Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook***

The School District of
North Fond du Lac
Co-Curricular Handbook
2019-2020
Board Approved July 22\textsuperscript{nd}, 2019

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CONCUSSION-ImPACT INFORMATION, PARENT-ATHLETE AGREEMENTS, TRANSPORTATION RELEASE FORM, AND PHYSICAL CARDS
The following information has been prepared for the benefit of the participants, parent/guardian(s) and the directors, advisors, and coaches in an effort to keep the extracurricular program a contributing and worthwhile part of the total school program. Careful reading and discussion of the material by the student and parent/guardian(s) is highly encouraged.

The School District of North Fond du Lac believes the following to be true:
1. All extracurricular activities are a privilege made available to students who abide by our district's rules. Involved students have an obligation to present a positive image to fellow students and the public in general.
2. Extracurricular activities are secondary to academics and should be made available only if the student is achieving passing grades in the classroom and has a 1.50 Grade Point Average. **Athletic eligibility is based only on quarter’s 1-3 grades and 2nd semester grade.**

I. **ATHLETIC PHILOSOPHY**
The North Fond du Lac interscholastic program shall be conducted in accordance with existing Board of Education policies, rules, and regulations. At all times the athletic program must be conducted in such a way as to justify it as an educational activity.
- **Goal** – The student athlete shall become a more productive citizen in a democratic society.
- **Objectives** – The student athlete will learn to:
  - Work with others – The team and its objectives must be placed higher than personal desires.
  - Be successful – We do not always win, but we succeed when we continually strive to do so.
  - Develop sportsmanship – To accept any defeat like a true sportsman, knowing we have done our best, we must learn to treat others, as we would have others treat us.
  - Improve – One should constantly strive to better one-self in the pertinent skills and those characteristics set forth as being desirable.

1. The School District of North Fond du Lac conduct standards for co-curricular eligibility will be enforced 24 hours per day, 365 days each year, for a student's entire high school career. These rules begin when a student participates in any of the included extracurricular activities for the first time and remain in effect until that student graduates. Each head coach or advisor will develop written expectations similar across all sports and provide a copy of those to each participant.
2. Participants in all athletic activities are expected to:
   - Adhere to the highest standards of moral and social behavior and sportsmanship. Conduct in and out of the school shall be such as to bring no discredit to the co-curricular participant, his/her parent(s)/guardian(s), activity or team.
   - Show proper respect for authority at all times in school and within the community. Insubordination or disrespect to any teacher or coach/advisor will not be tolerated.
   - Abide by the School District of North Fond du Lac's Board Policies and individual school rules.
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- The number of code conduct violations on a student's record is reset to zero at the completion of grade 8. A student's high school record of code conduct violations begins on August 1 before they begin high school.

- Failure to adhere and meet the expectations of the Co-Curricular Code's Philosophy could result in code violations.

Parents and athletes are advised that all levels of a sport may not operate in a given season and the decisions to field a team or to not do so may come after the start of a given season. The Board of Education has established the following expectations of students who wish to represent Horace Mann High School in extracurricular activities.

II. RESPONSIBILITIES
Participating in recognized extracurricular activity is a privilege extended to all students. Parents and athletes must recognize a variety of factors that determine the sports and levels presented by the District. Being a small district causes us to “share” athletes among our various sport seasons and it also causes our numbers of athletes out for a sport to, at times, be minimal. Small numbers out for a sport, student participation decisions and academic eligibility all affect the availability of JV and/or frosh level teams.

Student – Athlete Expectations:
1. Display high standards of social behavior.
2. Exhibit outstanding sportsmanship.
3. Exemplify all attributes of a student-athlete and be a leader of your team.

III. PROCEDURES
- All participants in the extracurricular program shall, with their parent/guardian(s), read, discuss and sign a pledge to follow the rules of the district prior to any participation. No athlete may participate in practice until his/her WIAA physical examination card are signed and returned through the appropriate coach to the athletic director.
- Extracurricular participants shall include the following:
  a. All team members
  b. Mascots
  c. Managers
  d. Cheer & Stunt Team
  e. Forensics
  f. Trap
- All athletes are subject to WIAA rules. Participants in other activities are subject to rules established by their respective state or regional organization.
- The athletic director shall review the rules established by this code, including the appeal process procedure, to ensure a complete understanding of what is expected of all participants.
IV. REQUIREMENTS FOR SPORTS PARTICIPATION

- Physical Examination – A bi-yearly examination is required with Alternate Year Card on the off years unless there is a serious illness or injury requiring medical attention. Then a new physical examination is required. The physical card must be completed by a physician and submitted to the athletic director prior to any practice or contest participation. **The physical covers all sports for the entire two-year period provided the examination occurred after April 1.**
- Emergency Medical Authorization/Pledge Form/Liability Form/Sports Fee – Each athlete’s parent/guardian(s) shall complete an Emergency Medical Authorization Card for each sport season, giving permission for treatment by a physician or hospital when the parent or guardian is not available.
- Each parent/guardian(s) shall read all of the enclosed materials and certify that they understand the material by signing the pledge form. Only one form needs to be signed for each school year (see form in back of this handbook). The forms are kept on file in the athletic director’s office and a copy will always travel with the team.
- Insurance – Parent/guardian insurance is the primary coverage for all athletic injuries. If you do not have adequate coverage, additional student insurance may be purchased through a very reasonable plan offered to all students in their fall enrollment packet. It is the parent/guardian’s responsibility to file with their insurance company.
- Academic Eligibility – See Section V
- Rules Meeting – All student athletes must attend a rules meeting with the coach, athletic director and/or the building principal or his/her designee, before she can practice or participate in any sport. Students who miss the rules meeting will be required to complete and additional written activity to ensure their understanding of the handbook.
- Parent/athlete concussion agreement signed.

V. ACADEMIC ELIGIBILITY

Academic eligibility for extracurricular activities shall be determined according to the following:

- A student who has a failing grade for the last completed quarter or who is below a 1.50 GPA for that quarter will be placed on academic probation. S/he will be allowed to practice but not participate in scheduled contests or scrimmages and may be assigned to after-school study time with teachers, coaches or a school approved tutor. All eligibility for the fall extracurricular season will be based on the previous school year’s second semester grades (NOT fourth quarter grades). For students who fail a semester course the option to make up the credit in summer school is available.
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- After a minimum of 15 days of instruction (count begins the day grades are due in the office) per WIAA rules, the student on probation may obtain his/her grades on a school-issued grade check form available from the athletic director’s office. If the student is passing all classes and meets a minimal GPA of 1.50, the student may return to full activity participation. If failing, subsequent grade check slips may be circulated at the athlete’s discretion.

- Students who become ineligible due to the previous school year’s second semester (not fourth quarter) grades or GPA will serve their academic probation in the fall per WIAA regulations unless participation in approved summer classes renders them eligible.

VI. RULES VIOLATIONS and CONSEQUENCES

Athletic rules are in effect 24 hours per day, 365 days each year, for a student’s entire high school career. These rules begin when a student participates in any of the included extracurricular activities for the first time and remain in effect until that student graduates.

Each head coach, or advisor will develop written expectations similar across all sports and provide a copy of those to each participant.

Conduct Violations Tiers

A three-tiered system of offense levels will be used in determining conduct violation penalties. Each tier has examples of included offenses, as well as a range of penalties for both athletic and non-athletic penalties. (The offenses are examples, and are not meant to be an all-inclusive list.)

