

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION

May 2017

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM
(Form required each school year on or after June 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name (Last) (First) (M) School Year: Grade Entering:
Home Address: Home Address of Parents:
City: City:
Phone: Date of Birth: Place of Birth:

Last semester I attended (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

- Attention Athlete! To be eligible to represent your school in any interscholastic contest, you ...
must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
must qualify under the Residence and Transfer Rule (127-2-7)
must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
must not have reached your 15th (MS), 16th (9th) or 19th (HS) birthday before August 1 of the current school year. (127-2-4)
must be residing with parent(s) as specified by Rule 127-2-7 and 8.
unless parents have made a bona fide change of residence during school term.
unless an AFS or other Foreign-Exchange student (one year of eligibility only).
unless the residence requirement was met by the 365 calendar days attendance prior to participation.
if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
must be an amateur as defined by Rule 127-2-11.
must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
must not have transferred from one school to another for athletic purposes. (127-2-7)
must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
must follow All Star Participation Rule. (127-3-4)
must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than two (2) seasons in the same sport in grades 7 and 8 or more than three (3) seasons while in grades 6-7-8. (Rule 127-2-5).

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

- BASEBALL CROSS COUNTRY GOLF SOFTBALL TENNIS VOLLEYBALL
BASKETBALL FOOTBALL SOCCER SWIMMING TRACK WRESTLING
CHEERLEADING

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school ( ); has football insurance coverage available through the school ( ); is insured to our satisfaction ( ).

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: Student Signature

Parent Signature

**PART III – STUDENT’S MEDICAL HISTORY**  
(To be completed by parent or guardian prior to examination)

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_

Has the student ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.,)
- Yes No 2. Any hospitalizations?
- Yes No 3. Any surgery (except tonsils)?
- Yes No 4. Any injuries that prohibited your participation in sports?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Knee, ankle or neck injuries?
- Yes No 7. Broken bone or dislocation?
- Yes No 8. Heat exhaustion/sun stroke?
- Yes No 9. Fainting or passing out?
- Yes No 10. Have any allergies?
- Yes No 11. Concussion? If Yes \_\_\_\_\_  
Date(s) \_\_\_\_\_

Does the student:

- Yes No 12. Have any problems with heart/blood pressure?
- Yes No 13. Has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? List \_\_\_\_\_
- Yes No 15. Wear glasses \_\_\_\_, contact lenses \_\_\_\_, dental appliances \_\_\_\_?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have you ever been told not to participate in any sport?
- Yes No 19. Do you know of any reason this student should not participate in sports?
- Yes No 20. Have a sudden death history in your family?
- Yes No 21. Have a family history of heart attack before age 50?
- Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
- Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

**PLEASE EXPLAIN ANY “YES” ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.**

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV – VITAL SIGNS**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Visual acuity: Uncorrected \_\_\_\_/\_\_\_\_/\_\_\_\_; Corrected \_\_\_\_/\_\_\_\_/\_\_\_\_; Pupils equal diameter: Y N  
L R L R

**PART V – SCREENING PHYSICAL EXAM**

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:

- Appliances Y N
- Missing/loose teeth Y N
- Caries needing treatment Y N
- Enlarged lymph nodes Y N
- Skin - infectious lesions Y N
- Peripheral pulses equal Y N

Respiratory:

- Symmetrical breath sounds Y N
- Wheezes Y N
- Cardiovascular:
- Murmur Y N
- Irregularities Y N
- Murmur with Valsalva Y N

Abdomen:

- Masses Y N
- Organomegaly Y N
- Genitourinary (males only);
- Inguinal hernia Y N
- Bilaterally descended testicles Y N

**Any “YES” under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.**

Musculoskeletal: (note any abnormalities)

- |               |            |               |                 |
|---------------|------------|---------------|-----------------|
| Neck: Y N     | Elbow: Y N | Knee/Hip: Y N | Hamstrings: Y N |
| Shoulder: Y N | Wrist: Y N | Ankle: Y N    | Scoliosis: Y N  |

