

# **Classical High School Athletics Student Medical Forms Packet**

**\*All forms must be returned to school before first tryout/practice.**

- A. Assumption of Risk Form**
- B. Concussion Form**
- C. Medical/Insurance/Parent Consent Form (2 pages)**
- D. Classical Player's Guidelines Form**



RHODE ISLAND INTERSCHOLASTIC LEAGUE WARNING  
ACKNOWLEDGMENT, AUTHORIZATION, CONSENT AND  
ASSUMPTION OF RISK FORM

MALE or FEMALE (M or F)

YEAR OF GRADUATION

School

City/town of School

First (Legal Name of Student) MI Last

Date of Birth of Student

Full Name of Mother

Full Address of Mother City ST Zip

Name of Person, other than Mother with whom student is living

Full address at which student is living

Contact email address

\*Anything below this line must be completed in the presence of a Notary Public

Signature of Student

Signature of Parent or Guardian if Student is under the age of 18

Date of Signature

Signature of Notary Public

Commission Expires (Notary Seal)

State of, County of

On this Day of , before me, personally  
appeared and proved

through satisfactory evidence of identification to be the person whose name is  
signed on the attached document in my presence.

Notary Name: ID#

Please note: The use of an incorrect address will subject the student athlete to  
League penalties, to include one year of ineligibility.

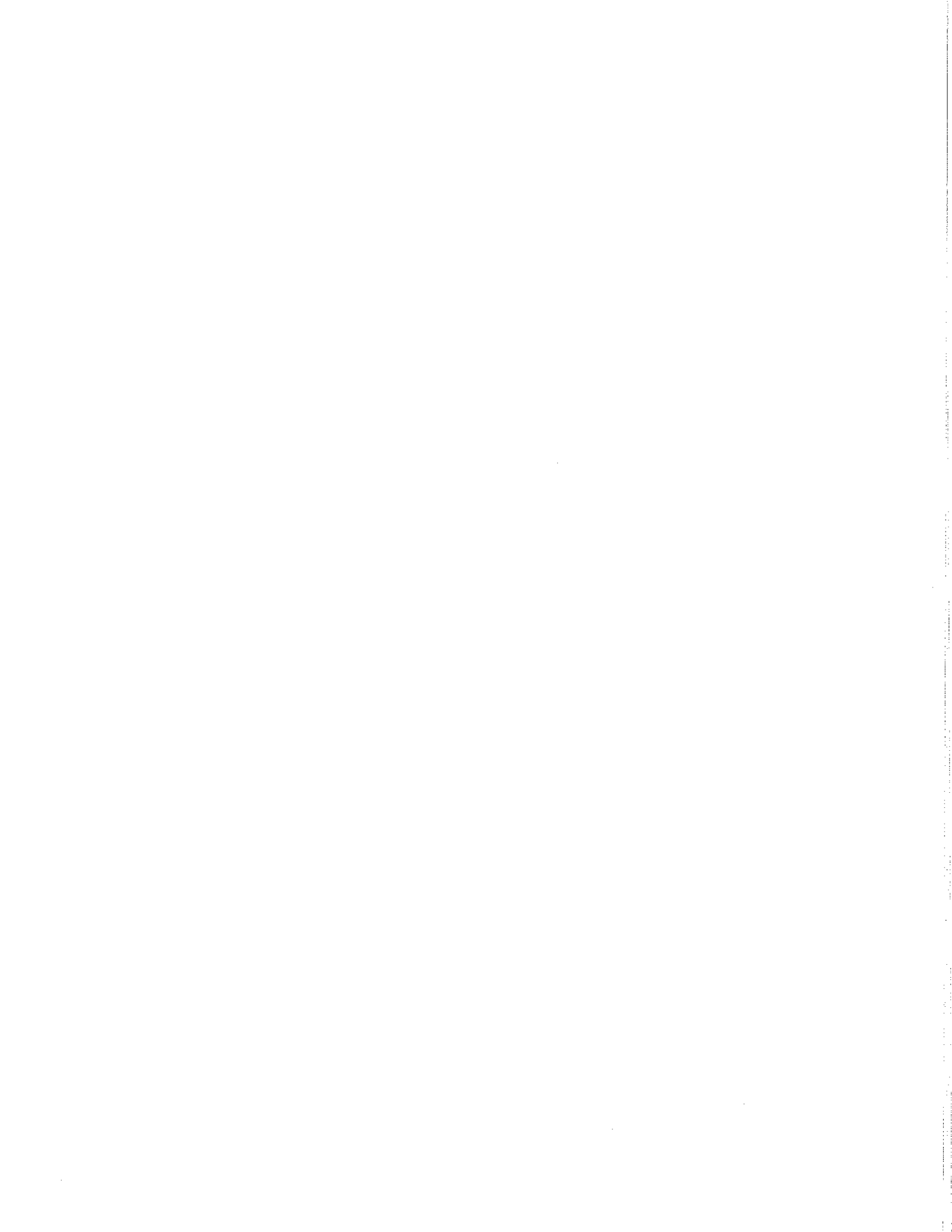
We/I, being an adult prospective student-athlete and/or parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledge that said student-athlete seeks to participate in a student sports program sanctioned by the Rhode Island Interscholastic League ("RIIL"). We/I specifically assert we/I have read, understand, and agree to fully comply with all rules and regulations of the RIIL, we/I hereby further authorize the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student-athlete to the RIIL for the purpose of enforcing the rules and regulations of the RIIL; that we/I are aware, understand, and appreciate that athletic participation requires emotional/physical fitness; that we/I aver and agree the student-athlete possesses such fitness; and further acknowledge that some risk of serious injury and even death is involved in sports participation. For sports involving helmets, we/I acknowledge, appreciate, and agree to compliance with the following WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.