Tier-One Conduct Violations
Behavior Types/Examples:
1. inappropriate displays of affection.
2. address code violations (including backpacks and cell phones in class)
3. inappropriate language
4. disruption to the school environment
5. defiance toward school staff
6. disrespect toward school staff
7. physical contact
8. loitering or wandering the hallways during class time
9. technology misuse (i.e. cell phone out in class)
10. dishonesty with school staff
11. insubordination to school staff
12. unexcused tardiness to school
13. property misuse
14. parking violations

Violation Defined
A tier-one violation consists of three referrals for the same individual behavior in the same quarter.
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**Athletic Penalty**
The penalty for a tier-one violation for athletic participation is a suspension from the next .5 to 2 contests. Provisions for community service may be offered in place of a game suspension at the discretion of the Athletic Director.

**Tier-Two Conduct Violations**
**Behavior Types/Examples:**
1. technology violations
2. inappropriate language (directed at school staff)
3. academic dishonesty/plagiarism
4. harassment/discrimination/bullying
5. truancy
6. property damage
7. vandalism
8. fighting/physical aggression
9. poor displays of sportsmanship
10. inappropriate use of social media
11. in-school or out-of-school suspension

**Violation Defined**
A tier-two violation consists of a single offense of a tier-two type behavior.

**Athletic Penalty**
The penalty for a tier-two violation for athletic participation is a suspension from the next 1 to 5 contests.

**Tier-Three Conduct Violations**
**Behavior Types/Examples:**
1. drug/alcohol/tobacco/illegal substance offense (see Section VII)
2. attendance at a party (see Section VII)
3. weapons violation
4. bomb threat/false alarm
5. arson

**Violation Defined**
A tier-three violation consists of a single offense of a tier-three type behavior.
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**Athletic Penalty**
The penalty for a tier-three violation first offense for athletic participation is a suspension from a minimum of 25% of the season-scheduled contests. The penalty for a tier-three violation second offense for athletic participation is a suspension from a minimum of 50% of the season-scheduled contests. The penalty for a tier-three violation third offense for athletic participation is a full season of events.

In order for a suspension to be regarded as successfully completed, the suspended student must complete the season during which the suspension was initiated. If the student does not complete the season, or is otherwise dismissed from the activity for any reason, the suspension will not been served and will be transferred in full to the next activity employed.

**VII. DEFINITIONS OF VIOLATIONS**

**Alcohol, Tobacco, and Controlled Substances**
The School District of North Fond du Lac is a Drug-Free School District. These rules have been established for the best interest of the student and the activity. By complying with these rules, a student demonstrates the desire to reach his or her full potential and to enhance the best interest of fellow teammates, participants, coaches, and the school. No student may use, possess or be under the influence of alcohol or illegal drugs, drug paraphernalia, mood altering substances, tobacco, nicotine, or controlled substances. No student may be in possession of or use steroids or any drug, medicine or food supplements solely for the purpose of performance enhancement. A student may not use look-alike-drugs to include non-alcoholic beer and other beverages, intoxicant look-a-like, vaping or e-cigarettes. In addition, students may not manufacture, sell, buy, or intend to sell or transfer alcohol, look-a-likes, and illegal or prescription drugs. The School District of North Fond du Lac adheres to the WIAA banned substances, available on the WIAA website.

**Attendance at a Party**
- A party, defined as an event/party/gathering/establishment where drugs/alcohol are being used/consumed and/or taken by individuals under the age of twenty-one (21), is strictly prohibited.
- No student may have a gathering at his/her home or property or attend/associate at an event, party, gathering, or establishment where drugs and/or alcohol are being used, consumed and/or taken by individuals in violation of state law. **Upon the realization that drugs, tobacco, and/or alcohol (or other substances mentioned in Section II.D) are being illegally consumed, the expectation is that the student leave in a timely manner.**

**A student who is the host of a party, as defined in this section, will be held to a penalty of double the consequences.**

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Attendance at Public Gathering Where Alcohol is Being Served
Students are not prohibited from attending weddings, reunions, anniversaries or other ceremonial functions with their parent(s)/guardian or with his/her parent(s)/guardian’s permission where alcohol is served. However, students may **not** consume alcohol or be in possession of alcoholic beverages even though they have parental permission to do so.

- Parental permission does not override the provisions of this code.
- Travel to other countries and/or other states where drinking/drugs is/are legal for the age of the co-curricular participant does not override the provisions of this code.

Social Media
Acts of inappropriate use of electronic devices, such as “sexting”, viewing pornography, cyber bullying, harassment, hazing, and other similar acts will be considered code violations. If an incident becomes illegal, police involvement will occur when a student is in violation of any federal or Wisconsin law.

Other
- Any student who has been charged with violating or violates Federal or Wisconsin law, any municipal or county ordinance, or law of any other jurisdiction in conformity with the Wisconsin Criminal Statutes may be found in violation of the Co-curricular Code. Parking and speeding tickets are exceptions to this prohibition.
- Theft of any kind will not be tolerated. This includes illegal possession of school equipment (North Fond du Lac or any other schools).

VIII. REPORTING VIOLATIONS

GENERAL
- Any person may report a violation of the co-curricular code. When appropriate, anonymity of the informant will be maintained. The violation must have been documented to have occurred within the last sixty days. Court and police reports can be used as the sole basis for disciplinary action. Any person may report a violation of the co-curricular code on the Code Violation Report Form. Persons under the age of 18 may report directly to an advisor/coach/director, staff member or administrator who will then file a report if the information warrants such action. If a staff member witnesses or has knowledge of a violation of the co-curricular code, he/she is expected to report the violation.
- Reported violations cannot be processed as self-reported violations. Violations reported by a third party eliminate the opportunity for a student to self-report.

SELF-REPORTING
- A student(s) may self-report to any North Fond du Lac coach or advisor, faculty member or school administrator and receive a reduced penalty if it is his/her first violation of the co-curricular code. If self-reporting, the “first violation” penalty for a tier-three violation will be reduced from twenty-five percent (25%) to ten percent (10%) of the regular scheduled interscholastic game or meets from the time the violation occurs. The one time self-reporting option applies only when a violation results from the self-report.
Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook

- A student who has the gathering at his/her home or property at which drugs and/or alcohol are being used, consumed and/or taken by individuals in violation of state law is not eligible for the self-reporting penalty reduction.

Upon receipt of information of an alleged violation, the witness will be asked to submit in writing a signed statement to the principal or athletic director. It is the expectation of the Board of Education that all employees, board members, students, parents, and fans report violations in writing to the school administration.

IX. GENERAL RULES

Extracurricular Practices
- All practices must be scheduled and posted in advance.
- No Sunday, legal holiday, or early morning practices (during the academic year) will be permitted without prior approval of the building principal or athletic director.

Injuries
- Any injury must be reported to the coach, advisor, or director. The coach, advisor, or director of the activity will report the injury to the principal or athletic director, using the proper form, within twenty-four hours of any injury. Parents are to be notified as soon as possible under the circumstances.
- If a doctor is seen, a release form from the doctor must be filed in the athletic director's office before participation is resumed.

School Attendance
Students who are involved in any extracurricular activity and who are absent from school more than 4 hours of the day of an event or practice will not be eligible to participate on that day or evening. Athletes who are not in attendance for the last two periods of the school day will not be eligible to practice or play on that day or evening. Students who are not in attendance the entire school day immediately following an event will not be eligible for the next contest. Exceptions are professional appointments, pre-anticipated absences, college visitations, and others cleared by a building principal. Each head coach or advisor will be responsible to monitor their students and to ensure full compliance of these regulations.

