



**CODE OF CONDUCT  
FOR STUDENTS  
REPRESENTING  
PENN HIGH SCHOOL**

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Dear Student and Parent(s),

The Athletic/Activity Handbook is designed to inform each of you about valuable information relating to participation in interscholastic and other extra-curricular activities at Penn High School. Authority for the conduct of students participating in these activities and the policies of athletics and activities at Penn High School is vested by the Indiana High School Athletic Association (IHSAA), the State of Indiana, the Penn-Harris-Madison Board of School Trustees, and the Principal of Penn High School. The Principal is assisted by the Associate and Assistant Principals, the Director and Assistant Director of Athletics and Student Activities, and other appointed staff members. Please feel free to ask or call if you have any questions concerning athletics, activities or policies governing athletics and activities at Penn High School.

All participants of any athletic or activity group or event must return the Parent and Student Informed Consent and Understanding of Activities form found on page 19 in this handbook. Your signature indicates that you have read, understand and will abide with the policies as stated.

Thank you for your support.

Sincerely,



Aaron Leniski  
Director of Athletics & Student Activities

# **CODE OF CONDUCT FOR STUDENTS REPRESENTING PENN HIGH SCHOOL**

## **PHILOSOPHY**

Penn High School is able to offer its students a multitude of extra-curricular and co-curricular activities, many of which are widely recognized throughout the community, state, and even the nation. Because the influence of students participating in these activities extends beyond the Penn High School campus, these students are required to uphold high academic and behavioral standards.

Every Penn student has the opportunity to participate in these programs, and it is our wish that every student will do so. It must be understood, however, that participation in these programs is a **privilege, not a guaranteed right**. All students participating in extra-curricular and co-curricular activities must follow the standards set forth in this guide, not only during the school day, but at all times, including non-school hours and vacations (including the summer months).

Each participating student, in addition to his or her parent or guardian, is required to review this guide and sign a certificate of understanding.

## **BELIEFS**

Student involvement in extra-curricular and co-curricular activities is an integral part of the school's total curriculum and should be a part of the total experience for all Penn High School students, for the following reasons:

- Extra-curricular and co-curricular involvement teaches participants the values of cooperation and good citizenship. Students learn how to work with others for the achievement of group goals, resulting in the realization that individual needs can be met by a group effort.
- Extra-curricular and co-curricular involvement develops self-discipline. Disciplining one's self to comply with the rules of the game, and demonstrating good sportsmanship are necessary for the total development of young adults.
- Extra-curricular and co-curricular involvement creates a wholesome equalizer because individuals are judged for who they are and for what they can do, not on the basis of any preconceived stereotypes.
- Extra-curricular and co-curricular involvement publicly demonstrates the many positive characteristics of today's young adults.

## **ELIGIBILITY**

Participation in extra-curricular and co-curricular activities is a privilege earned by meeting the rules and standards set by the Penn-Harris-Madison Board of School Trustees, Penn High School, the Northern Indiana Conference and the state or national bodies that govern certain activities (i.e. IHSAA in the case of athletics). Students who have questions concerning eligibility should contact the Athletic/Activity Office or the principal's office.

## ACADEMIC ELIGIBILITY

To be eligible scholastically to participate in the athletic programs at Penn High School students must; (a) have received passing grades at the end of their last nine week grading period in a least **five full credit subjects** or the equivalent (semester grades take precedence); and (b) must be currently enrolled in at least **five full credit subjects** or the equivalent. Audits and incompletes will not count in meeting these requirements.

The director or sponsor generally establishes the academic standards for individual groups and organizations not regulated by Indiana High School Athletic Association standards.

