



MACON EAST SPORTS MEDICINE

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**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
MEDICAL HISTORY FORM**

(Please Print)

DATE ____/____/____

FULL NAME OF STUDENT _____ BIRTHDATE ____/____/____
First Middle Last

AGE _____ SEX _____ RACE: BLACK _____ WHITE _____ OTHER _____

ADDRESS _____ PHONE () _____
Street City State Zip

SCHOOL _____ GRADE _____ SPORT/ACTIVITY _____

HISTORY (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN AND STUDENT PRIOR TO PHYSICAL EXAMINATION. WITHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS.)

- | 1. | HAS THE STUDENT EVER: | CHECK ONE | IF YES, EXPLAIN |
|----|--|----------------|-----------------|
| a. | been knocked out? | Yes () No () | _____ |
| b. | had a concussion? | Yes () No () | _____ |
| c. | stayed overnight in a hospital? | Yes () No () | _____ |
| d. | had an operation? | Yes () No () | _____ |
| e. | had heat exhaustion or heat stroke? | Yes () No () | _____ |
| f. | had a head or neck injury? | Yes () No () | _____ |
| g. | had a back or spinal injury? | Yes () No () | _____ |
| h. | had a heart murmur? | Yes () No () | _____ |
| i. | had high blood pressure? | Yes () No () | _____ |
| j. | had a heart problem? | Yes () No () | _____ |
| k. | fainted while doing exercise? | Yes () No () | _____ |
| 2. | DOES THE STUDENT: | | |
| a. | take medicine every day? | Yes () No () | _____ |
| b. | wear glasses or contact lenses? | Yes () No () | _____ |
| c. | wear dental appliances? | Yes () No () | _____ |
| d. | wear hearing aids? | Yes () No () | _____ |
| e. | have any allergies? | Yes () No () | _____ |
| f. | have any chronic illnesses (i.e. diabetes, asthma, seizures)? | Yes () No () | _____ |
| g. | have any body parts missing (i.e. kidney, finger)? | Yes () No () | _____ |
| 3. | HAS THE STUDENT'S MOTHER, FATHER, BROTHER OR SISTERS EVER HAD ANY HEART PROBLEMS BEFORE 50 YEARS OF AGE? | Yes () No () | _____ |
| 4. | HAS ANY PHYSICIAN LIMITED THE STUDENT'S ATHLETIC PARTICIPATION? | Yes () No () | _____ |
| 5. | HAS THE STUDENT EVER BROKEN A BONE OR HAD A CAST ON THE: | | |
| a. | hand? | Yes () No () | _____ |
| b. | wrist? | Yes () No () | _____ |
| c. | arm? | Yes () No () | _____ |
| d. | foot? | Yes () No () | _____ |
| e. | ankle? | Yes () No () | _____ |
| f. | leg? | Yes () No () | _____ |
| g. | other? | Yes () No () | _____ |
| 6. | IN THE PAST YEAR HAS THE STUDENT BROKEN A BONE WHILE PLAYING SPORTS? | Yes () No () | _____ |
| | Activity | | _____ |

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student from participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to certify that I have read and understand the above information and hereby give permission and consent to emergency and/or medical treatment for my son (), daughter (), ward () and that the responses to the preceding questions are correct.

SIGNED: _____
PARENT () OR GUARDIAN ()

DATE _____



**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
PHYSICAL EXAMINATION FORM**

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/ _____ LEFT 20/ _____ CORRECTED _____ UNCORRECTED _____

DATE OF LAST MENSTRUAL PERIOD _____

	CHECK ONE	IF ABNORMAL, EXPLAIN
1. Skin	Normal () Abnormal ()	_____
2. Head & Neck	Normal () Abnormal ()	_____
3. Eyes	Normal () Abnormal ()	_____
4. Ears, Nose, & Throat	Normal () Abnormal ()	_____
5. Teeth & Mouth	Normal () Abnormal ()	_____
6. Lungs & Chest	Normal () Abnormal ()	_____
7. Cardiovascular	Normal () Abnormal ()	_____
8. Abdomen & Lymphatics	Normal () Abnormal ()	_____
9. Genitalia/Hernia	Normal () Abnormal ()	_____
10. Orthopedic Screening:		
a. upper extremities	Normal () Abnormal ()	_____
b. lower extremities	Normal () Abnormal ()	_____
c. spine & back	Normal () Abnormal ()	_____
11. Neurological	Normal () Abnormal ()	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed and adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in athletics.