Travel Regulations
In the interests of building and maintaining team cohesiveness and in minimizing district liability, all extracurricular participants must ride to and from contests in transportation provided by the school district. Parents may transport just THEIR athlete from athletic contests, but only after transportation release form has been submitted to the office and direct person-to-person contact with the coach at the contest. Failure to comply with this rule will be considered a rules violation and participant will be suspended from the next contest.
Dropping and Changing Extracurricular Activities

- If a participant decides to quit an activity during the season, the student should meet with the head coach.
- If a participant decides to change activities during a season, the student shall obtain written permission of both coaches involved in the transfer and submit such permission to the athletic director. A participant shall be considered ‘out for an activity’ when he/she has returned all required cards and paperwork and has paid the sport fee for that activity.
- Only one transfer will be permitted during a season.

College Recruitment Policy

In the event an extracurricular participant should be personally contacted by a college recruiter, s/he has an obligation to work through their coach, advisor, or director and the activities department. Inform your coach, advisor, or director as soon as possible. NCAA standards are available in the activities department.

Conflict in Other Extracurricular Activities

Students have the responsibility to do everything they can to avoid continuous conflicts between other extracurricular activities. When a conflict does arise, the coach, advisor, or athletic director will work out a solution. If a solution cannot be found, the building principal, will make the decision based on the following:

- The relative importance of each event.
- The importance of each event to the student.
- The relative contribution the student can make.
- How long each event has been scheduled.
- Talk with parent

Once a decision has been made the student will not be penalized in any way by the coach, advisor, or director.

Vacation Policy

Vacations by extracurricular participants during a season are discouraged – you’ve made a commitment to the team. In the event of an absence due to a vacation is unavoidable, an athlete must:

- contact the head coach/advisor/director prior to the vacation.
- practice one day for each practice or contest day missed prior to resuming competition at the coach’s discretion.
- be willing to assume the consequences related to his/her status on that squad

Cutting Policy

Choosing the members of extracurricular squads is the sole responsibility of the coach, advisor, or director of those squads. Prior to trying out, the coach, advisor, or director shall provide the following, in writing, information to all potential members:

- Extent of try-out period
- Criteria used to select team
Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook

- Number of members to be selected
- Practice commitment
- Game/event/contest commitment
- WIAA or other agencies regulations

When a squad cut becomes a necessity, the student will be personally informed of the cut by the coach, advisor, or director including the reason for the cut.

**Driving to Extracurricular Practices and Games/Contests/Events**

Extracurricular participants are not allowed to drive to practices and/or games, contests, events that are held outside of the high school building. Violation of this rule will be considered a rules violation. For extracurricular practices/games/contexts/events that take place where the district does not provide transportation, then parents must submit a release form to the high school office.

**X. ATHLETIC AWARDS AND VARSITY LETTERING POLICY**

All awards earned by the athlete are the property of the school until the athlete has graduated from the high school. It is the reserved right of the school to obtain their return in the event the athlete uses the awards in an improper manner.

A varsity letter and all other team awards shall be presented to an extracurricular participant who satisfies the participation requirements established by the coach, advisor, or director.

**Letter Requirements are as follows:**

Completion of the season in good standing and:

**Football:** Participation in 40% of the regularly scheduled quarters; coach’s discretion.

**Volleyball:** Participation in 60% of the regularly scheduled matches; coach’s discretion.

**Soccer:** Participation in 35% of the available minutes of regularly scheduled games; coach’s discretion.

**Cross Country:** Participation in 40% of scheduled meets; coach’s discretion.

**Basketball:** Participation in 50% of the regularly scheduled quarters; coach’s discretion.

**Wrestling:** Earn 15 team points through dual or tournament meets scoring; represent the team with honor at all times; coach’s discretion.

**Baseball/Softball:** Participate in 40% of the regular season innings; coach’s discretion.

**Golf:** Participation in 40% of the scheduled meets; coach’s discretion.

**Cheer/Dance:** Participation in 80% of the scheduled dances for a given season; coach’s discretion.

**Hockey:** Must play a regular shift in at least 10 varsity games or be on the team at least two seasons and be a senior. There can be extenuating circumstances that may cause an adjustment.

**Track:**
- Be the number one or two athlete in your event.
  - Place in a scoring position at the conference meet
  - Participate four years on the track team
  - Participate in 60% of the varsity meets
  - Be in good standing (good attendance at practices and meets, good behavior, & show respect for coaches and other athletes)
  - Meet all WIAA guidelines and Coach’s discretion
Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook

**Trap Shooting:** Developing

**Powerlifting:** 90% attendance at weightlifting sessions, attendance at all technique practices, and participation in three meets at the varsity level

**Year-End Medals:**
For accumulated letters across one’s athletic career, one will receive a bronze medal for 4 – 6 letters, a silver medal for 7 – 9 letters, and a gold medal for 10 or more letters. These medals will be awarded in the year in which they are earned at the end-of-year Awards Assembly.

**Senior Award Plaque**
This award will be given to those senior athletes who fulfill the following requirements:
1. An athlete must have completed at least four sport seasons in their four years of high school.
2. The athlete must be completely free of athletic suspension above the coach level.
3. The athlete must compete as a senior in a sport.

**XI. WARNING OF INHERENT RISK IN SPORTS PARTICIPATION**
The North Fond du Lac School District advises both student-athletes and their parents or guardians that a risk of injury, potentially serious, is inherent to participation in sports. The risk of serious injury includes, but is not limited to, sprains, fractures, ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of one’s limbs: brain damage; paralysis; or even death. Athletic participation must be entered into with full knowledge and understanding of the risk of serious injury to which an athlete exposes themselves by participating in athletics.

- It must be further acknowledged that FOOTBALL, WRESTLING, HOCKEY, BASEBALL AND SOFTBALL are PHYSICAL CONTACT SPORTS involving even greater risk of injury than other sports.
- In sports in which an athlete may use a protective helmet, it must be understood that no helmet can prevent all head or neck injuries a player might receive while participating. A protective helmet should not be used to butt, ram or spear an opposing player. This is a violation of the rules within sports and such use can result in severe head or neck injuries, paralysis, or death to oneself and possible injury to an opponent.
- It must be also understood that the North Fond du Lac School District strongly encourages the use of appropriate equipment and protective gear.

**XII. APPEAL PROCESS PROCEDURE**
If the student and their parent(s)/guardian wish to appeal the violation and/or the consequences being dispensed, a written request must be made to the Principal within three (3) days’ time from verbal notification of the suspension. The appeal process recognizes the rights of the individual. The process outlines the student’s recourse in the event he/she feels that the code violation did not occur or that the proper procedures were not followed. The appeal procedure outlined hereafter is the process the student and his/her parent(s)/guardian(s) are to follow in appealing the findings of the investigation into the code violation. **A student and his/her**
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**Parent(s)/guardian(s) may not appeal the imposed sanctions; rather, they may only appeal the findings of the investigation or process.** Any imposed sanctions will take effect during the time of the appeal process. The Activity Appeal Panel will consist of the principal or designee (non-voting member), athletic director (non-voting member), 2 noncurrent coaches, and 1 teacher.

1. The Appeal Panel will strive to meet within three days upon receiving the written appeal. Until the hearing is scheduled, the original decision of the Interview Team shall stand.
2. Both the student and their parent(s)/guardian are encouraged to attend. The student will be provided with an opportunity to speak and present other evidence on his/her behalf at the hearing.
3. A written notice of the findings of the Activity Appeal Panel will be mailed to the student and/or their parent(s)/guardian. The Appeal Panel is not limited in their actions and may modify the original consequence, as they deem necessary. Until the appeal is ruled upon, the original decision shall stand.
4. If the student and his/her parent/guardian(s) are not satisfied with the findings of the hearing, a second hearing may be requested on procedural grounds only before the Board of Education. The principal must receive in writing a request for such a second hearing within fourteen days of the mailing of the outcome of the original hearing. The appeal shall be heard at a special board meeting within thirty days. **The decision of the Board of Education will be final.**

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<td>*Trap (Maybe)</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>*Forensics</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>
Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook

XIII. HIGH SCHOOL ELIGIBILITY INFORMATION

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION
P.O. Box 267, Stevens Point 54481

Your high school is a member of the Wisconsin Interscholastic Athletic Association. The following rules and regulations are developed by the member schools of the WIAA and govern the participation by boys and girls in school athletics and in some instances, impact upon sports activities outside the school.