We/I acknowledge that by entering any premises and participating in sports programs sanctioned by RIIL there are risks to the student-athlete and to those with whom the student-athlete interacts of exposure, directly or indirectly, to communicable disease(s) including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", "Covid-19", and/or any mutation or variation thereof.

Now, therefore, pursuant to the Rhode Island General Laws § 7-6-9 and § 7-1-48, we/I, in consideration for participation in an RIIL-sanctioned sports program, hereto grant to the RIIL, its officers, directors, trustees, volunteers, participants, event sponsors, agents (to include, but not be limited to, the local school communities or their parochial or private equivalent), servants, employees, and assigns (the "Releasers"), a release, waiver, and discharge from all liability arising from practicing or participating in any sports program sanctioned by the RIIL. We/I specifically acknowledge that a risk of injury or death exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic or sports matter sanctioned by the RIIL. We/I further agree to INDEMNIFY AND SAVE AND HOLD HARMLESS the releasers from any loss, liability, damage, or cost they may incur arising out of or related to the student-athlete's fitness, injury, or death, whether caused by the negligence of the Releasers or otherwise.

In recognition of the Rhode Island General Laws § 7-1-23.1 and all other similar or applicable laws and regulations, we/I, in further consideration for participation in a RIIL sports program, hereto grant to the Releasers the absolute right, consent, and permission to at any time and by any method record the student-athlete's name, voice, and likeness and to utilize or assign the use of the student-athlete's name, voice, and likeness in any manner of media whatsoever, known or unknown at this time, for purposes of athletic or academic award, publicity, promotion, exhibit, display, trade, announcement, action or advertising, of any kind without restriction. We/I release, waive, and discharge the Releasers from all liability arising from the game.

All minor students must sign and have a parent or legal guardian like sign. All forms are to be notarized and returned to the League office. Failure of a school to provide a duly executed form will cause the athlete to be declared ineligible. © RIIL Aug 2022



# Concussions

National Federation of State High School Associations

## CUMULATIVE EFFECTS OF REPEATED CONCUSSIONS

A three-year, follow-up study shows that athletes having a previous history of at least one concussion are at an increased risk for further concussions. As the number of concussions increase, so do the risk for future injuries (Guskiewicz et al, 2003). It has also been shown that repeated concussions have been linked to longer recovery periods.

Highlighting the importance of making sure athletes are symptom free prior to returning to competition from a previous MHI, research has shown that 1 in 15 athletes with a concussion have recurring concussions within 7-10 days from the first concussion. Because of these findings and the potential for complications resulting from MHIs, it is recommended that athletes sustaining more than one concussion should be referred for follow-up evaluation and assessment to determine any residual effects that might preclude participation in contact or collision sports. Cases of individuals suffering permanent brain damage from multiple concussions have been reported but no consensus on how many concussions are too many or what leads to that permanent damage.

## MEDICAL CLEARANCE TO RETURN TO PARTICIPATION AFTER HEAD INJURY

There is unanimous agreement within the medical community that NO athlete who has signs and symptoms of post concussion should be returned to action. There is also unanimity that there is increased risk of significant damage from a concussion for a period of time after a preceding concussion and from cumulative damage of multiple head injuries. The more concussions an individual has, the greater is the risk of having additional concussions. The exact period of increased vulnerability or the number of concussions that is "too many" has not been determined. Traditionally, physicians have advised athletes not to return to action until they have been free of symptoms for a minimum of a week. (McCrea et al, 2003). Now, rather than discuss a length of time to be free of symptoms, guidelines suggest using the gradual return-to-play protocol shown above while monitoring the athlete for symptoms. This could be longer or shorter than a week. Research, utilizing some of the testing instruments mentioned above, is now revealing subtle residual effects of concussion not found by traditional evaluation. These identifiable deficits frequently persist after the obvious signs of concussion are gone and appear to have relevance to whether an athlete can return to action with relative safety.