Penn High School establishes dates for the certification of athletic and activity eligibility each school year. Students who were ineligible cannot be declared eligible until grades have been issued and certified on the dates listed below:

<b>1<sup>st</sup> nine weeks</b>	<b>ends October 21</b>	<b>certified October 30</b>
<b>1<sup>st</sup> semester</b>	<b>ends January 12</b>	<b>certified January 21</b>
<b>3<sup>rd</sup> nine weeks</b>	<b>ends March 18</b>	<b>certified March 29</b>
<b>2<sup>nd</sup> semester</b>	<b>ends June 1</b>	<b>certified June 10</b>

## BEHAVIORAL RESPONSIBILITIES

All students have the opportunity to participate in extra-curricular and co-curricular activities, provided they are willing to assume certain responsibilities:

- Exhibit high standards of social behavior.
- Exhibit outstanding sportsmanship and spirit of cooperation.
- Exhibit proper respect for authority figures, including teachers, coaches, officials, and those with whom they are participating or competing against.
- Dress appropriately when attending an event, whether at home or away.
- Use socially acceptable language.
- Comply with prescribed school, local, state, and federal rules and regulations.
- Demonstrate commitment to scholarship and academic achievement.
- Adhere to approved guidelines set by the coach or sponsor.
- Be a credit to themselves, their parents, their school and their community.

The ultimate responsibility for maintaining eligibility (behavioral and academic) rests with the individual student.

## COACHES, DIRECTORS AND SPONSORS RESPONSIBILITIES

Coaches, directors and sponsors are required to have organizational meetings on or before the first practice date for each season or activity to distribute and explain training rules including expulsion from the activity and any additional expectations that might be set by the coach, director, sponsor or administration.

## AGE

A student who is twenty (20) years of age prior to or on the scheduled date of the Indiana High School Athletic Association State Finals tournament in a sport is ineligible.

## AMATEURISM

Students shall not play under assumed names; accept remuneration, e.g. gift certificates, money, merchandise or products) directly or indirectly for athletic participation; or participate in athletic activities, tryouts, auditions, practices, and games held or sponsored by professional athletic organizations, clubs or their representatives. Students or parents with questions concerning amateurism should contact the Athletic and Activities Office.

## CONSEQUENCES FOR CODE OF CONDUCT VIOLATIONS

### EXTRA-CURRICULAR ACTIVITIES

- **Felonies, Sale of Drugs:**

1<sup>st</sup> Offense – Suspension from activities 365 calendar days

2<sup>nd</sup> Offense – Expulsion from all activities for the remainder of the individual's career at Penn High School

- **Use or Possession of Drugs, Drug Look-A-Likes, and/or Drug Paraphernalia (except as medically prescribed), Consumption or Possession of Alcoholic Beverages, Misdemeanors, Thefts, Inhalants and Use of Tobacco of any form:**

1<sup>st</sup> Offense – Suspension from 50% of season contests

2<sup>nd</sup> Offense – Expulsion from participation in all activities for 365 calendar days

3<sup>rd</sup> Offense – Expulsion from participation in all activities for the remainder of the individual's career at Penn High School

School rules and consequences found in the Penn High School Student Handbook will apply in all situations and the student(s) may be denied further participation in the activity for violations. Coaches, directors, and sponsors are required to follow the sequence of consequences for violations established in this Code of Conduct.

### CO-CURRICULAR ACTIVITIES

- **Felonies, Sale of Drugs, Use or Possession of Drugs, Drug Look-A-Likes, and/or Drug Paraphernalia (Except as Medically Prescribed), Consumption or Possession of Alcoholic Beverages, Misdemeanors, Thefts, Inhalants and Use of Tobacco of any form:**

School rules and consequences found in the Penn High School Student Handbook will apply in all situations and the student(s) may be denied further participation in the class/activity for violations. Coaches, directors and sponsors are required to follow the sequence of consequences for violations established in this Code of Conduct

### EXCEPTION TO FULL EXTENT OF PENALTY FOR FIRST OFFENSE FOR EXTRACURRICULAR ACTIVITIES

First time offenders for Use or Possession of Drugs, Drug Look-A-Likes, and/or Drug Paraphernalia (Except as Medically Prescribed), Consumption or Possession of Alcoholic Beverages, Misdemeanors, Thefts, Inhalants and Use of Tobacco of any form can have the penalty reduced to 25% of season contests if the individual completes an assessment administered by a licensed organization/individual.