This information bulletin is a summary of the WIAA OFFICIAL HANDBOOK as it pertains to those rules and regulations. Both student-athletes and their parents should have an understanding of these requirements. Equally important is that student-athletes and/or parents talk to their principal or athletic director if they have any question about these regulations. For additional information on Rules of Eligibility see the WIAA Handbook, or visit the WIAA website at www.wiaawi.org.

This bulletin does not discuss specific penalties for all violations. The reason is that penalties vary depending upon the nature of the violation. In addition, schools often have established penalties or periods of ineligibility which are greater than the minimum prescribed by WIAA rules.

There also are exceptions and other permissive provisions in some rules. Student-athletes and their parents should discuss all athletic eligibility related situations with the school principal or athletic director who, if necessary, will get a decision, interpretation, or opinion from the WIAA office.

Student-athletes, as well as parents are asked to read this bulletin, then sign it and have their signature statement (attached) on file at their school prior to practicing and competing.

These are WIAA eligibility rules:

AGE
A student shall be ineligible for interscholastic competition if he/she reaches his/her 19th birthday before August 1 of any given school year.

ACADEMICS
A student-athlete must meet school and DPI requirements defining a full-time student and have received no more than one failing grade (including incompletes) in the most recent school issued grade reporting period. Note: Some member schools adopt code and academic policies and other participation requirements which are more stringent than WIAA minimum requirements. In those instances the schools requirements prevail and must be applied as written.

ATTENDANCE
A student-athlete is eligible for interscholastic competition at a member school if he/she is carried on the attendance rolls as a duly enrolled full-time Grade 9, 10, 11 or 12 student in that member school. (Subject to satisfying all other eligibility requirements.)

Note: A full-time student is further defined as one where the member school is responsible for programming 100% of the student’s school day. The student is eligible for like or similar awards,
Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook

privileges and services as all the other students and meets all obligations and responsibilities as other students, without exception.

A. A student must complete eligibility in the four consecutive years starting with Grade 9 and the three consecutive years starting with Grade 10, unless there are documented extenuating circumstances and a waiver has been provided.

B. A student is ineligible if he/she has graduated from a school offering studies through Grade 12 or its equivalent.

C. A student who graduated in May or June retains eligibility for (a) any portion of a spring athletic schedule not completed by the end of the academic year and (b) the school’s summer athletic schedule.

D. A student is ineligible if he/she has not been enrolled in some school by the 17th day of a semester or trimester, except upon request of a school in special cases involving sickness, accident, military service, social services assignment, e.g.

E. A student-athlete may not participate in school sports in more than four different years, and a student-athlete may not participate in the same sport more than one season each school year.

DETERMINING RESIDENCE FOR PUBLIC SCHOOL STUDENTS

A full-time student, whether an adult or not, is eligible for varsity interscholastic competition only at the school within whose attendance boundaries his/her parents reside, within a given school district, with these additional provisions:

A. Board of Education approved full-time student(s), paying their own tuition and residing full time with parents in their primary residence shall be afforded eligibility. Transfer students are subject to provisions outlined in the transfers section of this document and in the Senior High Handbook.

B. The residence of a student’s guardians shall determine eligibility in cases where both parents of a student are deceased. The execution of guardianship papers in situations where one or both parents are living does not by itself make a student eligible.

C. In the event of a divorce or legal separation, whether pending or final, a student’s residence at the beginning of the school year shall determine eligibility, except in situations involving transfer after the fourth consecutive semester following entry into grade 9. For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine ‘beginning of school year.’ Under this rule, a student who transfers after the beginning of the school year shall be ineligible at the new school unless approval is granted by the Board of Control in accordance with the transfer and/or waiver provisions as described in the WIAA HS Handbook.

D. A student whose tuition is paid by the school within whose attendance boundaries parents reside or by the state and is enrolled in a district approved program may be eligible at either school (first priority to school of residence) but (a) may not participate at both schools in the same year and (b) academic ineligibility accompanies student upon transfer. Transfer restrictions may also apply.

E. A student whose tuition is paid by the school within whose attendance boundaries parents reside or by the state or who is participating full time in a legislated open enrollment option
***Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook***

must meet all statutory timeline requirements. This provision extends the opportunity to decline attendance at the new school and continue at his/her school of residence. If the student begins the school year at the new school and then transfers back to school of residence after attending one or more days of school or one or more athletic practices, he/she shall be subject to transfer provisions as outlined in the transfer Section of this document.

F. A student may continue being eligible in the same school even though parent(s) and/or student move from within that school’s attendance boundaries, provided enrollment is continuous (unbroken in that school).

G. After a student-athlete has not participated and/or has had their eligibility restricted for one calendar year due to reasons relating to residence and/or transfer, he/she becomes eligible.

H. A student-athlete will not be eligible if his/her attendance at a particular school resulted from undue influence (special consideration because of athletic ability) on the part of any person.

I. A student-athlete who has been declared ineligible at a school for disciplinary reasons, academic reasons or due to another State Association’s provision retains that ineligibility status if he/she transfers to another school.

J. Except in situations involving transfer after a student’s fourth consecutive semester, a full-time student whose residence in a given district and attendance at a member school does not conform with any of the provisions outlined above shall be eligible for non-varsity competition only, for one calendar year, unless a waiver is provided as outlined in the WIAA HS Handbook under Waivers. Transfer students are subject to transfer provisions as outlined in the transfer section of this document and in the Senior High Handbook.

DETERMINING RESIDENCE FOR NONPUBLIC SCHOOL STUDENTS

A full-time student, whether an adult or not, is eligible for varsity interscholastic competition only if the student is residing full time with parents in their primary residence with these additional provisions:

A. In the event of a divorce or legal separation, whether pending or final, a student’s residence at the beginning of the school year shall determine eligibility except in situations involving transfer after a student’s fourth consecutive semester. For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine ‘beginning of school year’. Under this rule, a student who transfers after the beginning of the school year shall be ineligible at the new school unless approval is granted by the Board of Control in accordance with the waiver provisions as described in the WIAA HS Handbook under Waivers. Transfer restrictions may also apply.

B. Residing full time with guardians shall determine eligibility in cases where both parents of a student are deceased. The execution of guardianship papers in situations where one or both parents are living does not by itself make a student eligible.

C. A student may continue being eligible in the same school even though parent(s) and/or student move from within that school’s traditional attendance area, provided enrollment is continuous (unbroken in that school).
D. Except in situations involving mid-year transfer and/or transfer after the fourth consecutive semester students attending member residential schools shall be eligible at the member school provided they reside at the school or reside full time with parents in their primary residence.

E. Except in situations involving transfer after a student’s fourth consecutive semester, a full-time student attending a nonpublic school but not residing in accordance with any of the provisions outlined above shall be eligible for non-varsity competition only, for one calendar year, unless a waiver is provided as outlined in the WIAA HS Handbook under Waivers.

TRANSFERS
A full-time student may be afforded up to eight consecutive semesters of interscholastic eligibility upon entry into Grade 9. Transferring schools at any time may result in restrictions being imposed on eligibility or in some cases a denial of eligibility. For the purpose of this rule, attendance at one day of school and/or attendance at one athletic practice shall determine ‘beginning of school year.’ These additional provisions relate to transfer cases:

A. A student who transfers from any school into a member school after the fourth consecutive semester following entry into Grade 9 shall be ineligible for practice and competition for one calendar year, unless the transfer is made necessary by a total change in residence by parent(s). The calendar year (365 days) will be determined from a student’s first day of attendance at the new school.