This is to certify that on this _____ day of _____, 20 _____, I performed the above limited examination on _____ of the _____ School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS _____ IS NOT _____ physically able to participate in ALL _____ *LIMITED _____ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LIMITATIONS/EXCLUSION

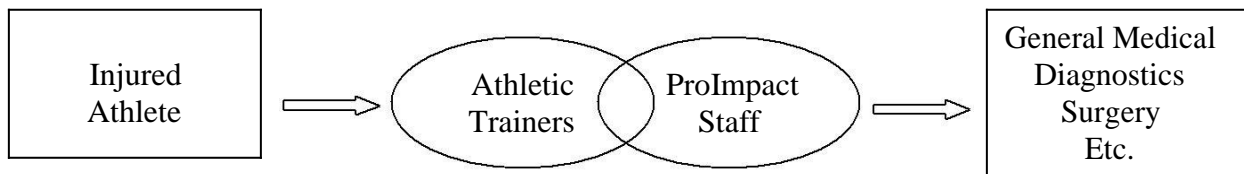


SPORTS MEDICINE SERVICES INFORMATION PACKET

Dear Parents/Guardians of Macon East Student Athletes,

The Macon East Sports Medicine Team would like to take this opportunity to welcome you to the 2021-2022 Athletic Year at Macon East School. The purpose of this information packet is to help you get ready for the upcoming school year. Enclosed you will find important information regarding the health care of student athletes. Please take the time to read this information carefully and retain it for future reference.

The Macon East Sports Medicine Team is a partnership between the Department of Athletics and ProImpact Physical Therapy and Sports (ProImpact). ProImpact has a mutual arrangement with the School System to manage all sports medicine needs. This arrangement calls for ProImpact to staff/manage the athletic training needs of the School, assemble the sports medicine team of medical providers, and provide the best quality healthcare to the athletes.



Our goal is to communicate with parents, coaches, and necessary medical staff to provide quality health care for the student athletes at Macon East. In the event a student athlete sustains an injury, he/she will be evaluated and treated by the Macon East Sports Medicine Staff. Sometimes further treatment, i.e. x-rays, MRI's surgeries, physical therapy, etc., is required and a referral outside of our services is necessary. Establishing a quality network of local medical care providers is an important part of the services and care we offer our athletes. The ProImpact staff will communicate closely with both parents and coaches to make sure we do not interfere with any prior medical relationships.

We are looking forward to your arrival and having the opportunity to work with you this season. Please do not hesitate to contact us with any questions and concerns.

Sincerely,

Mike Ellis, PT, ATC

Owner of ProImpact

Office #: 334-325-6453

Cell #: 334-312-2433



Injury, Illness, and Medical Procedures

I. Athletic Medical Eligibility

- a. All physical examinations will be scheduled through the Athletic Training Staff after preliminary academic eligibility and insurance information has been provided to the Athletic Department.
- b. All athletes must pass a pre participation examination given by a physician. Athletes may lose their clearance status if any of the following is not completed:
 - i. If the student athlete does not provide any additional information requested by the physician.
 - ii. If the student athlete does not provide required insurance information.
 - iii. If the student athlete and parents/guardians do not sign the Assumption of Risk, Release of Medical Information, and Medical Consent Forms.
- c. The pre participation examination is only effective for one academic school year.
- d. A complete medical history must be provided to the Sports Medicine Staff or the Physician before the physical exam. This will be completed during the designated check-in date for the student athlete's respective sport. The following conditions must be reported:
 - i. Injuries to the head, neck, back, upper/lower extremity, and internal organs
 - ii. Fractures, dislocations, strains, and sprains
 - iii. Any serious illness
 - iv. Allergies, asthma, diabetes, ADD/ADHD, or epilepsy
 - v. Previous counseling of alcohol/substance abuse
 - vi. Previous surgeries
 - vii. Cardiopulmonary problems
 - viii. Family history of sudden death
 - ix. Pregnancy
 - x. Mental/nervous disorders including eating disorders/depression
 - xi. Candidates with special conditions listed above may be referred to a specialist for examination and recommendation. The costs of such examinations and/or recommendations will be the sole responsibility of the student athlete and not Macon East.
- e. Failure to report special conditions listed above will release Macon East, its employees and members of its Sports Medicine Services from any liability in the event of another injury caused by or related to the unreported condition. Macon East will not be held financially responsible for any tests (x-rays included) or referral to specialists to conclude a student athlete's Pre participation examination. Any tests or referrals are the responsibility of the responsible party and his/her primary insurance.
- f. Loss of one of the paired organs (e.g. kidney) or any other condition that is determined by the Physician in his or her sole discretion to be detrimental to the student athlete's health and well-being may disqualify a candidate from participation in athletics. A waiver will be completed and additional medical documentation may be requested if a student athlete with the loss of one of the paired organs is allowed to participate in athletics.