### COMPUTING PERCENTAGE OF THE SEASON TO BE PENALIZED FOR EXTRA-CURRICULAR ACTIVITIES

A season is defined as being the total number of regular season varsity contests plus one (1) IHSAA tournament contest. To determine a percentage of a season, count each regularly scheduled varsity event. The first contest in the sectional tournament should be used to determine the end of a season for activities that conclude with a tournament series. Then compute the percentage of the season. If the fractional portion of a penalty is .5 the suspension will be rounded off to the next highest whole number (e.g. 1.5 moves to 2).

If a violation occurs with less than 50% of the season remaining, the individual can be suspended from the remaining contests, forfeit all awards earned and be excluded from the team banquets e.g. If a violation occurs with less than fifty percent (50%) of the contest season remaining or after the contest season but before the team banquets, the individual forfeits all awards earned and is excluded from the team banquets.

## **PRACTICE AND A SUSPENSION**

Each head coach, director and sponsor has the authority to determine whether an individual is allowed to practice with the team, group or organization during a period of suspension from activities/athletics but only after school discipline and consequences have been served resulting from a school suspension or expulsion.

## **INVESTIGATIVE PROCEDURES**

The principal, coaches, directors and sponsors shall enforce all rules and regulations described in this handbook. Any alleged violation shall be reported to the individual's current coach, director or sponsor and the Principal (or Designee) as soon as possible. If the individual is not participating at the time of the offense, the allegation shall be reported to the coach, director and/or sponsor of activities in which the individual has participated. An administrator will conduct an investigation and confirm whether a violation has occurred and take the administrative steps prescribed and deemed necessary by this policy. The Director of Athletics and Student Activities will notify the parents/guardian of the outcome of the investigation.

## **APPEAL PROCEDURE**

In the event that a student or student's parent/guardian disagrees with the decision advising them of a violation of this Code of Conduct, they may appeal said decision by submitting a written request of appeal which shall contain their reasons for disagreeing with the decision. The written request for an appeal must be submitted to the Director of Athletics and Student Activities within fourteen (14) days from the date that they are notified of the decision, which they are appealing. In the event that the request for an appeal is not received within fourteen (14) days, the appeal will be dismissed. The Director of Athletics and Student Activities shall notify the Superintendent or his/her designee upon the receipt of the appeal request and the Superintendent or his/her designee shall then name three (3) people who will serve on the Activities Review Board as provided herein. The student or student's parent/guardian will be notified of the meeting of the Activities Review Board at which time they may appear in person to present their position in support of their appeal of the decision.

In the event that the student or parents fail to appear at the appeal meeting the Activities Review Board will enter a decision concerning the appeal in their absence. The student or student's parent/guardian will be notified of the decision of the Activities Review Board within five (5) days of the appeal meeting.

## **ALCOHOL AND/OR SUBSTANCE USE CONDITIONAL AMNESTY**

The Penn-Harris-Madison School Corporation recognizes that students who have used alcohol and/or other substances may be hesitant to seek assistance either for themselves or for someone else due to fear of the potential consequences for their consumption. This policy aims to remove that fear and strongly encourages students to seek assistance when necessary. Accordingly:

- Students who seek medical assistance for themselves or someone else by calling law enforcement and/or emergency response personnel shall not be subject to disciplinary sanctions from P-H-M for their consumption and possession of alcohol and/or other substances. Any student who requires medical assistance for the consumption of alcohol and/or other substances will be provided similar amnesty.
- Students who voluntarily acknowledge their own alcohol and/or other substance use and/or dependency to a member of P-H-M's administration or staff for the purpose of seeking assistance shall not be subject to disciplinary sanctions from P-H-M for their consumption and possession of alcohol and/or other substances.

Amnesty cannot be claimed if the administration or a staff member confronts the student first. In addition, this policy does not preclude disciplinary sanctions due to other violations of PHM's Student Code of Conduct. Evidence of abuse of this amnesty policy will revoke its application to a student who abuses it. Finally, P-H-M reserves the right to condition amnesty from disciplinary sanctions in the above circumstances upon a student's agreement to participate in counseling sessions to prevent similar situations in the future.