B. Open enrolled and/or tuition paying students entering 9th and/or 10th grade at the beginning of the school year and who are within the first four consecutive semesters of high school will be afforded unrestricted eligibility provided all other rules governing student eligibility are met.

C. Open enrolled and/or tuition paying students entering 11th and/or 12th grade as transfer students are ineligible to practice and/or compete for one calendar year.

D. 9th grade students who transfer after the beginning of the school year and with written consent from both schools directly involved may be provided non-varsity opportunities for the remainder of the school year. Restrictions are removed upon entering 10th grade.

E. 10th grade students who transfer after the beginning of the school year and with written consent from both schools directly involved may be provided non-varsity opportunities for one calendar year (365 days beginning with first day of attendance at the new school).

F. In the event of divorce or legal separation, whether pending or final, residence at the beginning of the school year shall determine eligibility for students entering 9th and/or 10th grade. In situations involving transfer after the fourth consecutive semester following entry into grade 9 the student is ineligible to practice and compete for one calendar year.

G. District policies with respect to intra-district transfer do not supersede WIAA transfer rules in situations involving post-4th semester transfers. Intra-district transfers occurring after the fourth consecutive semester following entry into grade 9 result in the student being ineligible for practice and competition for one calendar year (365 days beginning with first day of attendance at the new school).
H. Unless transfer, including an accompanying change of parent’s residence, is effective at the outset of a semester, a student cannot establish eligibility at his/her new school until the fifth calendar day of such transfer.

I. If within the first four consecutive semesters following entry into grade 9, a student who transfers more than once in any given school year shall be ineligible for all interscholastic competition for the remainder of that current school year and will be eligible for non-varsity opportunities only for the balance of the calendar year. In situations involving transfer after the fourth consecutive semester following entry into grade 9 the student is ineligible to practice and compete for one calendar year.

J. A student may not have eligibility in more than one member school at the same time. A parent or parents, who move from a primary residence within one school's attendance boundaries, to a secondary residence within another school’s attendance boundaries, may be required by the Board of Control to provide evidence of a total move.

K. A student who transfers from any school, whether or not a member school, with a status of ineligibility for disciplinary reasons, academic reasons and/or as a result of another State Association’s regulation or sanction, retains such status at his/her new school for the same period as decreed by the former school.

L. No eligibility will be granted for a student whose residence within a school's attendance boundaries, with or without parents, or whose attendance at a school has been the result of undue influence (special consideration due to athletic ability or potential) on the part of any person, whether or not connected with the school.

PHYSICAL EXAMINATION and PARENT’S PERMISSION
A student-athlete whether an adult or not, must have written permission of parents to participate in school athletics and he/she must have a physical examination (signed by a licensed physician or advanced practice nurse prescriber) every other school year.

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

TRAINING and CONDUCT
A student-athlete must follow his/her school’s code of conduct (training rules) on a year-round basis.

A. A student-athlete who violates his/her school’s code of conduct during the season of a sport (start of practice to final game) must be suspended from competition for a period of time specified in the code (minimum of one meet) if the violation involves (a) possession and/or use of alcohol, (b) possession and/or use of tobacco, including chewing tobacco and (c) use, possession, buying or selling of controlled substances, street drugs and performance enhancing substances (PES).

B. The member school will determine minimum penalties for violation of any other provisions of its code of conduct, including out of season offenses and for any other unacceptable conduct contrary to the ideals, principals and standards of the school and this Association including but not limited to criminal behavior.
Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook***

C. A student-athlete who violates his/her school’s code of conduct at times other than during the actual season of a sport must be disciplined by the school, the nature of such discipline to be determined by the school as indicated in its code of conduct.

D. A student-athlete who violates any part of the school or WIAA code of conduct resulting in suspension of WIAA-sponsored tournament competition must be immediately declared ineligible for the remainder of tournament series in that sport.

E. A student-athlete, disqualified from a contest for flagrant or unsportsmanlike conduct, is also suspended from the next competitive event.

F. A school must provide an opportunity for the student to be heard prior to a penalty being enforced. If a student appeals a suspension, according to the schools appeal procedure, the student is ineligible during the appeal process.

AMATEUR STATUS
A student-athlete must be an amateur in all recognized sports of this association in order to compete in any WIAA sport.

A. A student-athlete may not accept, receive or direct to another, reimbursement in any form of cash or merchandise such as shirts, jackets, sweaters, sweatshirts, jerseys, warm-ups, equipment, balls, duffle bags, backpacks, watches, rings, billfolds, coupons, gift certificates, regardless of their value for athletic accomplishments, such as being on a winning team, being selected for the school varsity team, or being a place winner in an individual tournament, e.g.

B. A student-athlete may receive awards for school achievement which are symbolic (non utilitarian) in nature – badges, certificates, trophies, medals, banners, ribbons, pictures, plaques, event T-shirts, event hats, game balls, unattached emblems, letters, season highlight DVD or video, e.g.

C. A student-athlete may not receive compensation or benefit, directly or indirectly, for the use of name, picture, and/or personal appearance, as an athlete. This includes receiving free and/or reduced rates on equipment, apparel, camps/clinics/instruction and competitive opportunities that are not identical for all other participants.

D. A student-athlete may not be identified as an athlete, provide endorsement as an athlete or appear as an athlete in the promotion of a commercial/advertisement and/or profit-making event, item, plan, or service.

E. A student-athlete may not participate in school athletics or in sports activities outside the school under a name other than his/her own name.

SPORTS ACTIVITIES OUTSIDE OF SCHOOL
A student-athlete in a given sport may not compete in that same sport outside of school either as a team member or an individual or independent entry during the same time he/she is participating with the school team.

A. WIAA rules do not prevent athletes from practicing with nonschool teams or from receiving private skills instruction during the school season. However, they may not participate in any nonschool games, including scrimmages against other teams.
Upon signing the Emergency Treatment/Parental Permission you agree to follow all the rules in the HMHS Student Handbook and Co-Curricular Handbook

(1) This restriction applies to normal nonschool games as well as “gimmicks,” such as reduced numbers competition (3-on-3 basketball, 6 player soccer, e.g.), specific skill contests (punt, pass, and kick, shooting contests, free throws, 3 point, e.g.), fun runs, etc.

(2) A student who was a member of a school team during the previous year may not delay reporting for the school team beyond the school’s official opening day of practice in order to continue nonschool training and/or competition.

B. During the school year before and/or after the school season of a sport, a student-athlete may participate in sport activities outside of school with these restrictions:

(1) A student-athlete must not participate in nonschool programs, activities, camps, clinics and/or competition that is limited to individuals who are likely to be candidates for the school team in that sport in the following season.

(2) Nonschool activities in which students are engaged may not resemble in any way a school team practicing or competing out-of-season.

(3) Nonschool team rosters may not include more than the following number of participants from the same school: Volleyball, Hockey, Basketball - 3; Soccer - 6; Baseball, Softball - 5; and Football - 4

C. In the summer nonschool roster restrictions are not in effect and members of a schools team may voluntarily assemble with their teammates (without school and/or school coach involvement) at their own discretion.

D. A student-athlete or his/her parents must pay the fee for specialized training or instruction such as camps, clinics, and similar programs.

E. A student-athlete may not be instructed except during the school season of a sport and approved summer contact days by the person who will be his/her coach in that sport in the following school season. The sports of baseball, cross country, golf, gymnastics, softball, swimming, tennis, track & field, and wrestling are exempt from this rule, BUT only (a) during the summer months and (b) if the program involved is not limited to individuals who are likely to be candidates for the school team in that sport in the following season.

