm</b>	20 SB MS/V (H) Canton 4:30 School Physicals	21 NCMC CDE Contest	22 <b>NO SCHOOL</b> BB V/JV @ Illini West 5:00 SB MS @ Schuyler Tourney	23 Solo/ Ensemble @ Kirksville All day
24	25 BB V/JV @ Centralia 5:00	26 HS Contest Concert 7:00 pm	27 FFA North Shelby CDE BB V/JV (H) Macon 5:00	28 T B @ Van Buren 5:00 BB JV/V (H) Scotland 5:00	29 <b>NO SCHOOL—Spring Break</b>	30 BB V @ Westran 10:00 am
31  						

# March 2024

Clark HS  
March 2024 HS Lunch

				<div>Lunch Entree Philly Cheesesteak Pizza BBQ Bacon Chicken Sandwich Big Mack Salad Vegetables Fresh Garden Salad Glazed Carrots Fruit Fresh Fruit Chilled Fruit Grains Fruit Muffin</div>	01				
<div>Lunch Entree Scrambled Eggs w. French Toast Sticks Nashville Hot Chicken BBQ Pork Salad Vegetables Fresh Garden Salad Tater Tots Fruit Fresh Fruit Chilled Fruit Grains Italian Bread</div>	04	<div>Lunch Entree Chicken Nachos w. White Queso Pepperoni Calzone Taco Salad Vegetables Fresh Garden Salad Texas Pintos Fruit Fresh Fruit Chilled Fruit Grains Cornbread</div>	05	<div>Lunch Entree Chicken Patty Beef and Noodles Caesar Salad Vegetables Mashed Potatoes Glazed Carrots Fruit Fresh Fruit Chilled Fruit Grains Hot Roll</div>	06	<div>Lunch Entree Cheeseburger Stromboli Pinwheel BLTE Salad Vegetables Fresh Garden Salad Corn Fruit Fresh Fruit Chilled Fruit Grains Garlic Biscuit</div>	07	<div>Lunch Entree Hawaiian Pizza Triple Jalapeno Chicken Sandwich Chef Salad Vegetables Fresh Garden Salad Fresh Broccoli Fruit Fresh Fruit Chilled Fruit Grains Italian Bread</div>	08
<div>Lunch Entree Chicken and Waffles Chili Dog Chef Salad Vegetables Fresh Garden Salad French Fries Fruit Fresh Fruit Chilled Fruit Grains Garlic Biscuit</div>	11	<div>Lunch Entree Pork Enchiladas Buffalo Chicken Grilled Cheese Sweet N Sour Salad Vegetables Fresh Garden Salad Texas Pintos Fruit Fresh Fruit Chilled Fruit Grains Italian Bread</div>	12	<div>Lunch Entree Chicken Patty Roast Turkey Caesar Salad Vegetables Mashed Potatoes Corn Fruit Fresh Fruit Chilled Fruit Grains Hot Roll</div>	13	<div>Lunch Entree NEW ITEM Noodle Bowl BBQ Pork Sandwich Popcorn Chicken Salad Vegetables Cheesy Cauliflower Popcorn Fresh Garden Salad Fruit Fresh Fruit Chilled Fruit Grains Italian Bread</div>	14	<div>Lunch Entree Jalapeno Popper Pizza Cheeseburger Taco Salad Vegetables Fresh Garden Salad Baby Carrots Fruit Fresh Fruit Chilled Fruit Grains Fruit Muffin</div>	15
<div>Lunch Entree Chicken Alfredo Peanut Butter and Jelly Sandwich Chicken Bacon Ranch Salad Vegetables Fresh Garden Salad Steamed Broccoli Fruit Chilled Fruit Fresh Fruit Grains Italian Bread Misc. Colby Jack Cheese Stick</div>	18	<div>Lunch Entree BBQ Pork Nachos NEW ITEM Chicken Pot Pie Soup w. Biscuit BLTE Salad Vegetables Fresh Garden Salad Refried Beans Fruit Fresh Fruit Chilled Fruit Grains Cornbread</div>	19	<div>Lunch Entree Chicken Patty Hamburger Steak Chef Salad Vegetables Mashed Potatoes Green Beans Fruit Fresh Fruit Chilled Fruit Grains Hot Roll</div>	20	<div>Lunch Entree French Toast Chicken Sandwich Cheeseburger Cobb Salad Vegetables Fresh Garden Salad Oven Fries Fruit Fresh Fruit Chilled Fruit Grains Italian Bread</div>	21	<div>Lunch Entree Dill Pickle Pizza Cheesy BBQ Beef Sandwich Big Mack Salad Vegetables Fresh Garden Salad Honey Garlic Roasted Carrots Fruit Fresh Fruit Chilled Fruit Grains Garlic Biscuit</div>	22
<div>Lunch Entree Cheeseburger BBQ Chicken Sandwich Big Mack Salad Vegetables Fresh Garden Salad Corn Fruit Chilled Fruit Fresh Fruit Grains Italian Bread</div>	25	<div>Lunch Entree NEW ITEM Four Layer Quesadilla French Dip Sandwich BBQ Pork Salad Vegetables Fresh Garden Salad Cowboy Beans Fruit Fresh Fruit Chilled Fruit Grains Garlic Biscuit</div>	26	<div>Lunch Entree Chicken Patty Glazed Ham W. Roasted Pineapple Strawberry Salad Vegetables Mashed Potatoes Glazed Carrots Fruit Fresh Fruit Chilled Fruit Grains Hot Roll Desserts Lemon Crinkle Cookie</div>	27	<div>Lunch Entree Bacon Mac N Cheese Cuban Sandwich Italian Chef Salad Vegetables Fresh Garden Salad Tater Tots Fruit Fresh Fruit Chilled Fruit Grains Italian Bread</div>	28	<div>Lunch Entree Bacon Chicken Ranch Pizza Corn Dog Caesar Salad Vegetables Fresh Garden Salad Fresh Broccoli Fruit Fresh Fruit Chilled Fruit Grains Fruit Muffin</div>	29