## **ATHLETIC TRANSFER STUDENTS**

Parents of students who wish to participate in athletics at PHS but who did not attend Penn-Harris-Madison schools during their intended sport's season the previous school year are required to complete the Athletic Transfer Form which will be sent to the student's former school and to the IHSAA for approval. If the student is a transfer, the form will be part of the enrollment process. If for some reason the form was not available at enrollment, the form can be obtained in the Athletic and Activities Office. The student cannot become eligible for competition until approval has been granted by the IHSAA. Students who transfer without a corresponding change in residence by the parents **may** be granted limited eligibility, which allows for participation at the junior varsity level only for a period of 365 days.

### **TRANSFER APPEAL PROCEDURE**

In the event that a student or student's parent/guardian disagrees with Penn High School's recommendation for athletic eligibility based on the IHSAA transfer rules they may appeal said decision by submitting a written request of appeal which shall contain their reasons for disagreeing with the decision. The written request for an appeal must be submitted to the Director of Athletics and Student Activities within seven (7) days from the date that they are notified of the decision, which they are appealing. Failure to provide a written request for an appeal within seven (7) days will eliminate any right of appeal. The Director of Athletics and Student Activities shall notify the Superintendent or his/her designee upon the receipt of a timely appeal request and the Superintendent or his/her designee shall then name three (3) people who will serve on the Transfer Review Board as provided herein. The student or student's parent/guardian will be notified of the meeting of the Transfer Review Board at which time they may appear in person to present their position in support of their appeal of the decision.

In the event that the student or parents fail to appear at the appeal meeting the Transfer Review Board will enter a decision concerning the appeal in their absence. The student or student's parent/guardian will be notified of the decision of the Transfer Review Board within two (2) days of the appeal meeting.

### **MEMBERS OF THE TRANSFER REVIEW BOARD**

- One (1) P-H-M Administrator– Chairperson
- One (1) member of the Penn High School Teaching Staff
- One (1) member of the Penn High School Coaching Staff

### **ATHLETIC TRANSFER PROCESS**

- 1) Student or student's parent/guardian meets with the students attending school's athletic director to complete the IHSAA Transfer Request form.
- 2) The attending school completes the electronic request and sends it to the previous school for athletic eligibility recommendation
- 3) Attending school Athletic Director makes recommendation for athletic eligibility based on the IHSAA bylaws.
  - a. If parents disagree with the recommendation for eligibility, they have two options:
    - i. Request for a Transfer Appeal to Penn High School (outlined above)
    - ii. Decline opportunity for a Transfer Appeal to Penn High School and wait for final decision from the IHSAA. If in disagreement with the final decision of the IHSAA then student's parent/guardian have an opportunity to file an appeal with IHSAA in accordance with the procedural procedures.
  - b. Accepted recommendations will be forwarded to the attending school for submission to the IHSAA for a final decision.

## ENROLLMENT

Students who have been enrolled 16 or more days in each of 4 fall and 4 spring semesters shall be considered ineligible for further participation in any of the offered activities.

## CONFLICTS IN EXTRACURRICULAR/CO-CURRICULAR ACTIVITIES

Penn High School offers a wide variety of activities, many of which occur at the same time.

*Students must let directors, sponsors, or the director/sponsor and coach know that a conflict exists at least three (3) weeks prior to the conflict unless the conflict is created due to a postponement or schedule change.* It is not always possible, but every effort will be made to eliminate the conflict. When the issue cannot be resolved through adjustments in the schedule, the coaches/sponsors, cooperating with the Athletics and Activities Office, will make efforts to accommodate the needs of the students involved. State competition takes precedence over any other activity and the student is required to participate in the State competition.

## PHYSICAL EXAMINATIONS

All students participating in any athletic activity must have a completed physical form on file in the athletic and activities office. The IHSAA requires students desiring to participate in interscholastic athletics to undergo a physical examination performed by a licensed medical doctor prior to the first practice of any sport. The physical form, which must be signed by the doctor, may be obtained at the Athletic Office or from the coaching staff. The doctor's signature must be dated after **April 1st preceding** the current school year. The student or parent must complete the medical history and both the parent and student must sign the form before the student is eligible for participation.