II. Medical Care

- a. The student athlete must report all injuries and illnesses occurring as a result of practice or competition in a student athlete's sport(s) to an athletic trainer within three (3) days from the occurrence. Macon East will never be responsible for payment of charges resulting from injuries/illness that are not the direct result of practice or competition.
- b. The Certified Athletic Trainer will screen signs and symptoms and provide care and/or refer the student athlete to a physician as necessary. As well as communicating with legal guardians of the injured athlete.
- c. In case of an emergency or medical problem outside of the athletic training room, contact a Certified Athletic Trainer for assistance or advice immediately. Contacting your coach for help in reaching a Certified Athletic Trainer or obtaining proper assistance may be advisable. If there is a true emergency or life threatening situation, contact local emergency by dialing 911. These problems should be immediately referred to the local hospital.
- d. Treatments will be given under the direction of the Physician and under the supervision of a Certified Athletic Trainer.
- e. Athletes may choose to seek outside treatment or referrals on their own. All costs are still the responsibility of the student athlete, parent(s)/guardian(s).
- f. Athletic Training Room policies are as follows:
 - i. The goal of the Sports Medicine Staff is to provide quality health care for student athletes in a professional manner. Proper conduct is expected from all student athletes.
 - ii. The Athletic Training Room is a co-educational facility. All athletes are required to wear shorts/pants and t-shirts.
 - iii. All injuries and illnesses must be reported to a Certified Athletic Trainer.
 - iv. All treatments must be administered by or under the supervision of a Certified Athletic Trainer.
 - vii. No student-athlete is to self-administer treatment.
 - viii. All equipment and supplies must remain in the Athletic Training Room unless permission is given from a Certified Athletic Trainer.
 - ix. Records of treatment attendance are open to all coaches for review.



MACON EAST SPORTS MEDICINE SERVICES

Assumption of Risk and Injury, Illness, and Medical Procedures

Dear Parents/Guardians,

The following information is to advise you regarding the risks of injury and the medical coverage requirements for those student athletes who choose to compete in athletics at Macon East.

- 1. Assumption of Risk** –athletics may constitute a dangerous activity involving risks of injury. Those dangers and risks of playing or practicing include, but are not limited to, death, severe neck and spinal injuries which may cause complete or partial paralysis, brain damage, severe internal injury, severe injury to bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system. It is understood that such injury may result in serious impairment of future abilities to engage in activities of normal daily living.
- 2. Athletic Medical Eligibility** – All student athletes must complete and pass a Pre-Participation examination scheduled through the Macon East School System. The physical examination is effective for the duration of the academic year. However, at any time, the Team Physician, Macon East Sports Medicine Staff, Athletic Director, and/or Senior Administration may request reexamine of a student athlete and change his/her status should the situation warrant.
- 3. Medical Treatment** – The Macon East Sports Medicine Staff's care is restricted to only those injuries sustained while practicing or playing in your selected sport during the academic year. The Macon East Sports Medicine Staff is not permitted to provide medical treatment for illness or injury resulting outside your sport. The student - athlete must report all injuries and illnesses occurring as a result of practice or competition to a Certified Athletic Trainer within three days from the occurrence.