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- fax: (833) 258-1565 or (202) 696-7442; or
- email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

# March 2024

Clark HS  
March HS/MS Breakfast

				01 <b>Breakfast Entree</b> Biscuits & Pepper Gravy Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Toast w. Margarine and Jelly <b>Misc.</b> Sausage Patty
04 <b>Breakfast Entree</b> New Item Waffle Nachos Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Cinnamon Toast	05 <b>Breakfast Entree</b> New Item Maple Bacon Sweet Roll Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Misc.</b> Yogurt	06 <b>Breakfast Entree</b> New Item Breakfast Pizza Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Toast w. Margarine and Jelly	07 <b>Breakfast Entree</b> New Item Strawberry Cheesecake Parfait Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Muffin Square	08 <b>Breakfast Entree</b> New Item Honey Glazed Chicken Biscuit Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Cinnamon Toast
11 <b>Breakfast Entree</b> Sausage Pancake on a Stick Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Toast w. Margarine and Jelly	12 <b>Breakfast Entree</b> French Toast Sticks Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Muffin Square	13 <b>Breakfast Entree</b> Egg, Bacon, and Cheese Bagel Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Cinnamon Toast	14 <b>Breakfast Entree</b> Donut Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Misc.</b> Colby Jack Cheese Stick	15 <b>Breakfast Entree</b> Biscuits & Pepper Gravy Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Toast w. Margarine and Jelly <b>Misc.</b> Sausage Patty
18 <b>Breakfast Entree</b> Sausage Breakfast Pizza Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Cinnamon Toast	19 <b>Breakfast Entree</b> Cherry Pie Sweet Roll Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Misc.</b> Yogurt	20 <b>Breakfast Entree</b> Western Egg 'N' Bacon Sandwich Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Toast w. Margarine and Jelly	21 <b>Breakfast Entree</b> Pancake Bites Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Muffin Square	22 <b>Breakfast Entree</b> Egg and Cheese Biscuit Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Cinnamon Toast
25 <b>Breakfast Entree</b> Colby Egg Omelet Assorted Cereal <b>Fruit</b> Fresh Fruit Assorted Fruit Juice <b>Grains</b> Toast w. Margarine and Jelly	26 <b>Breakfast Entree</b> Waffles Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Cinnamon Toast	27 <b>Breakfast Entree</b> Lemon Strawberry French Toast Casserole Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Grains</b> Muffin Square	28 <b>Breakfast Entree</b> Egg, Bacon, and Cheese Bagel Assorted Cereal <b>Fruit</b> Chilled Fruit Assorted Fruit Juice <b>Misc.</b> Mozzarella Cheese Stick	29 <b>Breakfast Entree</b> Biscuits & Pepper Gravy Assorted Cereal <b>Fruit</b> Assorted Fruit Juice Chilled Fruit <b>Grains</b> Toast w. Margarine and Jelly <b>Misc.</b> Sausage Patty