## PARENT AND STUDENT ACKNOWLEDGEMENT FORM

The Parent and Student Acknowledgement Form is found in the back of this handbook. It must be completed and returned to the Athletics and Activities Office in order for a student to be eligible for athletic or activity participation. The signature of a parent and student indicates that they have read, understand, and agree to abide by the stated policies, rules and procedures.

## INSURANCE

All student participants in interscholastic athletic programs, cheerleading, pom poms, girls' lacrosse, and powder puff football at Penn High School must purchase student accident insurance before he/she can participate in any form of competition. Coverage is supplemental to a family's primary insurance.

### **Please keep in mind the following items with the coverage:**

- All athletic related injuries occurring during a Penn High School activity must be reported to the supervising coach, sponsor, or athletic trainer at Penn High School as soon as possible.
- All claims must be submitted to NAHGA Claim Services, P.O. Box 189, Bridgton, Maine 04009-0189 within one (1) year from the date of the original accident.
- In order to file a claim you must stop by the athletic office to pick up a claim form, complete the claimant and parent information, and then submit it to the supervising coach, sponsor, or athletic trainer at Penn High School. If requested, the athletic office can fax your claim to NAHGA Claim Services. The family is *ultimately responsible* for submitting the claim form and all other requested materials such as copies of medical bills or primary insurance explanation of benefits.
- **IMPORTANT NOTICE** - Should the family coverage be with an HMO, the athlete must use the authorized medical vendor through that HMO.
- Treatment must begin within ninety (90) days from the date of the injury by a legally qualified, licensed physician, surgeon, or dentist (not a member of the insured's family).



## 2015-16 Athletic Accident Insurance Schedule of Benefits

This coverage is written on the excess basis, which means any family or employer group insurance or plan must contribute its maximum first before this coverage has liability. Coverage is from a deductible of \$0.00 to a medical maximum of \$25,000 per accident per policy provision. This coverage also includes a \$5,000 Accidental Death Benefit and Dismemberment schedule. "Accident" means a sudden, unforeseeable external event.

Questions or concerns about coverage can be directed to:  
*Baker Insurance Company 1-800-223-1318*

**Benefits are payable for one year from the date of injury, provided treatment begins within 90 days from the date of injury.**