F. A student-athlete must not participate in an all-star game or similar contest except for summertime activities (a) within the same league or program (e.g., softball game between divisions of same league) or (b) in which a team is selected to represent a league in post-season play (e.g., Babe Ruth league team). Some post-season all-star opportunities may be permitted for 12th graders who have completed high school eligibility in a particular sport. Check with your Athletic Director to be certain.
By its nature, participation in interscholastic athletics carries the risk of injury that may range in severity from minor to permanent disability or even death. Although serious injuries are not common in supervised athletic programs it is not possible to entirely eliminate the risk. Participants have the responsibility, along with program supervisors, to reduce the chances of injury by practicing safety rules, reporting problems to coaches in charge, following a proper conditioning regimen and checking their equipment daily. By signing this permission form, I acknowledge that I have read the information on it.

In the absence of either parents (or legal guardians) I give permission to render emergency/supportive medical care to the listed dependent whenever necessary. I direct you to contact the emergency room physician on-call at the nearest hospital. You may also summon appropriate specialists indicated by medical needs of the listed dependent.

DEPENDENT NAME (First and Last) ____________________________________________

BIRTHDATE ___________________ EMERGENCY CONTACT PHONE #(s) ____________________

SPORT(S) _______________________________ SCHOOL YEAR: ______________

SPECIAL MEDICAL CONCERNS THE STAFF SHOULD BE AWARE OF:
___Heart   ___Blood Condition   ___Bee Sting   ___Seizures   ___Asthma   ___Diabetes   ___Hearing
___Other (please list) __________________________________________________________

Has your child been treated for a concussion? ______yes ______no if yes, please list year ______________

ATHLETE & PARENT PLEDGES

ATHLETE:
I AGREE TO FOLLOW ALL THE REGULATIONS INCLUDED IN THE ATHLETIC HANDBOOKS, THE STUDENT HANDBOOKS, AND ANY OTHER REGULATIONS ESTABLISHED BY COACHES OF THE SPORT(S) IN WHICH I PARTICIPATE. I AGREE TO PAY FOR ANY EQUIPMENT THAT MY BE LOST OR DAMAGED BEYOND NORMAL USE. I AGREE TO ACCEPT RESPONSIBILITY FOR ALL EQUIPMENT ISSUED TO ME, WILL LIMIT ITS USE TO PRACTICES AND CONTESTS ONLY AND WILL TURN IT IN (WASHED) IN A TIMELY MANNER AS INDICATED BY THE COACH AFTER MY LAST CONTEST.

PARENTS:
After reading and being informed of the policies of the North Fond du Lac athletic program and the rules established for specific sports, I give consent for my son/daughter:

- To represent his/her school in approved athletic programs except as restricted by medical personnel.
- To accompany and return as part of any team he/she is a member of for local or out-of-town events.
- To receive emergency treatment, if necessary, in our absence as indicated above.

ATHLETE SIGNATURE: ____________________________________________________________

PARENT/LEGAL GUARDIAN SIGNATURE: _____________________________________________

PARENT EMAIL (Please print legibly) _______________________________________________

DATE SIGNED: _________________________________________________________________
All students must travel to and from activities in a vehicle supervised by their coach/advisor or a designated chaperone if a contracted vendor is providing the transportation to the activity. “To and From” is defined as traveling from the School District of North Fond du Lac to the opponent’s site of competition and back. Students may return HOME from an away contest with parents/guardians providing approval has been obtained from the Athletic Director, Coach/Advisor, and this release form has been signed. In such cases, the coach/advisor is responsible for ensuring that the student leaves the contest with his/her parent/guardian.

If parents/guardians provide transportation to or home from the activity the following policies are in effect:

- Where a parent/guardian provides transportation to their son/daughter home from a scheduled event, the parent/guardian shall assume all resulting liability, and the school shall assume no liability.
- Where a parent/guardian provides transportation to their son/daughter to a scheduled away event, the parent/guardian shall assume all resulting liability, and the school shall assume no liability.
- Should a student choose to be transported to or home from a scheduled athletic event by someone other than the parent/guardian, where the school has also provided transportation, then the student would be in violation of the co-curricular code and would be suspended for the following contest. The parent/guardian shall assume all resulting liability, and the school shall assume no liability.
- This Release Form will be for all school related functions for the entire 2019-2020 school year. It must be renewed each school year.

I also agree that the School District of North Fond du Lac shall assume no liability whatsoever for any injuries, whether negligently caused or not, from the above situations, or any other situation where a contracted transportation vendor is not being used to transport student-athletes, but student is being transported in school approved vehicles.

______________________________________________________________  __________
Student Name  GRADE

______________________________________________________________  __________
Parent/Guardian Signature  Date

______________________________________________________________  __________
Administrator or AD Signature  Date
Bi-Annual Physical Card (Green Front and Back)

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

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

NAME (Last) ___________________________ (First) ___________________________ Date of Birth _________

Age ___________ Sex _______ Grade _______ School ___________________________

Present Address __________________________________________________________________________

City ___________________________ Telephone ___________________________

□ Cleared with restriction □ Cleared, with recommendations for further evaluation or reevaluation for:

□ Not cleared for □ All sports □ Certain sports ___________________________ Reason: ___________________________

Recommendation:

SIGNATURE OF LICENSED PHYSICIAN MD OR DO* ___________________________

Address ___________________________ City ___________________________ State ______ Zip Code

Telephone ___________________________ Date of Examination ___________________________

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

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

--- OVER ---

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION – ATHLETIC PERMIT CARD

Students Name ___________________________

Parent’s Place of Employment ___________________________

Family Physician ___________________________ Family Dentist ___________________________

Name of Private Insurance Carrier ___________________________

Policy Numbers and Address ___________________________

Emergency Information ___________________________

Allergies ___________________________

Other Information (medication, etc.) ___________________________

Immunizations  □ Up to date (see attached documentation) □ Not up to date - specify (e.g., tetanus, diphtheria, measles, mumps, rubella, hepatitis A, influenza) ___________________________

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved interscholastic sports except those restricted on this card.

2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as “HIPAA”), I authorize health new providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/retain essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrate Assistant to the Athletic Director and other professional health care providers for purposes of treatment, emergency care and injury record-keeping.

SIGNATURE OF PARENT/GUARDIAN ___________________________

DATE ___________________________

Alternative Year Physical Card (Tan – One-side)

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ALTERNATE YEAR ATHLETIC PERMIT CARD

Physical Date ___________________________

NAME ___________________________ Last _______ First _______ GRADE _______ DATE OF BIRTH _________

Present Address __________________________________________________________________________

City ___________________________ Telephone ___________________________

Parent’s Place of Employment ___________________________

Family Physician ___________________________ Family Dentist ___________________________

Name of Private Insurance Carrier ___________________________

Telephone ___________________________

Subscriber Member Name (Primary Insured) ___________________________

1. I hereby give my permission for the above named student to practice and compete and represent the school in WIAA approved sports.

2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.

3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as “HIPAA”), I authorize health new providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/retain essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrate Assistant to the Athletic Director and other professional health care providers for purposes of treatment, emergency care and injury record-keeping.

4. It is recommended that information regarding your child’s allergies and prescribed medication be made available.

PARENT: If there is any question that this student may not be qualified for athletic competition without, at least, a partial re-evaluation, contact your medical advisor before signing card.

SIGNATURE OF PARENT ___________________________ DATE ___________________________

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

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

What are the signs and symptoms of a concussion?

Unlike a broken arm, you can’t see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just “don’t feel right.” If you think you or a teammate may have a concussion, it is important to tell someone.