By signing this form, you acknowledge that you have read and understand the above warnings and guidelines. This form must contain the signature of both the student athlete and parent/guardian **regardless of the athlete's age.**

Student Athlete Signature

Date

Parent Guardian Signature

Date



AISA PARTICIPATION PERMIT

We, the undersigned, have read, discussed and understand the following:

- I. The school agrees to provide:
- A. Supervision
 - B. Instruction
 - C. Proper Equipment (This includes all equipment or uniforms provided by the participant.)
 - D. A safety orientation program for all participants
 - E. An in-excess, supplemental, scheduled payment insurance policy. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent(s) /guardian(s).
 - F. A rules orientation program covering:
 - 1. rules of the sport;
 - 2. rules of behavior, dress and appearance;
 - 3. rules promoting safety and injury prevention;
 - 4. rules regulating conduct, procedures and action following an injury.
 - G. (For local use)
 - H. “
 - I. “

- II. I was given an opportunity to attend a scheduled seminar where the following specific areas were addressed and discussed:

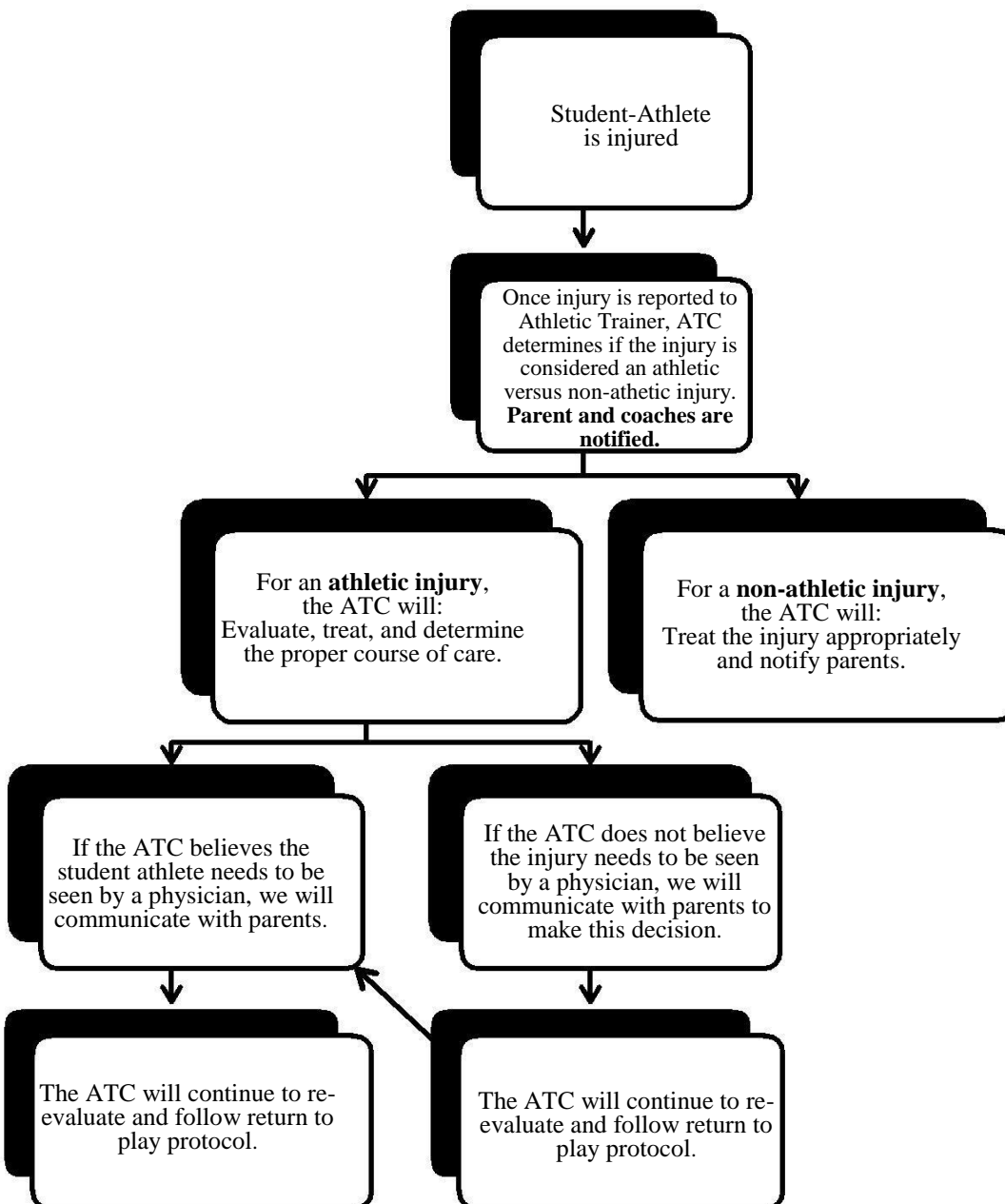
- A. Coaching Techniques
- B. Rules of the game
- C. Injury prevention and safety precaution
- D. Player equipment care and purpose
- E. Physical conditioning
- F. Transportation
- G. Player accountability
- H. School's insurance program
- I. The hazards connected with the use of chemicals (steroids) to enhance performance
- J. The possibility of injury, even serious injury, while participating
- K. (For local use)
- L. “
- M. “