## Scotland County Hospital & Clinics

*Caring for you, when you need us.*

Dear Parent(s):

Clark Co. School is proud to announce that there will be sports physical and flexibility screening on March 20, 2024 conducted by Scotland County Hospital & Clinics Free of Charge.

Sports physicals and flexibility screenings will start at 9:00 a.m. until completed.

Please complete the information below and sign the Consent form and complete the following information on the Physical Forms:

Consent Form – Complete all information below. Parent signature is required.

- ☐ Page 1 of 7: Medical History Form & Patient Health Questionnaire.
- ☐ Page 2 of 7: Medical History Continued – Answer yes or no for all of the questions. Parent Signature and Student Signature are required at the bottom of this form.
- ☐ Page 3 of 7: Physical Examination Form – Fill in Student Name and Date of Birth only.
- ☐ Page 4 of 7: Blank Page
- ☐ Page 5 of 7: Medical Eligibility form – Complete student name, date of birth, age, grade, address, and telephone number only. Page 6 of 7: Parent/Guardian Signature
- ☐ Page 7 of 7: Student signature three times. Parent/Guardian signature two times.
- ☐ Concussion Information (page 1 - 6) - Keep at home.

**YOU MUST HAVE THESE FORMS COMPLETED TO PARTICIPATE.**

**DUE FRIDAY, MARCH 8TH**

I give permission for my child, (full name) \_\_\_\_\_, (age) \_\_\_\_\_, and grade for next year \_\_\_\_\_ to participate in sports physical and flexibility screening on March 20, 2024.

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

\_\_\_\_\_  
Date

Parent/Guardian Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

450 E. Sigler Avenue • Memphis, MO • Telephone (660) 465-8511  
Edina (660) 460-8140 Lancaster (660) 457-3655 Memphis (660) 465-2828 Wyaconda (660) 457-5553

This institution is an equal opportunity provider and employer.

## MSHSAA Preparticipation Physical Forms/Procedure

**Medical History Form (Step 1):** Issued to Student/Parent(s)/Guardian, Completed by Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

**Note:** If the student is under 18 years old, the Medical History questions are to be completed with assistance from parent(s)/guardian(s).

**Note:** The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination (PPE) shall keep this Medical History form in the patient's files for their records.

**This Medical History form is NOT returned to the school.**

MEDICAL HISTORY				
Name:			Date of Birth:	
Sex assigned at birth (F, M or intersex):		How do you identify your gender? (F, M or other):		
List past and current medical conditions:				
Have you ever had 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 of your allergies (i.e., medicines, pollens, food, stinging insects):				
PATIENT HEALTH QUESTIONNAIRE VERSION 4 (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 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 $\geq 3$ is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.				