Source: National Federation of State High School Associations  
Sports Medicine Handbook—Fourth Edition  
Endorsed by the R Intercollegiate League Sports Medicine Advisory Comm.

## School & Youth Programs Concussion Act Title 16-91

### Findings of Fact—The Rhode Island General Assembly hereby finds and declares:

- (1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.
- (2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occur without loss of consciousness.
- (3) Continuing to play with a concussion or symptoms of a head injury leaves the young athlete especially vulnerable to greater injury and even death. The general assembly also recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the State of Rhode Island.
- (4) Concussions can occur in any sport or recreational activity. All coaches, parents, and athletes shall be advised of the signs and symptoms of concussions as well as the protocol for treatment.

In response to these findings, schools are required to educate and inform parents and athletes and of the Nature & Risk of Concussions and head injury, including issues related to the continuation of play after a suspected concussion or head injury. Furthermore, an athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition. In addition, the athlete may not return to play until he/she is evaluated by a licensed physician and until the athlete receives written clearance to return to play from that licensed physician.

This information sheet must be reviewed, signed by all athletes and their parents and/or guardian and returned to the school at the beginning of each sport season and prior to the youth's return to practice or competition.

The law also requires the following:

- Any athlete who is suspected of sustaining a concussion or head injury during practice or a game shall be removed from practice or game.
  - Any athlete who is suspected of sustaining a concussion or head injury may not return to play until he/she is evaluated by a licensed physician and receives written clearance to return to play by that licensed physician.
- For more information please visit the R.I.H.L. website ([www.rilil.org](http://www.rilil.org))

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

Athlete \_\_\_\_\_

Sport \_\_\_\_\_

School \_\_\_\_\_

I have reviewed the contents of this pamphlet with my son/daughter.

Parent Signature \_\_\_\_\_ Athlete Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

NOISSON





**MEDICAL/INSURANCE/PARENTAL CONSENT FOR ATHLETIC PARTICIPATION FORM**

STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SEX \_\_\_\_\_

**Family History (Parents)**

	<u>YES</u>	<u>NO</u>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Sudden Deaths	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Vision	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Strokes	<input type="checkbox"/>	<input type="checkbox"/>

Explain all YES answers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health History (Student's)**

Have you recently had or do you now have:

	<u>YES</u>	<u>NO</u>	Explain all Yes answer:
Frequent Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concussion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heat Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorders	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyeglasses or Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loss of Vision of Either Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental (Braces, False Teeth)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing/Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Earaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nosebleeds	<input type="checkbox"/>	<input type="checkbox"/>	Allergies: None _____
Rapid Hear Beat at Rest	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Medications: None _____
Other Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swollen Ankles (other than sprains)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations: None _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lung Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Surgery: None _____
Constant Coughing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unexplained Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unexplained Fevers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urinary Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood in Urine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood Transfusion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anemia (low blood)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Easy Bruising	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot or Cold Spells	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee Injuries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dislocations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fractures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weak Ankles	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back Aches	<input type="checkbox"/>	<input type="checkbox"/>	_____

**MEDICAL HISTORY (STUDENT)**

Have you ever had the following illnesses?

	<u>YES</u>	<u>DATE</u>	<u>NO</u>
TB	<input type="checkbox"/>	_____	<input type="checkbox"/>
Mononucleosis	<input type="checkbox"/>	_____	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	_____	<input type="checkbox"/>
Measles	<input type="checkbox"/>	_____	<input type="checkbox"/>
Chickenpox	<input type="checkbox"/>	_____	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	_____	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	_____	<input type="checkbox"/>
PPD	<input type="checkbox"/>	_____	<input type="checkbox"/>

Allergies: None \_\_\_\_\_

Medications: None \_\_\_\_\_

Hospitalizations: None \_\_\_\_\_

Immunization: Date

- DTAP \_\_\_\_\_
- MMR \_\_\_\_\_
- POLIO \_\_\_\_\_
- VARICELLA \_\_\_\_\_
- PPD \_\_\_\_\_
- HEP B SERIES \_\_\_\_\_

I certify that the information on the above form is true:

Parent/Guardian Signature

Date

Phone # (home)

(work)

PHYSICIAN'S STATEMENT

2

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

SPORTS \_\_\_\_\_

CURRENT SCHOOL \_\_\_\_\_

LAST SCHOOL \_\_\_\_\_

VERIFICATION OF HOSPITALIZATION INSURANCE

IS INSURED BY \_\_\_\_\_ INSURANCE

POLICY # \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHYSICIAN'S STATEMENT  
(To be completed by examining Physician)