Hospital Room & Board Daily Maximum Benefit Amount.....	100% of Usual and Customary
Intensive Care Room & Board Daily Maximum Benefit.....	100% of Usual and Customary
Hospital Miscellaneous Maximum Benefit Amount.....	\$2,000 First Day/\$1,000 Each Subsequent Day Per Injury
Outpatient Pre-Admission Testing Benefit Amount.....	\$100 Maximum Per Injury
Outpatient Hospital Emergency Room Treatment Maximum Benefit Amount.....	\$300 Maximum Per Injury
<b>Surgical Benefits:</b>	
Primary Surgeons Maximum Benefit Amount – <i>Only one procedure will be allowed when multiple procedures are performed through the same incision:</i> .....	100% of Usual and Customary
Assistant Surgeon, Second Surgical Opinion, Consultation Maximum Benefit.....	\$1,000 Maximum Per Injury
Anesthesia Maximum Benefit.....	\$1,000 Maximum Per Injury
Surgical Facility Maximum Benefit per Operating Session.....	\$2,000 Maximum Per Injury
<b>Doctor's Visits</b>	
In-Hospital Maximum Benefit.....	\$45 Per Visit, 5 Visit Maximum Per Injury
Office Visits Maximum Benefit.....	\$45 Per Visit, 5 Visit Maximum Per Injury
Maximum for All In-Hospital and Office Doctor's Visits.....	10 Visits Per Injury
X-rays – <i>Including MRI's &amp; CAT Scans.</i> .....	\$800 Maximum Per Injury
Laboratory Maximum Benefit Amount.....	100% of Usual and Customary
Nursing Maximum Benefit Amount.....	Paid Under Hospital Miscellaneous
<b>Physiotherapy Benefit</b>	
Maximum Benefit Amount (Hospital Inpatient).....	\$50 Per Visit, \$250 Maximum Per Injury
Maximum Benefit Amount (Outpatient).....	\$50 Per Visit, \$250 Maximum Per Injury
Maximum for All Physiotherapy Combined (Inpatient & Outpatient).....	\$500 Maximum Per Injury
Ambulance Maximum Benefit Amount – <i>Including Ground &amp; Air Transportation.</i> .....	\$1,000 Maximum Per Injury
Medical Equipment Rental Charges Maximum Benefit Amount <i>Including Durable Medical Equipment.</i> .....	\$200 Maximum Per Injury
Medical Services and Supplies Maximum Benefit Amount <i>Including Blood, Blood Transfusions, Oxygen, Casts/Splint/Strapping.</i> .....	\$100 Maximum Per Injury
Dental Treatment For Injury Only Maximum Benefit Amount – <i>Including Braces, Caps &amp; Bridges.</i> .....	\$2,000 Maximum Per Injury
Heat Exhaustion, Heat Prostration, Fainting.....	\$500 Maximum Per Injury
Eye Glass Replacement, if medical treatment is received for a covered Injury.....	\$200 Maximum Per Injury
Pain Management – Paid Under Surgical Benefits.....	\$200 Maximum Per Injury
Out-Patient Prescription Drug Benefit Maximum Benefit Amount.....	100% of Usual and Customary
Orthopedic Appliances.....	\$200 Maximum Per Injury

## **STUDENT TICKET INFORMATION**

Penn High School offers a variety of ticket plans for the convenience of students. Substantial savings on admission cost to events can be realized through the purchase of an annual all sports ticket, good for entry into all Penn High School home athletic events (except IHSAA, conference tournaments, or jamborees). Reserved seat season tickets, though not in the student seating section, are also available for varsity football and basketball games. Regular price, single session tickets will be available at the gate for any event. Additional information can be obtained by contacting the Athletics and Activities Office.

## **SCHOOL TRAVEL POLICY**

According to Board of School Trustees approved policy, Penn High School athletes and activity members are required to travel to and from athletic contests and special events in school-approved vehicles under adult supervision provided by the Penn-Harris-Madison School Corporation. Students may be released to parents in extraordinary circumstance if a written request is submitted to the Athletic and Activities Office in writing for review and approval prior to departing for the event.

## **SCHOOL ATTENDANCE**

In order to compete, participate in an activity or practice a student must attend the entire last two blocks or class periods of the school day.

## **SCHOLARSHIPS**

Students and parents interested in pursuing athletic or activity scholarships should start their searches by asking their individual coaches or sponsors for information and advice concerning their interest. The student should also check with the guidance office for any additional information about the school or area of interest. Students interested in Division I and II colleges and universities must also comply with the NCAA eligibility guidelines that are explained under the following section – NCAA Athletic Eligibility Policy.

## **NCAA ATHLETIC ELIGIBILITY**

To obtain information and register with the NCAA Eligibility Center go to the NCAA web page at [www.ncaa.org](http://www.ncaa.org) and click on the Eligibility Center.

All students interested in competing in athletics at the Division I or II level are encouraged to communicate with their guidance counselor as early as their freshman year of high school.

## **CHEERLEADERS/POM PONS**

Cheerleader and Pom Pon squads at Penn High School are governed by the same rules and regulations for sport or athletic activities. Some guidelines as to the number of participants at any one athletic or other cheering event may be limited by state, conference, school policy, or by the coach/sponsor.

## **MEMBERS OF THE ACTIVITIES REVIEW BOARD**

- One (1) Administrator from the Educational Services Center – Chairperson
- One (1) member of the Penn High School Administration
- One (1) Penn High School staff member

The Superintendent or his/her designee will select the members of the Activities Review Board. No person who has participated in the investigation or decision that is being appealed shall be named to the Activities Review Board.