(Medical History Continued – Next Page)

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

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. 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)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. 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?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF "YES," EXPLAIN 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 Student:
Signature of Parent(s) or Guardian:
Date:

**Preparticipation Physical Examination Form (PPE) (Step 2): Issued to Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.**

**Note:** This PPE form is the recommended PPE form intended for guiding the healthcare professional (MD/DO/ARNP/PA/DC) with the completion of a preparticipation physical evaluation.

**Note:** The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination shall keep this PPE form in the patient's files for their records. **This PPE form is NOT returned to the school.**

**PRE-PARTICIPATION PHYSICAL EXAMINATION**

Name:		Date of Birth:	
<b>EXAMINATION</b>			
Height:		Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency)			
Eyes, ears, nose and throat • Pupils equal • Hearing			
Lymph Nodes			
Heart* • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)			
Lungs			
Abdomen			
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis			
Neurological			
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional • Double-leg squat test, single-leg squat test and box drop or step drop test			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
<b>Physician Reminders:</b> Consider additional questions on more-sensitive issues. <ul style="list-style-type: none"> <li>• Do you feel stressed out or under a lot of pressure?</li> <li>• Do you ever feel sad, hopeless, depressed or anxious?</li> <li>• Do you feel safe at your home or residence?</li> <li>• Have you ever tried cigarettes, chewing tobacco, snuff or dip?</li> <li>• During the past 30 days, did you use chewing tobacco, snuff or dip?</li> <li>• Do you drink alcohol or use any other drugs?</li> <li>• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?</li> <li>• Have you ever taken any supplements to help you gain or lose weight or improve your performance?</li> <li>• Do you wear a seat belt, use a helmet and use condoms?</li> </ul>			



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Proceed to next page for  
Medical Eligibility Form



### MSHSAA Medical Eligibility Form (Step 3):

Issued to Student/Parent(s)/Guardian, Taken to/Completed by Healthcare Professional (MD/DO/ARNP/PA/DC), Copy Retained by Healthcare Professional, Returned to School Administration.



**Note:** This Medical Eligibility form is the form to be used by a healthcare professional (MD/DO/ARNP/PA/DC) for granting a medical release for a student to participate in All Sports – Spirit – Marching Band after the completion of a preparticipation physical evaluation.

**Note:** The health care professional (MD/DO/ARNP/PA/DC) must complete this form, retain a copy in the patient's files for their records and issue this form to the student/parent.

### This Medical Eligibility form MUST be returned to the school.

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

Age \_\_\_\_\_ Sex assigned at birth (F,M, intersex) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

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

☐ Medically eligible for all Sports-Spirit-Marching Band without restrictions for two (2) years.

☐ Medically eligible for all Sports-Spirit-Marching Band without restriction for two (2) years with recommendations for further evaluation or treatment of: \_\_\_\_\_

☐ Medically eligible for all Sports-Spirit-Marching Band without restriction for less than two (2) years. Specify reasons and duration of approval: \_\_\_\_\_

☐ Medically eligible for certain Sports-Spirit-Marching Band: \_\_\_\_\_

☐ NOT medically eligible for Sports-Spirit-Marching Band

☐ NOT medically eligible pending further evaluation: \_\_\_\_\_

I have examined the above-named student and completed the pre-participation physical evaluation. Unless otherwise indicated, the student does not present apparent clinical contraindications to practice and participate in the sport(s) or activities 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 student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parents/guardians).

Name of health care professional (Print/Type) \_\_\_\_\_ Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Healthcare Professional (MD/DO/PA/ARNP/DC): \_\_\_\_\_

Clinic Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Student's Physician \_\_\_\_\_

Student's Dentist \_\_\_\_\_

**PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)**

**Informed Consent:** By its nature, participation in interscholastic athletics/activities includes risk of serious bodily injury and transmission of infectious disease such as HIV, Hepatitis B, severe acute respiratory syndrome (COVID-19) and/or any mutation or variation thereof. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic/activity programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student being a minor, but that, if necessary, the student will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics/activities. We also give our consent for him/her to accompany the school group on trips and will not hold the school responsible in case of accident, injury or illness whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