My (son / daughter) has my permission to participate in _____ (Sport)
at _____ (School).

Signed: _____ Date _____
Parent () or Guardian ()

Signed: _____ Date _____
Participant

MACON EAST SPORTS MEDICINE PLAN OF CARE



ALABAMA INDEPENDENT SCHOOL ASSOCIATION

Concussion Information Form

(Required by AISA starting with the 2011-12 school year.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • "Don't feel right" • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness |
|--|

(Continued on Page 2)



AISA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AISA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return that day. Following the day the concussion symptoms occur, the student athlete may return to practice or play only after a medical release has been issued by a medical doctor.

Any health care professional or AISA coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AISA policy application of the National Federation rule will be subject to sanctions.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without clearance from a medical doctor. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

This form is required by Alabama Law established in June, 2011, coinciding with the AISA Concussion Policy in effect since 2010.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student Athlete Name Printed

Student Athlete Signature

Date

Parent Name Printed

Parent Signature

Date



Concussion Information for Parents, Coaches, and Student-Athletes

-What is a concussion?

A concussion is a mild form of brain injury that can affect consciousness, cognitive ability, and overall function. Concussions are typically caused by a direct force to the skull, but can also be caused by a whiplash-type motion. It is essential that concussions are recognized immediately, treated appropriately, and return-to-play is determined carefully in order to have the safest and best outcome for the student-athlete.

-How can I prevent a concussion?

It is important to wear the proper equipment when competing in all sports, but especially contact sports such as football. This protective equipment includes a properly fitted helmet, shoulder pads, and a mouth guard. It is also important to execute proper hitting and tackling mechanics during a contact sport. Spearing and horse collar tackles are both high mechanisms for concussion type injuries, and are not allowed in the game of football.

-What are the symptoms of a concussion?

Headache	Loss of consciousness/orientation
Blurred Vision	Memory problems
Dizziness	Nausea
Drowsiness	Vomiting
Sleep disturbances	Sensitivity to light/noise
Concentration difficulties	Poor balance/coordination
Fatigue	Ringling in the ears
“Slowed down” feeling	Vacant stare/glassy eyed
Irritability/Sadness	Personality changes

-What should I do if I think I have (or an athlete has) a concussion?

Any student-athlete who has a suspected concussion must be removed from physical activity immediately and all concussion symptoms must be immediately reported to an athletic trainer or coach. Any student-athlete who is suspected of having a concussion must be evaluated by an athletic trainer or physician before returning to activity. If symptoms are severe or life-threatening, the situation must be treated as a medical emergency.