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- \_\_\_\_\_ Full Approval;
- \_\_\_\_\_ Full approval; but needs further evaluation by Family Dentist \_\_\_\_\_; Eye Doctor \_\_\_\_\_; Family Physician \_\_\_\_\_; Other \_\_\_\_\_;
- \_\_\_\_\_ Limited approval with the following restrictions: \_\_\_\_\_;
- \_\_\_\_\_ Denial of approval for the following reasons: \_\_\_\_\_.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physicians Assistant

Date

## HAMPSHIRE HIGH SCHOOL INSURANCE AND ELIGIBILITY INFORMATION

As the Undersigned Parent/Guardian of the Child listed below, I UNDERSTAND THAT THE HAMPSHIRE COUNTY BOARD OF EDUCATION AND HAMPSHIRE HIGH SCHOOL ARE NOT RESPONSIBLE FOR ANY MEDICAL RELATED EXPENSES RESULTING FROM ATHLETIC PARTICIPATION OR INJURY.

MY SIGNING OF THIS RELEASE ALSO AUTHORIZES ROUTINE MEDICAL CARE FOR MY CHILD AND TREATMENT NOT CONSIDERED ROUTINE TO BE REFERRED TO A LOCAL PHYSICIAN OR MEDICAL FACILITY (by referral of the athletic trainer or EMT on site) AT MY EXPENSE.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL ATTENDED PREVIOUS SEMESTER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY/COUNTY OF BIRTH: \_\_\_\_\_ STATE: \_\_\_\_\_

FATHER'S FIRST NAME: \_\_\_\_\_ MOTHER'S FIRST NAME: \_\_\_\_\_

DO PARENTS RESIDE IN HAMPSHIRE COUNTY? YES NO

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ (OPTIONAL)

PLEASE CHECK ONE OF THE FOLLOWING:

1. WV MEDICAL CARD #: \_\_\_\_\_
2. HOME INSURANCE (NAME OF COMPANY): \_\_\_\_\_
3. SCHOOL INSURANCE FOOTBALL: \_\_\_\_\_
4. OTHER SPORTS INSURANCE COVERAGE: \_\_\_\_\_

- FOR INFORMATION REGARDING THE DIFFERENT LEVELS OF COVERAGE AND SELECTION OF THE SCHOOL OR FOOTBALL INSURANCE THAT IS RIGHT FOR YOU, PLEASE SEE THE HEAD COACH OF THAT SPORT OR THE ACCOUNTING SECRETARY AT HAMPSHIRE HIGH SCHOOL.
- PARENTS WITH HOME COVERAGE MAY WANT TO ENROLL IN THE SCHOOL PLAN TO ASSIST WITH DEDUCTIBLES, CO-PAYMENTS, ETC.

AS PARENT/GUARDIAN, I HAVE READ THE INFORMATION ABOVE AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL RELATED MEDICAL EXPENSES.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

- IT IS EXTREMELY IMPORTANT THAT THIS FORM BE RETURNED IMMEDIATELY TO YOUR CHILD'S COACH.

# Hampshire High School

## Drug Testing Form



157 Trojan Way, Romney, WV 26757

DiAnna Liller, Principal  
304-822-5016, ext. 1000

Student Name: \_\_\_\_\_

Completed form due September 15, 2017

Revised June 2017

DRAFT Policy EXHIBIT B

## Hampshire COUNTY SCHOOLS

### Confidentiality Statement for Random Urine Drug Testing Program

I, \_\_\_\_\_, acknowledge that I will be privileged to hear and see sensitive information related to results of random urine drug testing performed on students of Hampshire County Schools. I pledge to keep any information given to me in strict confidence, and will only release this information to others as dictated by Board policy or with properly obtained permission of the student and parent/guardian/custodian.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy and Procedure for Random Urine Drug Testing of Hampshire County Schools Students** as approved by the Hampshire County Schools Board of Education.

We understand that the collection process will be overseen by a qualified vendor.

We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Hampshire County School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Hampshire County School Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year.