In the event of an emergency or when the Parent(s) or Guardian is unable to directly supervise health care services needed by the student for injuries or illnesses sustained at any athletic/sport and/or activity practice, conditioning exercise or contest, I also give my consent to the rendering of necessary health care services for the student by a qualified provider (QP) covering the athletic/activity practice, conditioning exercise or contest, including an athletic trainer, physician, physician assistant, nurse practitioner or other medically-trained professional licensed by the State of Missouri (or the state in which the student injury or illness occurs) and who is acting in accordance with the scope of practice under their designated state license and any other requirement imposed by state law. In emergency situations, the QP may also be a certified paramedic or emergency medical technician for the purpose of providing emergency health care and transport. Health care services are defined as services including, but not limited to, evaluation, diagnosis, first aid, emergency care, stabilization, treatment and referral. I further authorize the QP who provides such health care services to disclose such information about the student's injury or illness, diagnosis, care and treatment in the professional judgment of the QP to the student's athletic director, coaches/directors, school nurse and any classroom teacher required to provide academic accommodation to assure the student's recovery and safe return to activity. If the Parent(s) or Guardian believes that the student is in need of further evaluation, treatment, rehabilitation or health care services for the injury or illness, the student may be treated by the physician or provider of his or her choice.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics/activities in the MSHSAA member school, I consent to the release of any and all portions of school record files to MSHSAA, beginning with sixth or seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics/activities is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team or group either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic/activity-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has healthcare insurance coverage or healthcare expense payment plan.

The parent(s) or guardian below verify that the student is covered by a healthcare insurance coverage or healthcare expense payment plan.

☐ Yes ☐ No

I have read and acknowledge the information presented above and hereby grant consent for the named student to participate.

Signature of Parent(s) or Guardian:

Date:

**STUDENT AGREEMENT (Regarding Conditions for Participation)**

This application to represent my school in interscholastic athletics/activities is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the *MSHSAA Handbook* is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the *Handbook* are also posted on the MSHSAA website at [www.mshsaa.org](http://www.mshsaa.org)).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics/activities programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team or group either temporarily or permanently.

I understand that if I drop a class, take course work through Post -Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA academic standards and my eligibility.

I understand that participation in interscholastic athletics/activities is a privilege and not a right. As a student participant, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Student:

Date:

**PARENT AND STUDENT SIGNATURE (Concussion Materials)**

I have received and read the MSHSAA materials on Concussions, which includes information on the definition of a concussion, symptoms of a concussion, what to do if I have a concussion and how to prevent a concussion. I will inform my school and athletic trainer/team physician immediately if I experience any of these symptoms or if I witness a teammate with these symptoms.

Signature of Student:

Date:

Signature of Parent(s) or Guardian:

Date:

**PARENT AND STUDENT SIGNATURE (Injury Risk/Disclosure)**

I accept responsibility for reporting all injuries and illnesses, to my school and medical staff (athletic trainer/team physician). We acknowledge that there is a risk of injury by participation in all sports and activities and failure to disclose injuries may result in further complications.

Signature of Student:

Date:

Signature of Parent(s) or Guardian:

Date:





## A PARENT'S / GUARDIAN'S GUIDE TO CONCUSSION

National Federation of State High School Associations (NFHS)  
Sports Medicine Advisory Committee (SMAC)

### What is a concussion?

- A concussion is a traumatic brain injury that interferes with the normal function of the brain. Concussions were previously referred to as a "ding" or a "bell-ringer" but this undermines the seriousness of problem. Any suspected concussion must be taken very seriously. An athlete does not need to lose consciousness (be "knocked-out") to suffer a concussion. In fact, less than 5% of concussed athletes suffer a loss of consciousness.