## PARENT & ATHLETE CONCUSSION INFORMATION SHEET



### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

#### DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

### SYMPTOMS REPORTED BY ATHLETE:

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

### SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.


Penn High School has partnered with Saint Joseph Sports Medicine Institute to provide concussion baseline testing using the Cogstate Computerized Cognitive Assessment Tool (CCAT) for students in the following contact sports:

Football  
Cheerleading  
Soccer  
Wrestling  
Basketball  
Baseball (catchers)  
Softball (catchers)  
Diving  
Pole Vault  
Girls Lacrosse

More information about baseline testing can be found at [www.cogstate.com](http://www.cogstate.com)

The families of student athletes will receive information about testing and be provided with consent forms to fill out from the PHS Athletic Trainers

SAINT JOSEPH  
HEALTH SYSTEM

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# ***SUDDEN CARDIAC ARREST***

## *A Fact Sheet for Parents*

### **FACTS**

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

### **WARNING SIGNS**

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### **EMERGENCY SIGNS – Call EMS (911)**

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board (1-7-15)

### **How can I help my child prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?**

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

# **SUDDEN CARDIAC ARREST**

## *A Fact Sheet for Student Athletes*

### **FACTS**

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

### **WARNING SIGNS**

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

### **EMERGENCY SIGNS – Call EMS (911)**

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

### **How can I help prevent a sudden cardiac arrest?**

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

### **What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?**

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board  
(1-7-15)

This completed form is required for participation in any sports.

Sports: \_\_\_\_\_

**PENN HIGH SCHOOL EMERGENCY INFORMATION FORM**

(To be used by athletic training staff)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**EMERGENCY CONTACT IN CASE PARENT CANNOT BE REACHED**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Please list any allergies to medications as well as any medications being taken, or serious illness/injuries:

\_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. In the event of serious illness, the need for major surgery or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given. In the event of a serious or potentially serious medical emergency arises during a practice or game, and I cannot be contacted, I grant permission for medically trained school staff to perform whatever supportive measures they deem necessary until such time as either (1) I can be contacted, (2) medical personnel can attend, (3) or transportation to a regular medical facility can be arranged.

**SIGN  
HERE**

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

**PERMISSION TO ADMINISTER OTC MEDICATION**

The Penn High School Certified Athletic Trainers or persons designated by him/her are hereby given my permission to administer **non-prescription, over the counter (OTC) medications** to the above-designated student. Further consent is hereby given to administer prescription medication to the above-designated student when prescription is properly labeled and is accompanied by a written request by the professional person who prescribed the medication.

I Do \_\_\_\_\_ I Do Not \_\_\_\_\_ give permission for an OTC drug to be administered to the above named student.

Please indicate below what, if any, medications you do not want given to the above named student.

\_\_\_\_\_

**SIGN  
HERE**

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

**STUDENT CONCUSSIONS AND SUDDEN CARDIAC ARREST  
ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (please print): \_\_\_\_\_

Sport Participating In (if known): \_\_\_\_\_ Date: \_\_\_\_\_

Indiana Code (IC) 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents or legal guardians must be given an information sheet, and both the student athlete and the student athlete's parents or legal guardians must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed healthcare provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest in a practice for an athletic activity or in an athletic activity shall be removed from practice or play and may not return to practice or play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to practice or play. Within twenty-four (24) hours, this verbal permission must be replaced by a written statement from the parent or guardian.

The Penn-Harris-Madison School Corporation is exceeding the standard of IC 20-34-8 by requiring that a student athlete experiencing symptoms of sudden cardiac arrest be removed from practice or play and they may not return to practice or play until his/her coach receives written clearance from a licensed physician.

Parent/Guardian – please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

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As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.



\_\_\_\_\_

(Signature of Student Athlete)

\_\_\_\_\_

(Date)

I, as the parent or legal guardian of the above named student, have received and read both the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.



