

Dear Parent of a Phoenix Athlete,

In the past we charged a fee for your student(s) to participate in athletics. Since athletic activities are extracurricular, the fee helped cover the costs associated with this extra opportunity for some of our students. During a typical year, our athletics budget has been about \$75,000, a cost of about \$500 per athlete. In previous years, fees ranged from \$175 to \$225 per student for a sport.

Laws regarding the charging of fees in charter schools have changed, and we are no longer allowed to charge athletic fees. Given the financial challenges we face as a school, this additional hit to our budget makes financing athletics difficult.

We believe that our athletics program is important for our students and our school. We want to be able to continue to offer the options currently available. Therefore, we are asking families with athletes to contribute to the athletics program. Your contribution to athletics would be a designated gift that fills a particular need in our budget. It doesn't diminish the continued need we have for support for the school as a whole through the Phoenix Fund. We hope you will consider supporting both endeavors. Every gift of any size is greatly appreciated.

***A form for your athletics contribution is below. Please make your check payable to Raleigh Charter High School. Please write "athletics donation" on the memo line of your check. Donations may be dropped off at the front office or mailed to RCHS.*** You will receive an acknowledgment for your donation. If you have questions or need additional information, you may contact us at any time.

We are most grateful for the passionate support we receive for our Phoenix athletes, coaches, and teams. Go Phoenix!

With great appreciation,



Lisa Huddleston  
Principal



Margaret Barnett  
Director of Development

Enclosed is a donation in the amount of \$ \_\_\_\_\_ for the Raleigh Charter High School athletics program.

\_\_\_\_\_  
Printed parent name

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of athlete(s)

\_\_\_\_\_  
Sport(s)

*"Educating knowledgeable, thoughtful, contributing citizens"*

## NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

<b>Name</b>		
<b>Sport</b>		
<b>For the questions below, please circle yes or no</b>		
YES	NO	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, <b>OR</b> have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
<b>Today or in the past 2 weeks have you had any of the following symptoms:</b>		
YES	NO	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
YES	NO	Shaking chills?
YES	NO	A new or worsening cough, shortness of breath or difficulty breathing?
YES	NO	Racing heart, heart skipping beats or fluttering of the heart?
YES	NO	Unusual dizziness, particularly with exercise?
YES	NO	Fatigue or difficulty with exercise?
YES	NO	A sore throat different than associated with seasonal allergies?
YES	NO	New loss of taste or smell?
YES	NO	Nausea, vomiting or diarrhea?
YES	NO	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
YES	NO	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

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

Signature of athlete: \_\_\_\_\_

Signature of parent/legal custodian: \_\_\_\_\_

Date: \_\_\_\_\_

# Raleigh Charter High School Athletic Participation Form

**Date of Physical Exam:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Student Athlete Information:**-----

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address(Street, City, Zip): \_\_\_\_\_

Please list medical alerts such as allergic reactions, contact lenses, etc.:

\_\_\_\_\_  
\_\_\_\_\_

**Guardian 1 Information:**-----

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian 2 Information:**-----

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact (other than guardians listed above):**-----

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

Relationship to Student: \_\_\_\_\_

**Request for Permission:**-----

We, the undersigned student and student's guardian, apply for permission to participate in the interscholastic athletics in the following sports (Please check all that apply):

- Basketball**       **Cross Country**       **Golf**       **Swimming**  
 **Track**       **Soccer**       **Volleyball**       **Tennis**

\*Weight lifting may be a required component of condition for any sport.

**Insurance:** -----

Raleigh Charter High School (RCHS) does **not** carry accident or medical insurance to cover students' accidental injuries or illnesses. Parents' insurance must provide coverage for injuries of their student(s). RCHS Board policy addresses the insurance requirements for participating in specified activities. **Every student participant in a student activity that requires accident insurance shall furnish proof that compatible coverage is carried in a family insurance policy.** Student activities requiring insurance coverage include interscholastic athletic programs. Please acknowledge the method by which the required coverage will be provided. The policy number is required.