**COMMON SYMPTOMS OF A CONCUSSION:**

Tell someone if you feel any of the following:

<table>
<thead>
<tr>
<th>Thinking/Remembering:</th>
<th>Emotional:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Irritable</td>
</tr>
<tr>
<td>Difficulty concentrating or remembering</td>
<td>Sad</td>
</tr>
<tr>
<td>Feeling more slowed down</td>
<td>More emotional than usual</td>
</tr>
<tr>
<td>Feeling sluggish, hazy, foggy, or groggy</td>
<td>Nervous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical:</th>
<th>Changes in your normal sleep patterns.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache or “pressure” in head</td>
<td></td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td></td>
</tr>
<tr>
<td>Balance problems or dizziness</td>
<td></td>
</tr>
<tr>
<td>Fatigue or feeling tired</td>
<td></td>
</tr>
<tr>
<td>Blurry or double vision</td>
<td></td>
</tr>
<tr>
<td>Sensitivity to light or noise</td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling</td>
<td></td>
</tr>
<tr>
<td>Does not “feel right”</td>
<td></td>
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</tbody>
</table>

Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention
*Wear the proper equipment for each sport and make sure it fits well.
*Follow the rules of the sport and the coach’s rule for safety.
*Use proper technique.

What should you do if you think you have a concussion?

1. **Tell your coaches and parents right away.** Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.

2. **Get evaluated by a health care provider.** A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.

3. **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren’t fully recovered from a concussion or head injury.

2. Practicing/playing with concussion symptoms can prolong your recovery.

3. Practicing/playing with a concussion can increase your chances of getting another concussion.

4. Telling someone could save your life or the life of a teammate!

**Tell your teachers**

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org
Concussion Guidelines

1. If a head injury is suspected the athlete will be removed from practice or play. Once removed, athlete cannot return to play until cleared by athletic trainer or healthcare provider.

2. Evaluation will be completed by athletic trainer as soon as possible. If athletic trainer is not present and symptoms worsen (primarily vomiting, lethargy, and severe headache) refer athlete to MD Immediately.

3. If athletic trainer determines concussion is present: athlete will follow-up with Agnesian Concussion Clinic or their Primary Care Provider. If athlete is given **academic restrictions** it is important to bring a copy to school or fax to 920-929-3745 ASAP.

4. Once athlete is symptom free, he/she needs to pass an exertional stress test (a series of balance, cardiovascular, strength and functional activities to see if concussion symptoms are brought back by activity) given by the athletic trainer at his/her school.

5. Athlete will return to Agnesian Concussion Clinic or Primary Care Provider for clearance to return to sport. This visit may include ImPACT testing. **IMPORTANT:** Once cleared by your physician please either bring a copy of the clearance to the high school office or FAX the clearance form to 920-929-3745 ASAP.

6. After clearance the athletic trainer will review the return to play process specific to the athlete’s sport. This will consist of three modified practice days (non-contact, light contact and full contact) with full return to play on the fourth day.

---

**Tips to help your child recover from a concussion**

~ Limit activities while he/she is recovering from a concussion. **REST** will help your child recover more quickly.

~ Limit computer usage/phone (texting) usage/video games as they can worsen or prolong concussion symptoms.

~ Academic restrictions may be necessary. It is important that the doctor is specific of the restrictions and the school gets a copy (bring to the high school office or fax to 920-929-3745). They may include: taking rest breaks as needed, spend fewer hours at school, given more time to take tests or complete assignments, limitation of computer usage.
As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

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

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

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

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

Parent/Guardian
Signature________________________________________Date__________________________

Athlete Agreement:

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

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

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

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

Athlete
Signature________________________________________Date__________________________
Questions and Contact Information

Name__________________________________________Date_____________________

Address_____________________________________________________________________

City________________________Zip__________County___________________________

Phone___________________________Email_____________________________________________________________________

Age______School_________________________School District__________________________

Check all that apply
I participate in:

O Football   O Baseball/Softball   O Basketball   O Hockey
O Soccer     O Golf              O Volleyball   O Wrestling
O Track & Field  O Cross Country   O Cheerleading  O Skiing/Snowboarding
O Gymnastics  O Tennis           O Swimming & Diving
O Other___________________________

Name of Current Team________________________________________________________

1. Have you ever had a concussion?_______, if yes, how many?_________

2. Have you ever experienced concussion symptoms?____ Did you report them?_____

Emergency Contacts:

Name: ____________________________ Relationship: ____________________________

Phone Number: ______________________

Name: ____________________________ Relationship: ____________________________

Phone Number: ______________________

Please complete this form and return to the person operating the youth athletic activity.
Dear Parent/Guardian,

Your school along with Agnesian HealthCare has implemented an innovative program for student-athletes that will assist physicians/athletic trainers in evaluating and treating concussions. The key part of the program is ImPACT testing. ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam should be given to athletes before beginning their sports season. This non-invasive test is set up in “video-game” type format and takes about 25-30 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is important to have a baseline test, since most health systems are using ImPACT for return to play decisions. Studies have shown that athletes with an ImPACT baseline test return to competition an average of 7 to 10 days earlier from a concussion, than an athlete that does not have a baseline test. Without a baseline test physicians often have to be more cautious because they are not certain what is normal for that person.

If a concussion is suspected, the athlete will be referred on to a physician or clinician for evaluation. The physician or clinician will likely recommend that your child take the post-injury test. Both the preseason and post-injury test data is used to help evaluate the injury. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete.

We wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with concussions. Agnesian HealthCare and your schools administration, coaching, and athletic training staff are striving to keep your child’s health and safety at the forefront of the student athletic experience. Please return the backside of this letter with the appropriate signature. Without your signed permission your child will not have a baseline test preformed and may take longer to return to play.

Sincerely,

Zach Pitz, PT, DPT, LAT
Director of Musculoskeletal & Rehabilitation Services
Agnesian Center for Bone & Joint Health
Sports Medicine
ImPACT Testing Consent Form

Testing Date & Time: ____________________________

Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information and understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Please bring this sheet with you the day of your baseline ImPACT test. You will not be allowed to take the test unless you have this sheet with you.

Printed Name of the Athlete: ____________________________________________

School: ____________________________

Grade: ____________________________

Sport: ____________________________

Signature of Athlete: ____________________________________________

Date: ____________________________

Signature of Parent: ____________________________________________

Date: ____________________________

Agnesian Healthcare is Sponsored by the Congregation of Sisters of St. Agnes
What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can’t see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just “doesn’t feel right.” Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

**SIGNS AND SYMPTOMS OF A CONCUSSION**

<table>
<thead>
<tr>
<th>SIGNS OBSERVED BY PARENTS OR GUARDIANS</th>
<th>SYMPTOMS REPORTED BY YOUR CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appears dazed or stunned</td>
<td>Thinking/Remembering:</td>
</tr>
<tr>
<td>Is confused about events</td>
<td>• Difficulty thinking clearly</td>
</tr>
<tr>
<td>Answers questions slowly</td>
<td>• Difficulty concentrating or</td>
</tr>
<tr>
<td>Repeats questions</td>
<td>remembering</td>
</tr>
<tr>
<td>Can’t recall events prior to the hit,</td>
<td>• Feeling more slowed down</td>
</tr>
<tr>
<td>bump, or fall</td>
<td>• Feeling sluggish, hazy,</td>
</tr>
<tr>
<td>Can’t recall events after the hit,</td>
<td>foggy, or groggy</td>
</tr>
<tr>
<td>bump, or fall</td>
<td>• Headache or “pressure” in</td>
</tr>
<tr>
<td>Loses consciousness (even briefly)</td>
<td>head</td>
</tr>
<tr>
<td>Shows behavior or personality changes</td>
<td>• Nausea or vomiting</td>
</tr>
<tr>
<td>Forgets class schedule or assignments</td>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td></td>
<td>• Fatigue or feeling tired</td>
</tr>
<tr>
<td></td>
<td>• Blurry or double vision</td>
</tr>
<tr>
<td></td>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td></td>
<td>• Numbness or tingling</td>
</tr>
<tr>
<td></td>
<td>• Does not “feel right”</td>
</tr>
</tbody>
</table>