We hereby release the Hampshire County School Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

## READ CODE OF CONDUCT AND EXPECTATIONS ON LAST PAGE AND SIGN!

### Policy 5530.01 – Student Drug Testing

#### IMPLEMENTATION GUIDELINES

- H. **Obtaining Samples.** The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure. In particular, the specimen shall be collected in a restroom or other facility behind a closed stall/door. The drug testing service shall provide an employee to collect the samples subject to drug testing. This individual will also monitor the collection of samples. If deemed necessary, the representative of the drug testing service may request that the school administrator provide personnel to assist with monitoring as samples are collected. The monitor shall not observe the student while the specimen is being produced, but the monitor shall be present outside the stall/restroom to listen for normal sounds of urination in order to guard against tampered specimens and to ensure an accurate chain of custody. The monitor shall verify the normal warmth and appearance of the specimen.

Any eligible student selected randomly for urine drug testing who is not in school on the day of testing will be tested at the next available testing time.

#### CONSEQUENCES

- A. **Restrictions on Activity Students.** Any Activity Student who tests positive in a drug test under this policy shall be subject to the following restrictions, which shall be cumulative throughout each programmatic level:
1. **First Offense.** After the parent/guardian has been notified of a positive result by the Medical Review Officer, a meeting shall then be set up with the student, parent/guardian and principal concerning the positive drug test. In order to continue participation in the activity the student and parent/guardian must, within five (5) school days of the joint meeting, show written proof that the student has received drug counseling from a qualified drug treatment program or counseling entity. Additionally, the student must voluntarily submit to a second drug test to be administered within two (2) weeks in accordance with the testing provisions of this policy. The parent/guardian shall be responsible for the cost of this drug test.

If parent/guardian and student agree to these provisions, the student may continue to participate in the activity. Should the parent/student not agree to these provisions, the consequences listed in this policy for the second offense for activity students shall be imposed.

2. **Second Offense.** Suspension from participation in all activities covered under this policy for (30) calendar days and successful completion of four (4) hours of substance abuse education/counseling. The student must show documentation of (2) negative urine screenings. The cost of the additional screenings are at the expense of the parent/guardian. These test dates may not be closer than one week apart. The student shall not participate in any meetings, practices, scrimmages or competitions during this period. The student shall be tested randomly at least three (3) times throughout the calendar year for the remainder of the school year. The time and date will be unknown to the student and determined by the principal or designee. The student must show (2) negative urine test
  - a. These restrictions and requirements shall begin immediately, consecutive in nature, unless a review appeal is filed following receipt of a positive test.
  - b. Should the parent/student not agree to these provisions, the consequences listed in this policy for the third offense for activity students shall be imposed.
  - c. Provided, however, a student who on his/her own volition informs (self-refers) the athletic director, principal or coach/sponsor of usage before being notified to submit to a drug test will be allowed to remain active in all activities covered under this policy. Such student shall, however, be considered to have committed his/her first offense under the policy and shall be required to re-test as would a student who has tested positive.
  - d. Additionally, the student will not be eligible for any interscholastic activity honors or awards given by the school and/or county.
3. **Third Offense.** Complete suspension from participation in all extra-curricular activities including all meetings, practices, performances and competition for one (1) calendar year.

- B. **Restrictions on Driving Students.** Any Driving Student who tests positive in a drug test under this policy shall be subject to the following restrictions, which shall be cumulative throughout each programmatic level:
1. **First Offense.** After the parent/guardian has been notified of a positive test result by the Medical Review Officer, a meeting shall then be set up with the student, parent/guardian and principal concerning the positive drug test. Driving privileges shall be immediately suspended until the parent or guardian submits proof that the student has received drug counseling from a qualified drug treatment program or counseling entity. Additionally, the student must voluntarily submit to a second drug test to be administered within two (2) weeks in accordance with the testing provisions in this policy. The parent/guardian shall be responsible for the costs of this drug test.
    - a. If the parent/guardian and student agree to these provisions, the student may resume driving to school upon proof of participation in drug counseling as specified.
    - b. Should the parent/student not agree to these provisions, the consequences listed in this policy for the second offense for driving students shall be imposed.
  2. **Second Offense.** All privileges to drive and/or park at school shall be revoked for a minimum of ninety (90) days or more, shall require the student to submit to another drug test performed under the procedures stated in this policy with a negative result at the student's expense.
  3. **Third Offense.** All privileges to drive and/or park at school shall be revoked for one (1) calendar year.
- C. **Restrictions for Opt-In Participants:** The parent/guardian and student shall be contacted immediately and a private conference shall be scheduled to present the positive test results.
- D. A violation of this policy is NOT a violation of the Student Code of Conduct Policy. Any Participating Student who tests positive in a drug test under this policy shall, as a result thereof, be subject to the restrictions described under this section labeled CONSEQUENCES only; notwithstanding any provision of the Student Code of Conduct Policy. When school District employees charged with the administration of this drug testing policy are made aware of drug use by an Activity Student, Driving Student, or Opt-In Student, solely as a result of drug testing under this policy, that Activity Student, Driving Student, or Opt-In Participant shall NOT be disciplined under the Student Code of Conduct Policy or of their drug use so discovered.