### Concussion Facts

- Structural injuries, like torn ligaments and broken bones, can be seen on an x-ray or on scans like an MRI. On the other hand, a concussion is a disruption of how the brain works, or its function, and not in its structure. That is why CAT scans and MRIs are typically normal. The injury affects the way the brain works, not how it looks.
- It is estimated that over 300,000 high school athletes across the United States suffer a concussion each year. (Data from the NFHS Injury Surveillance System, "High School RIO™")
- Concussions can happen in any sport. While they are more common in sports that involve collisions, athletes in all sports are at risk for a concussion. When researchers looked at 14 different high school sports, they found that over two-thirds of concussions result from contact with another athlete and the second leading cause of concussion, is player-to-surface contact. This includes falling and hitting the ground.
- An athlete may report many physical, behavioral, and cognitive symptoms. Physical symptoms include headaches, nausea, vomiting, dizziness, and sleep changes. Some behavioral changes include irritability, anxiety, and depression. Cognitive symptoms are changes in the way we think and include feeling sluggish, hazy, or foggy, difficulty concentrating or memory problems, and confusion.
- Many symptoms appear immediately after the injury, while others may develop over the next several days. The symptoms can interfere with normal daily life in addition to difficulty with school, work, and social life.
- Concussion symptoms may last from a few days to several months. It is important to remember that each student athlete responds and recovers differently.
- Athletes should not return to sports or activities that will put them at risk for another head injury until the concussion has completely resolved. To do so puts them at risk for worsening and prolonged symptoms and a more severe injury. While rare, a repeat concussion can also result in severe swelling and bleeding in the brain. This condition can lead to death or permanent disability.

### What should I do if I think my child has had a concussion?

If your child sustains a head injury, it is good to be aware of the signs and symptoms of a concussion. If you suspect an athlete has a concussion, the athlete must be immediately removed from activity. Continuing to participate in a contact or collision sport while experiencing concussion symptoms can lead to worsening of symptoms, increased risk for further injury and sometimes death.

Parents and coaches should not make the diagnosis of a concussion. Any athlete suspected of having a concussion should be evaluated by a medical professional trained in the diagnosis and management of concussions.

## When in doubt, sit them out!

All athletes who sustain a concussion need to be evaluated by an appropriate health-care professional who is experienced in concussion management. If your child's school has an athletic trainer (AT), please inform the AT of your concerns. You should also call your child's primary care provider and explain what has happened and follow the instructions you are given. Sometimes, an injury is more severe than it appears. If your child has persistent vomiting, a worsening headache, a seizure, or is acting differently, you should take your child to an emergency department for immediate attention.

### What are the signs and symptoms of a concussion?

#### SIGNS OBSERVED BY PARENTS, ATHLETIC TRAINERS, FRIENDS, TEACHERS OR COACHES

- Dazed or stunned appearance
- Confusion about assignment or position
- Forgetfulness
- Uncertainty of game, score, or opponent
- Clumsy movements
- Slow response to questions
- Mood, behavior or personality changes
- Can't recall events prior to or after hit or fall

#### SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- "Not feeling right" or "feeling down"

### **How can a concussion affect schoolwork?**

Following a concussion, many students have difficulty in school due to difficulties with short-term memory, concentration, and organization.

In many cases after the injury, it is best to decrease the athlete's class load early in the recovery phase. This may include staying home from school for no more than 1 or 2 days, followed by academic adjustments (such as a reduced class schedule), until the athlete has fully recovered. Decreasing the stress on the brain and not allowing the athlete to push through symptoms will shorten the recovery time and ensure total resolution of symptoms. The academic adjustments are best managed by a school concussion team. Speak with the school guidance counselor, school nurse, or athletic trainer to help with this process.