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Verification by School Administration: \_\_\_\_\_ Date: \_\_\_\_\_

RCHS Athletic Participation Form

**Risk of Injury:**

We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of the RCHS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor RCHS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

**Medical History:**

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

- |  |     |     |    |            |
|--|-----|-----|----|------------|
| 1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before the age of 50?   | 1.  | YES | NO | DON'T KNOW |
| 2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?   | 2.  | YES | NO | DON'T KNOW |
| 3. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?   | 3.  | YES | NO | DON'T KNOW |
| 4. Has the athlete ever had a broken bone, had to wear a cast or had an injury to any joint?   | 4.  | YES | NO | DON'T KNOW |
| 5. Does the athlete have a history of a concussion (getting knocked out)?  | 5.  | YES | NO | DON'T KNOW |
| 6. Has the athlete ever suffered a heat-related illness (heat stroke)?   | 6.  | YES | NO | DON'T KNOW |
| 7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?   | 7.  | YES | NO | DON'T KNOW |
| 8. Does the athlete take any medication(s)?  | 8.  | YES | NO | DON'T KNOW |
| 9. Is the athlete allergic to any medications or bee stings?   | 9.  | YES | NO | DON'T KNOW |
| 10. Does the athlete have only one of any paired organ? (eyes, ears, kidneys, testicles, ovaries, etc.)  | 10. | YES | NO | DON'T KNOW |
| 11. Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?  | 11. | YES | NO | DON'T KNOW |
| 12. Has the athlete had surgery or been hospitalized in the past year?   | 12. | YES | NO | DON'T KNOW |
| 13. Has the athlete missed more than five consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed has not been resolved in the past year? | 13. | YES | NO | DON'T KNOW |
| 14. Are you, the athlete, worried about any problem or condition at this time?   | 14. | YES | NO | DON'T KNOW |

\*Please give details on any "YES" answer from the above health history.

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## RCHS Athletic Participation Form

### Code of Sportsmanship:

It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. Players are under the coach's control from the time they arrive at the athletic site until they leave the field. It is expected that all athletes and managers adhere to the guidelines established by their coaches. Noncompliance with these expectations may result in consequences from the school.

### Raleigh Charter High School Academic Eligibility Requirements:

Students with no more than one (1) D and no failing grades AND a 2.0 unweighted GPA, OR a 3.0 unweighted GPA AND any combination of grades, in the six weeks grading period prior to participation are eligible to participate. Students excluded from participation will be reevaluated at the end of the following six weeks grading period. Student-athletes will be evaluated at the end of each grading period.

Students who were not enrolled at RCHS during the grading period prior to participation must submit his/her grades from the previous school. The above standards apply to those grades.

*NOTE: The NCHSAA policies supercede any and all local school policies.*

### Protect Your Eligibility. Know the Rules. To represent your school in athletics, YOU

1. **Must** meet the above RCHS Academic Requirements.
2. **Must** be a properly enrolled student at the time you participate, must be enrolled no later than the 15th day of the present semester.
3. **Must** be in attendance at least 85% of the semester prior to athletic competition.
4. **Must** not have exceeded eight (8) consecutive semesters of attendance or have participated more than four (4) seasons in any sport since first entering grade nine (9).
5. **Must** be under 19 years of age on or before October 16.
6. **Must** be present 100% of the student day on the day of an athletic event in order to participate.
7. **Must** have received a medical examination by a licensed physician within the past 365 days; if you miss five (5) or more days of practice due to illness or injury, you must receive a medical release from a licensed physician before practicing or competing.
8. **Must** turn in a completed RCHS Athletic Participation Form prior to the first day of practice.

### Student-Athlete Pledge:

As a student-athlete, I am a role model. Using inappropriate language, taunting, baiting, or the use of unwarranted physical contact directed at opposing players, coaches, and fans are contrary to the spirit of fair play and the good sportsmanship that my school expects. I accept my responsibility to model good sportsmanship that comes with being a student-athlete.

### Parent/Guardian Pledge:

As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for the students. I will show respect for the opposing players, coaches, spectators and support groups. I will participate in cheers that support and uplift the teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and the good sportsmanship our school expects. I accept my responsibility to model good sportsmanship as the parent of a student-athlete.