*Only ask about sleep symptoms if the injury occurred on a prior day.*
DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child’s school administrators, teachers, school nurse, coach, and counselor about your child’s concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child’s symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

To learn more about concussions go to:
www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org
April, 2019

RE: RELEASE OF INFORMATION FOR ATHLETICS 2019-20 SCHOOL YEAR

Attached is a release of information for you child's primary physician. If they sustain a concussion during their sports, we would have the ability to work with their doctor to make accommodations for academics, if needed, as long as we have this form on file. It will also help us to communicate between school, the doctors, and home more effectively. Our goal is to get work with the doctors and families to get all students back to both academics and sports as soon as possible, as long as they are cleared from any head injury.

There is both a front and back release of information. You only need to complete one of them. If you have an Aurora physician, they require the Aurora release of information to be completed. Any other doctor's will accept our District's release of information.

Please complete one of the sides, sign it and return with all other paperwork.

If you have any questions or concerns, please reach out to either myself or Nurse Voss. We are here to help!

Bridgett Amadon, BSN, RN
Emily Voss, LPN
School Nurses for Bessie Allen and Horace Mann
North Fond du Lac School District
(920) 929-3740 ext. 5158 (High School)
(920) 929-3654 ext 4116 (Middle School)
1) PATIENT INFORMATION:

Name ___________________________ Address ___________________________ City __________ State ______ Zip __________

Date of Birth ______________________ Daytime Phone ______________________ Previous Name ______________________

2) AUTHORIZES:

Name of Health Care Provider / Plan / Other ___________________________ Address ___________________________

3) TO DISCLOSE TO: □ Self, Delivery Options: □ Pick up □ View on Site □ Mail to address above □ Electronic Format: ____________

□ To be picked up by, I hereby authorize ______________________ to pick up my records. (Photo ID required.)

□ Send to: ___________________________ Name of Health Care Provider / Plan / Other ___________________________

Address ___________________________ Or: ___________________________ Health Care Provider FAX # ___________________________

Recipient (Contact) Phone Number: ___________________________ ___________________________

4) DATE(S) OF INFORMATION TO BE DISCLOSED: From __________ date to __________ if left blank, only information from the past two (2) years will be disclosed. (month/year) to (month/year)

5) INFORMATION TO BE DISCLOSED: □ Verbal □ Written

□ Billing Records related to (specify): ___________________________ □ Immunizations ___________________________

□ Emergency Department Reports ___________________________ □ Lab Reports ___________________________

□ Hospital Summary — a general abstract will be sent which includes Discharge Summary, H&P, Consults, Operative Reports, Labs, Radiology Reports & ER. ___________________________

□ Imaging Films (X-ray) ___________________________ □ Procedure Op Reports ___________________________

□ Imaging Results ___________________________ □ Progress Notes/Updates ___________________________

□ Other: □ Educational Management ___________________________

I understand that the information to be disclosed may include information regarding genetic testing, and mental illness, alcohol/drug abuse, HIV Test results, AIDS/AIDS related illness, and developmental disabilities. We will disclose such information, unless you indicate below that you do not want such information disclosed:

□ Alcohol/Drug Abuse □ HIV Test Results □ Mental Health/Developmental Disabilities □ Genetic Testing

6) EXPIRATION: This Authorization is good until the following date / event: __________ June 30, 2020 __________

Note: If this item is left blank, the authorization will expire in one (1) year from the date signed.

7) PURPOSE (Check all that apply: copy fees may apply)

□ Further Medical Care — no fee □ Insurance Eligibility/Benefits — fee $ □ Legal Investigation /Action — fee $ ___________________________

□ Personal (at my request) — possible fee $ □ Forms Completion — possible fee $ □ Other: ___________________________

(specify)

8) YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION: I am aware that I have the right to inspect and receive a copy of the health information I have authorized to be used and/or disclosed by this Authorization. I understand that I may be charged a fee for record copies. In addition, I understand that I do not need to sign this Authorization in order to receive treatment. I also am aware that I may revoke this Authorization by notifying the disclosing medical records/health information department in writing. However, I understand that my revocation will not be effective as to uses and/or disclosures: (1) already made in reliance upon this Authorization; or (2) needed for an insurer to contest a claim/policy as authorized by law if signing the Authorization was a condition to obtaining insurance coverage. I realize that the information used and/or disclosed pursuant to this Authorization may be subject to re-disclosure and no longer protected by federal privacy law.

9) SIGNATURE OF PATIENT / LEGAL REP: ___________________________ DATE: ___________________________

If signed by a person other than the patient, complete the following:

1. Individual is: □ a minor □ legally incompetent or incapacitated □ deceased

2. Legal authority: □ parent* □ legal guardian □ next of kin / executor of deceased □ activated POA for Health Care

* By signing above, I hereby declare that I have not been denied physical placement of this child.

For Office Use Only: Signature / ID verified □ Yes □ No Completed by: ___________________________ Name / Date ___________________________

AURORA HEALTH CARE
1000 N. 20TH ST. MILWAUKEE, WI 53203-3990

AUTHORIZED FOR DISCLOSURE OF HEALTH INFORMATION
(HIM/ROI Authorization)

© AHC 523623 (Rev. 10/15)
Permission to Obtain and Release Information

North Fond du Lac School District
325 McKinley St North Fond du Lac, WI 54937

Student Information
This form provides authorization to release and/or obtain educational records and information relating to:

Student Name: __________________________________________ Date of Birth: ___ / ___ / ___

Address: __________________________________________ Phone Number: ______________________

City: _______________________ State: ______ Zip Code: ______________________

Individual/Agency Information
I, the undersigned, give my permission to:

Name(s) of School Personnel Requesting Information: Bridgett Amadon, RN, Emily Voss LPN

Emails of School Personnel Requesting Information: bamadon@nfdlschools.org, evoss@nfdlschools.org

School Name: ______ Horace Mann High School

School Address: ___325 McKinley St. North Fond du Lac, WI 54937_________________________

School Phone Number: ___(920) 929-3740________ School Fax Number: ___(920) 929-3864________

to obtain/release information from/to:

Name: __________________________________________ Agency: __________________________

Phone Number: __________________ Fax Number: __________________

Address: __________________________________________

City: _______________________ State: ______ Zip Code: ______________________

Description of Educational Records Requested and/or To Be Disclosed:
☐ Academic records/Transcripts of credits and grades
☒ Medical/Health/Behavioral Health records
☐ Psychological evaluations or social work reports
☐ Individualized Education Program (IEP) team evaluations and related reports
☐ Individual Education Program (IEP)
☐ Appropriate agency reports
☐ Discipline records and expulsion proceedings
☒ Verbal Communication
☒ Medical history/diagnostic/therapeutic information
☐ Other (please specify): __________________________

Purpose of Authorization
This information is being requested for the purpose of: Concussion sustained during sports

Expiration and Revocation
I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. If not revoked, this authorization will expire one year after the date on which the authorization is signed. I recognize that health records, once received by the school district, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Education Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25 (2m) (a) (b) and 146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child’s ability to obtain health care.

Signature of parent/guardian __________________________ Date __________________________

The school district does not discriminate on the basis of race, sex, religion, disability, or national origin.