## **REFUSAL TO SUBMIT TO DRUG USE TEST/FAILURE TO PRODUCE URINE SAMPLE Ineligibility to Participate or Drive and Park at School.**

A participating student who refuses to submit to a drug test authorized under this policy shall not be eligible to participate in any activities covered under this policy including all meetings, practices, performances, and competitions for (1) calendar year or drive and park on school property for the remainder of the school year. Additionally, such student shall not be considered for any interscholastic activity honors or awards given by the school and/or county. Independent testing will not be accepted as the initial urine sample.

## **IMPORTANT NOTE ON CONSEQUENCES**

Notwithstanding, any student who violates the Student Code of Conduct Policy and West Virginia law by the illegal use of medications or drugs of any kind while on school grounds; or is under the influence of medications or illegal drugs on school grounds; the student is subject to disciplinary action as outlined in the Student Code of Conduct Policy, up to and including expulsion.

## **ADVISORY COUNCIL**

In order to monitor policy effectiveness, the Superintendent shall appoint an advisory council to review the local data and make recommendations to the Board of Education regarding policy effectiveness. This advisory council shall include but not be limited to a school counselor from the high school, a school nurse and a community agency representative involved professionally with drug use prevention and treatment **POSTSCRIPT**

The Hampshire County Board of Education and all of its employees are committed to cooperating with parents/guardians in an effort to help students avoid illegal drug use. The Hampshire County Board of Education believes accountability is a powerful tool to help some students avoid using drugs and that early detection and intervention can save lives.

**HAMPSHIRE COUNTY SCHOOLS CODE OF CONDUCT AND EXPECTATIONS  
INFORMED CONSENT AGREEMENT**

***Student Name*** \_\_\_\_\_ ***Grade*** \_\_\_\_\_  
(Please Print)

**AS A STUDENT:**

- I understand and agree that participation in athletic or extracurricular activities and parking on school grounds is a privilege that may be withdrawn for violations of the **Code of Conduct and Expectations**, hereinafter **Code of Conduct**.
- I have read the **Code of Conduct** and thoroughly understand the consequences that I will face if I do not honor my commitment to the **Code of Conduct**.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that when I participate in any athletic program, extracurricular activity, and/ or receive a parking permit, I will be subjected to initial and random urine drug testing, and if I refuse, I will not be allowed to practice, participate or park. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while a student within the Hampshire County Schools.

\_\_\_\_\_  
***Student Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Please list all activities you plan to participate in: \_\_\_\_\_

**AS A PARENT/GUARDIAN/CUSTODIAN:**

- I have read the **Code of Conduct** and understand the responsibilities of my son/daughter/ward as a participant in athletic, extracurricular activities and/or parking privileges in the Hampshire County Schools.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.
- I understand that my son/daughter/ward, when participating in athletics, extracurricular activities and/or receiving a parking permit, may be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to practice, participate, or park. I have read the consent on the reverse of this form and agree to its terms.
- I also understand that if my son/daughter/ward has completed their season and does not intend on participating in other activities and/or parking for the remainder of the year, I may remove them from the random program with a signed consent to Designated Official. Failure to do so is my consent to offer the deterrence of random drug testing for my son/daughter/ward until the end of the testing year.
- I understand this is binding while my son/daughter/ward is a student within the Hampshire County Schools.

\_\_\_\_\_  
***Parent/Guardian/Custodian Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

\_\_\_\_\_  
***Parent/Guardian/Custodian Name (print)*** \_\_\_\_\_ ***Home Phone*** \_\_\_\_\_ ***Work Phone*** \_\_\_\_\_