ABSOLUTE CONTRAINDICATIONS:

Three concussions  
History of Retinal detachment  
Vision in only one eye  
Congenital glaucoma  
Symptomatic lung infection  
Severe mitral stenosis

Cranial swelling following intracranial surgery  
Myocarditis  
Cyanotic heart disease  
Blood coagulation defects  
Any enlarged abdominal organ  
Symptomatic pulmonary hypertension

RELATIVE CONTRAINDICATIONS:

Well-controlled epilepsy  
Two concussions  
Diabetes  
Recurrent dislocation of shoulder  
Painful Osgood-Schlatter's disease  
Active infection of the eye or skin  
Severe cystic acne  
Amputee

Active herpes simplex (wrestlers only)  
Hip disease (arthritis, etc.)  
Resting Systolic blood pressure 140 or over and or  
Diastolic blood pressure 90 or over  
Inguinal hernia  
Knee instability  
Metabolic bone disease with skeletal weakness

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ RESTING PULSE: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_

VISUAL ACUITY: W/GLASSES - BOTH - R \_\_\_\_\_ L \_\_\_\_\_ W/O GLASSES - BOTH - R \_\_\_\_\_ L \_\_\_\_\_

I certify that \_\_\_\_\_ has been examined by me on \_\_\_\_\_

He/She is physically qualified to participate in contact sports (football, wrestling, basketball, baseball, soccer) and non-contact sports.

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

He/She is disqualified from the following sports:

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



CLASSICAL HIGH SCHOOL PLAYERS GUIDELINES - ROBERT J. PALAZZO/ATHLETIC DIRECTOR

RULES:

1. Require the parents or guardians written approval to participate in the sport. (Parent consent form)
2. Require a complete physical examination by a physician before participating in athletics. (Medical examination form)
3. Require the parents read and sign the procedures for Medical Insurance.
4. Require the parents read and sign the Rhode Island Interscholastic League Assumption of Risk form.
5. Maintain Academic Eligibility as stated by the Rhode Island interscholastic league and Classical High School.
6. All players will be on time for all practices and games. No wandering in the building allowed.
7. Players will conduct themselves according to the code of conduct set forth by the School and Interscholastic League.
8. Any player ejected from a game will be subject to a one game suspension from the RIIL.
9. Remember at all times that you represent Classical High School. Wear your team uniform proudly. Athletics is a privilege NOT a right.
10. Vulgarity (words & gestures) at practice and/or games will not be tolerated and is subject to penalties.
11. Any player who presents himself/herself in an unethical manner in school, competition, or community will be subject to penalties and or dismissal from the Athletic Department.
12. The use of alcohol, controlled substances and/or steroids will result in suspension and/or dismissal from the team and further participation in athletic programs. It is the responsibility of the parent(s) and/or guardians to provide treatment for the student/athlete.
13. Players will attend all practices in practice attire as dictated by the coach.
14. Each player is responsible for the security of his own equipment/uniform. If any piece of issued equipment/uniform is lost, the player will make restitution for said equipment/uniform. The player will not be allowed to compete in any other activity until restitution is made. No equipment should ever be left on the field or court.
15. Any player who is disrespectful to a member of the coaching staff or official will be subject to dismissal.
16. Any player caught stealing or vandalizing school property or that of another school will be subject to dismissal.
17. Any athlete who has detention will serve detention as the first priority. The ability to practice or play will be determined by the coach. Any player who skips detention will risk suspension from the athletic program.
18. Players are to attend school regularly. Particularly, players are to attend a full day of school prior to the day of and the day following a game or competition. In the event this becomes pattern forming, the athletic Department will intervene with the cooperation of the Assistant Principal. Students must be in school no later than 10:00 a.m. to be considered in school. The student must be in school the Friday or the school day before a weekend contest or vacation week contest.
19. In the event a player is absent from school on the day of a game or practice, the player will not be allowed to participate.
20. Head coach shall be notified of all injuries. In particular the head coach would be notified of all injuries/medical attention so proper medical attention may be provided.
21. Injured players should attend practice in uniforms unless told by coach. In the event the player is unable to attend, the approval of the head coach is required.
22. Athlete will use school transportation when provided to and from athletic events. Any athlete who has special circumstances must file the appropriate waiver. All waivers are subject to approval of the Athletic Department. This is an exception and not the standard.
23. Athletes should not leave school at the conclusion of practice or a game in an athletic uniform. They should leave the building in appropriate attire.

**Acknowledgement:**

I/we have reviewed the guidelines above and I/we agree and understand that by typing our names below that this form of electronic signatures have the same legal force and effect as a manual signature.

---

*Parent Signature*

*Date*

---

*Student Athlete Signature*

*Date*