\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_

(Date)





## Penn Athletics/Activities Insurance and Transportation Fee

Dear Parent or Guardian:

### Insurance

Athletic department policy requires that all students participating in interscholastic athletics must purchase insurance available through the school. Students will not be allowed to practice or participate until they have paid the insurance fee of **\$50.00**. This supplemental coverage is for medical bills from **ACCIDENTS ONLY**. "Accident" means a sudden, unforeseeable external event. All athletic related injuries occurring during a Penn High School activity must be reported to the supervising coach, sponsor, or athletic trainer at Penn High School as soon as possible. Claim forms should be submitted through the Athletic Office. The length of insurance coverage is 365 days.

### Transportation

Students who participate in athletic and/or extracurricular activities will be assessed a fee of \$10.00 at the beginning of *each* season to offset the cost of bus transportation directly related to attending away athletic and/or extracurricular events. This action is necessary to help control the increasing cost of bus transportation at a time when very few additional revenues are available to meet ongoing operational costs. Those families facing a financial hardship where it would be impossible to cover the transportation fee should contact the coach, sponsor, or building principal to discuss what other options would be possible to cover the transportation fee.

(Explanation of insurance on backside)

\*\*\*\*\*

Please detach and keep the top portion for your records.

Return this portion with the insurance/transportation fee attached.

**Checks are preferred and should be made out to Penn High School.**

(Circle One)

<u>\$60.00</u> Insurance and Transportation
<u>\$50.00</u> Insurance Only
<u>\$10.00</u> Transportation Only

Name \_\_\_\_\_

Sport/Activity \_\_\_\_\_ Grade \_\_\_\_\_

Season (please circle one)      Fall              Winter              Spring

Cash \_\_\_\_\_      Check # \_\_\_\_\_      Date \_\_\_\_\_

Insurance/Transportation fee is **\$60.00** (single sport/activity)  
 Additional Sports and Activities are assessed a transportation  
 fee of \$10.00 per season. Thank you

## **Penn High School website**

[www.penn.phmschools.org](http://www.penn.phmschools.org)

Team schedules  
Coach and team information  
Student Athletic forms  
Ticket information  
Penn Booster information

## **Penn High School Calendar**

[www.phm.tandemcal.com](http://www.phm.tandemcal.com)

### **Twitter**

@PennPride365

@The\_Pennant

@PHMschools

@PennNewsNetwork

## **Indiana High School Athletic Association**

[www.ihsaa.org](http://www.ihsaa.org)

**PARENT/STUDENT CERTIFICATE  
INFORMED CONSENT  
THE FIRST STEP TO PARTICIPATION  
IN STUDENT ACTIVITIES**

**“CODE OF CONDUCT & DRUG TESTING PROGRAM CONSENT”**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Please Print

I have read and understand the rules and regulations as stated in this booklet pertaining to the code of conduct. This also certifies that the undersigned have read, understand, and agree to abide by the policies outlined within the Penn-Harris-Madison School Student Drug Testing Program and the Student Handbook. As a member of a student activity representing Penn High School, I agree to guide my conduct accordingly for the next calendar year.

I accept the method of obtaining samples by urinalysis, testing and analysis of such a specimen and all other aspects of the drug-testing program. I agree to cooperate in furnishing a specimen that may be required from time to time. I understand that my refusal to provide a specimen will be treated as a positive test.

I further agree and consent to disclosure of the sampling, testing, and results provided for in this program. This consent is given pursuant to all state and federal privacy statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

**SIGN  
HERE** 

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Student*

As a parent/guardian of a member of a Penn High School Activity, I have also read and understand the contents of this booklet. I approve of this Code of Conduct and Drug Testing Program. I know what is expected of my son or daughter, and want him/her to maintain these standards. I understand that the Code of Conduct is in effect for the next calendar year.

**SIGN  
HERE** 

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Guardian*

**PLEASE RETURN THIS PAGE TO YOUR COACH/DIRECTOR/SPONSOR**

**Please Note:** This form must be on file in the Student Services Center or the Athletics and Activities Office before any student will be allowed to participate in any student activity, which extends beyond the regular curricular offerings.