Macon East Concussion Management Plan

1. All Macon East student-athletes and their parents/guardians will receive a copy of the Concussion Management Plan and the Return to Play Protocol; this written information covers such topics as: *What is a concussion?; How can I prevent a concussion?; What are the symptoms of a concussion?; and What should I do if I think I have a concussion?*
2. During athletic physicals, cognitive baseline testing using the Standard Assessment of Concussion (SAC) will be administered by a certified athletic trainer (who is under the supervision of an onsite MD) to participants in the following sports prior to athletic participation: football, men's soccer, women's soccer, and to all other athlete who state on their medical history that they have previously sustained a concussion. The purpose of this assessment is to determine whether the athlete has ever suffered a concussion and to further ensure each athlete is informed in person of the signs and symptoms of concussions. Each athlete is told that as soon as he or she suspects that he or she has suffered or might have suffered a concussion or traumatic brain injury, he or she must report this to a trainer or a medical staff member as soon as possible.
3. An Acceptance of Responsibility Statement to Inform Athletic Trainers of Concussive Symptoms (amnesia, confusion, headache, loss of consciousness, balance problems or dizziness, double or fuzzy vision, sensitivity to light, nausea, feeling sluggish, etc.) will be signed by all student-athletes.
4. All coaches will participate in concussion management training annually, in addition to required annual CPR and AED training.
5. When a student-athlete shows any signs, symptoms, or reports behaviors consistent with a concussion, the athlete shall be removed from the workout, practice or competition immediately and will not be allowed to return to activity for the remainder of the day.
6. SAC (Standard Assessment of Concussion) will be administered by the Sports Medicine staff (i.e. athletic trainers, physical therapists, physicians) for all suspected concussions. **Under no circumstances will a concussion be assessed or diagnosed by a coach.** (Of course, if a coach suspects that an athlete has suffered a concussion, the coach must report this to the Sports Medicine staff and remove the athlete from the workout, practice or competition immediately.)
7. A student-athlete diagnosed with a concussion shall be withheld from all further competition, supervised workouts or practices until cleared for participation by the team physician or the physician's designee.



8. The student-athlete's condition will be continually monitored by the Sports Medicine staff for any signs or symptoms of regression and the student will be transported to the emergency room or physician as deemed appropriate. Symptoms will be monitored using the attached Graded Symptom Checklist.
9. Student-athletes must not take any pharmacological agents/medications that may mask or modify the symptoms of a concussion without the direction of the physician or the physician's designees.
10. Home health care plan instructions that include the following will be given to the student-athlete (and if appropriate, to others such as the student's coach, parents/guardians): contacting certified athletic trainer immediately if the athlete starts vomiting at any time following the injury; limiting or possibly avoiding, listening to loud music, watching television, playing video games, computer usage, texting and excessive reading until complete symptom resolution.
11. Once student-athlete no longer exhibits concussive symptoms, the student-athlete will be reassessed via SAC testing by the Sports Medicine Staff.
12. After 24 hours of becoming asymptomatic the athlete will be allowed to participate in low level functional activities (weight lifting, jogging, push-ups, etc.) as listed in the Return to Play Protocol. If any post-concussion symptoms occur, the athlete should drop back to the previous asymptomatic level and try to progress again after 24 hours.
13. As the student-athlete completes tasks without the return of signs or symptoms, the intensity of functional activities will be increased by following the Return to Play Protocol.
14. Final authority for return to supervised practice, workout and competition shall reside with the team physician or the physician's designee.
15. The incident, evaluation, continued management, and clearance of the student-athlete with a concussion will be documented and placed in the student-athlete's file.



Concussion Return to Play Protocol

This protocol will take place over 7-10 days for return to play with a minimum of 7 days. With this protocol, the athlete should continue to proceed to the next level if asymptomatic (i.e. showing no signs or symptoms of a concussion) at the current level. Twenty-four (24) hours must separate each of the steps. If any post-concussion symptoms occur, the athlete should drop back to the previous step and try to progress again after 24 hours.

The athlete should not be taking any pharmacological agents/medications that may mask or modify the symptoms of a concussion without the direction of the team physician.