RCHS Athletic Participation Form

**Transportation for Athletic Events:**

Parent carpools and student drivers are the main modes of transportation for Phoenix athletes to and from athletic events. Athletic events include practices and contests of the sports offered by RCHS. If student transportation is by private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident. Parent, adult, and student drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the North Carolina state required insurance coverage. All student-athletes who travel with the team to any athletic event must return to the school with the team. The only exception to this policy is when the coach is made aware that the student-athlete will ride home with a parent/guardian. Student-athletes are not to ride home from athletic events with any person other than a pre-arranged guardian. Student-athletes who elect to ignore this policy may jeopardize their eligibility.

**Medical Authorization:**

As the parent/guardian of this student-athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school, including an assigned RCHS representative, athletic trainer and/or coach. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program at RCHS. I understand that these medical records will be kept confidential.

**We, the undersigned student and parents/guardians, have read this document and understand all of the requirements for athletic participation at Raleigh Charter High School and agree to comply with the requirements set forth in this document. All information on this form is accurate and current. Providing false information on this form renders it void and may cause the student-athlete to lose eligibility. This document is valid only for the current school year.**

\_\_\_\_\_  
Father's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

**For Official Use Only:**

School Year \_\_\_\_\_ Date Received \_\_\_\_\_ Checked for Completeness \_\_\_\_\_

Date of Current Physical Examination \_\_\_\_\_

*Semester Prior to Participation:*

Total Absences \_\_\_\_\_ Unexcused Absences \_\_\_\_\_ GPA \_\_\_\_\_

*Individual Course Grades:*

\_\_\_\_\_  
Special Circumstances that alter standard eligibility requirements

\_\_\_\_\_  
\_\_\_\_\_

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

*This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.*

**Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: \_\_\_\_\_

\_\_\_\_\_

**By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, I give permission for my child to participate in sports.**

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician Assistant)***

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( % ile) / \_\_\_\_\_ ( % ile) Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

**These are required elements for all examinations**

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENTALIA (MALES)			
HERNIA (MALES)			

**Clearance:**

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_
- \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
- D. Not cleared for:       Collision                       Contact
- Non-contact      \_\_\_\_\_ Strenuous      \_\_\_\_\_ Moderately strenuous      \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

<p><b>Physician Office Stamp:</b></p>    
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(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form is approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee and the NCHSAA Board of Directors.

This form is reviewed annually, and was last updated April 2013.



# CONCUSSION

## INFORMATION FOR *STUDENT-ATHLETES & PARENTS/LEGAL CUSTODIANS*

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

*Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

***You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.***

*This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.*

## Student-Athlete & Parent/Legal Custodian Concussion Statement

*\*If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you.*

Student-Athlete Name: \_\_\_\_\_

*This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.*

Parent/Legal Custodian Name(s): \_\_\_\_\_

- We have read the *Student-Athlete & Parent/Legal Custodian Concussion Information Sheet*.  
If true, please check box.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Custodian

\_\_\_\_\_  
Date

**Raleigh Charter High School Athletics  
Permission to Drive/Ride with Students**

PARTICIPATING SPORT(S):

\_\_\_\_\_

SEASON/YEAR OF PARTICIPATION:

\_\_\_\_\_

NAME OF COACH:

\_\_\_\_\_

NAME OF STUDENT-ATHLETE:

\_\_\_\_\_

My child has permission to DRIVE students. YES \_\_\_\_\_ NO \_\_\_\_\_

My child has permission to RIDE WITH student drivers. YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_

Transportation to Athletic Events:

When transportation is by private vehicle, the vehicle' owner's liability coverage is applicable to any vehicular accident. Parents or adult drivers should be aware that they may be held responsible for injuries to any individuals they are transporting and must certify that any private vehicle used is covered by at least the insurance coverage required by the state of North Carolina.

It is expected that all student drivers possess a valid North Carolina driver's license and that the vehicle they are driving is covered by at least the insurance coverage required by the state of North Carolina. If a student-athlete is not able to secure transportation for athletic events, school officials should be contacted for assistance.

I have read and understand the above statements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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