### **When can an athlete return to play following a concussion?**

After suffering a concussion, or if you suspect an athlete has a concussion, **no athlete should EVER return to play or practice on that same day.**

Concerns over athletes returning to play too quickly led lawmakers in all 50 states and the District of Columbia to pass laws stating that **no player shall return to play the day of a concussion, and the athlete must be cleared by an appropriate health-care professional before being allowed to return to play in either games or practices.** Many of these laws require players, parents and coaches to receive education on the dangers of concussion in addition to recognizing the signs and symptoms of concussion. **Click here to see what your state law requires:**

**[http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pmr/documents/concussion\\_toolkit/laws/state.htm](http://www.ucdenver.edu/academics/colleges/medicalschoo/department/pmr/documents/concussion_toolkit/laws/state.htm)**

Once an athlete no longer has symptoms of a concussion AND is cleared by an appropriate health-care professional to begin a return to play progression, the athlete must proceed with activity in a step-wise fashion in a carefully controlled and monitored environment to allow the brain and body to re-adjust to exertion. On average, the athlete will complete a new step every 24-48 hours. An example of a typical return-to-play schedule is shown below:

### **Return to Play Progression:**

#### **Step 1: Back to Regular Activities**

To enter into the return to play protocol the athlete should first be back to regular activities (such as school) and has the cleared by their health-care professional to begin the return to play process. In most all cases, the athlete should have all concussion-related academic adjustments removed prior to beginning the Return to Play Program.

#### **Step 2: Light Aerobic Activity**

Begin with light aerobic exercise only to increase heart rate. This means about 5 to 10 minutes on an exercise bike, brisk walking, or light jogging. No anaerobic activity such as weight lifting should be done at this stage.

#### **Step 3: Moderate Activity**

Continue with activities that increase an athlete's heart rate while adding movement. This includes running and skating drills.



#### **Step 4: Non-Contact Training Activity**

Add sports specific, more intense, non-contact physical activity, such as passing in hockey, dribbling in basketball or soccer, high-intensity stationary biking, regular weightlifting routine.

#### **Step 5: Practice and Full Contact**

The athlete may return to practice and full contact (if appropriate for the sport) in a controlled practice setting where the skills can be assessed by the coaches.

#### **Step 6: Competition**

The athlete may return to competition.

**If symptoms occur at any step, the athlete should immediately stop activity and consult with a qualified appropriate health-care professional before moving on to the next step.**

#### **What can I do?**

- ☐ Both you and your child should learn to recognize the “Signs and Symptoms” of concussion as listed above.
- ☐ Encourage your child to tell the medical and/or coaching staff if any of these signs and symptoms appear after a blow to the head or body.
- ☐ Emphasize to administrators, coaches, physicians, athletic trainers, teachers and other parents your concerns and expectations about concussion and safe play.
- ☐ Encourage your child to tell the medical and coaching staff if there is suspicion that a teammate has suffered a concussion.
- ☐ Ask teachers to monitor any decrease in grades or changes in behavior in students that could indicate a concussion.
- ☐ Report concussions that occurred during the school year to appropriate school staff. This will help in monitoring injured athletes as they move to the next season’s sports.

Click here for more information about returning to school after a concussion:

**[http://www.cdc.gov/headsup/basics/return\\_to\\_school.html](http://www.cdc.gov/headsup/basics/return_to_school.html)**

#### **Other Frequently Asked Questions:**

**Why is it so important that athletes not return to play until they have completely recovered from a concussion?**

Students that return to play too soon may worsen concussion symptoms, prolong the recovery time, and they also risk catastrophic consequences if they suffer another head injury. These consequences are preventable if each athlete is allowed time to recover from their concussion including completing the stepwise return-to-play protocol. No athlete should return to sport or other at-risk activity when signs or symptoms of concussion are present and recovery is ongoing.

**Is a “CAT scan” or MRI needed to diagnose a concussion?**

**No!** The diagnosis of a concussion is based upon the athlete’s history of the injury and an appropriate health-care professional’s physical examination and testing. CT and MRI scans are rarely needed following a

concussion since this is a functional injury and not a structural one. However, they are helpful in identifying life-threatening head and brain injuries such as skull fractures, bleeding or swelling.

**What is the best treatment to help my child recover quickly from a concussion?**

Treatment for concussion varies from one person to the next. Immediately after a concussion, the best treatment is physical and cognitive rest. Exposure to loud noises, bright lights, computers, tablets, video games, television and smart phones may worsen the symptoms of a concussion. You should allow your child to rest in the days following a concussion. As the symptoms lessen, an appropriate health-care professional may allow increased physical and cognitive activity, but this has to be monitored closely for a recurrence of symptoms.

There are no medications to treat concussions, but an appropriate health-care professional may prescribe medications and therapies to treat symptoms of a concussion, such as headache, dizziness, sleep changes, etc. Some athletes may require rehabilitative therapies, such as physical, occupational, vestibular, ocular or speech/cognitive. Others may require treatment for mood and behavior changes. All of these interventions are done on a personalized basis.

**How long do the symptoms of a concussion usually last?**

For most concussions, symptoms will usually go away within 2–3 weeks after the initial injury. You should anticipate that your child will not fully participate in sports for several weeks following a concussion. In some cases, symptoms may last longer, sometimes several months. Since recovery differs from person to person, all concussions should be carefully managed.

**How many concussions can an athlete have before we should consider retiring from playing sports?**

There is no “magic number” of concussions that determine when an athlete should give up playing sports that put one at high risk for a concussion. The circumstances that surround each individual injury, such as how the injury occurred as well as the number and duration of symptoms following the concussion, are very important. These circumstances must be individually considered when assessing an athlete’s risk for potential long-term consequences and potentially more serious brain injuries. The decision to “retire” from sports is a decision best reached after a complete evaluation by your child’s primary care provider and consultation with an appropriate health-care professional who specializes in treating concussions.

**I’ve read recently that concussions may cause long-term brain damage in athletes, especially professional football players. Is this a risk for high school athletes who have had a concussion?**

Recently, increasing attention has been directed at CTE or Chronic Traumatic Encephalopathy. CTE is a *brain disease* that results from changes in the brain. These changes can affect how a person thinks, feels, acts, and moves. The cause of CTE has not been definitively established. Traumatic brain injuries, including concussions, and repeated hits to the head, called sub-concussive head impacts, may contribute to CTE.

Sub-concussive head impacts are impacts to the head that do not cause a concussion. Unlike concussions, which cause symptoms, sub-concussive head impacts do not cause symptoms. A collision while playing sports is one way a person can get a sub-concussive head impact.

Early evidence suggested that the more years a person has repeated sub-concussive head impacts or other brain injuries, the higher the chance they have of getting CTE. However, we have now learned that CTE does

not just occur in athletes. And, most people with head impacts or brain injuries will not get CTE. Furthermore, CTE has been diagnosed in people who have never had any history of brain trauma.

In light of the suggestion of a correlation between head impacts and CTE, the NFHS SMAC recommends limiting full contact during practice sessions and limiting the total number of quarters or periods played per week in sports at high risk for head impacts, such as football and ice hockey. These recommendations and guidelines were defined in the report from the July 2014 NFHS Concussion Summit Task Force. The guiding principles used to develop this report were to reasonably limit the opportunity for multiple hits to the head and to minimize concussion risk. The goal is also to maintain the integrity of the games and avoid unintended consequences. The report can be read in its entirety in the Resources section on the Sports Medicine page of the NFHS Website.

We cannot eliminate all of the risk of concussion from sports. However, we can take what we learn from science to reduce the chance for injury and set policy to ensure that students with a concussion get the care they need.

Everyone involved in high school sports plays an active role in educating others about concussion and other serious brain injuries. Please check out the Resource section on the Sports Medicine page of the NFHS Website for more information on how you can take an active role and get involved in keeping students safe, healthy and active.

Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports" materials by the NFHS's Sports Medicine Advisory Committee. Please go to [www.cdc.gov/ncipc/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm) for more information.

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**DISCLAIMER – NFHS Position Statements and Guidelines**

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.