- Step 1 No physical activity, complete rest. Check symptoms daily on the attached Graded Symptom Checklist. Once the student-athlete is asymptomatic for at least 24 hours, proceed to Step 2.
- Step 2 The student-athlete may complete 20 minutes of light aerobic exercise such as walking or using a stationary cycle. If the student-athlete has symptoms, return to Step 1. If still asymptomatic, proceed to Step 3 on the following day.
- Step 3 The student-athlete may complete heavy aerobic exercise such as sprints, jumping rope, and interval training. He or she may begin resistance (weight room) training as well. If symptomatic, return to Step 2. If no symptoms occur, proceed to Step 4 on the following day.
- Step 4 Begin functional, sport-specific exercises in a progression. Return to Step 3 if symptoms return. If asymptomatic, proceed to Step 5 on the following day.
- Step 5 Student-athlete can begin non-contact drills. If the athlete remains asymptomatic, he/she may proceed to Step 6. If symptoms begin, return to Step 4.
- Step 6 Only after clearance from the physician, or physician's designee, may the student-athlete begin full contact activity and/or exertional testing.
- Step 7 If no symptoms occur, student-athlete can return to full competition after reassessment with SAC testing by the physician or the physician's designee.

Written approval must also be received from the Athletic Director prior to returning to play.

Final authority for return to play will reside with the physician or the physician's designee.

Graded Symptom Checklist (GSC)					
Symptom	Time of injury	2-3 Hours postinjury	24 Hours postinjury	48 Hours postinjury	72 Hours postinjury
Blurred vision					
Dizziness					
Drowsiness					
Excess sleep					
Easily distracted					
Fatigue					
Feel "in a fog"					
Feel "slowed down"					
Headache					
Inappropriate emotions					
Irritability					
Loss of consciousness					
Loss of orientation					
Memory problems					
Nausea					
Nervousness					
Personality change					
Poor balance/coordination					
Poor concentration					
Ringing in ears					
Sadness					
Seeing stars					
Sensitivity to light					
Sensitivity to noise					
Sleep disturbance					
Vacant stare/glassy eyed					
Vomiting					

NOTE: The GSC should be used not only for the initial evaluation but for each subsequent follow-up assessment until all signs and symptoms have cleared at rest and during physical exertion. In lieu of simply checking each symptom present, the ATC can ask the athlete to grade or score the severity of the symptom on a scale of 0-6, where 0=not present, 1=mild, 3=moderate, and 6=most severe.



Macon East Student Athlete Concussion Compliance Form

I, _____, have been informed by the athletic training staff of the signs and symptoms of a concussion, closed head injury, and/or brain trauma via handout and/or educational sessions.

I have also been informed of the Macon East Concussion Management Plan. I understand I have an important role in the plan and my disclosure of any signs and symptoms throughout the management process is integral to health and welfare. Therefore, it is my responsibility to inform the athletic training staff of the onset of these signs and symptoms.

Failure to disclose signs and symptoms of a concussion, closed head injury, and/or brain trauma can lead to increased or prolonged risk of post-concussive syndrome, and irreversible long term health issues.

By my signature below, I state my acknowledgment, understanding, and compliance with the Macon East Concussion Management Plan.

Date: _____ Parent Signature: _____

Date: _____ Athlete Signature: _____

Witness Signature: _____



Alabama Independent School Association

Mailing Address:
Huntingdon College
1500 E. Fairview Ave.
Montgomery, AL 36106

Location:
Huntingdon College – Trimble Hall
1241 Woodley Road
Montgomery, Alabama

(334) 833-4080
Fax (334) 833-4086
www.aisaonline.org

Herbert Traylor
President

Don Oswald
Executive Director

Roddie Beck
Athletic Director

Michael McLendon
Academic Programs Director

Sara Bazzle
Activities Director

Abigail Marshall
Bookkeeper

STUDENT/ATHLETE Medical Release Form

Alabama Independent School Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student/Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director;
- 2) Coaches;
- 3) Trainers;
- 4) School Administration;
- 5) Insurance Agent (Planned Benefits Services)

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

Serving Independent and Christian Schools in Alabama since 1970.

Focusing on Excellence in Academics, Athletics, Accreditation, Staff Development, Student Activities, Services, and Programs



Macon East Sports Medicine

Medical Waiver

To the parents/guardians of Macon East Student Athletes under the age of 19:

I _____, the parent/guardian of, _____ do hereby give consent for his/her treatment at the Macon East Athletic Training facilities, Pro Impact Physical Therapy and Sports Performance facilities, and selected medical providers (diagnostics, MD's, surgeons, etc).

Parent/Guardian Signature

Date

Medical Consent

I hereby grant permission Macon East Athletic Training, Pro Impact Physical Therapy and Sports Performance, physicians, and/or consulting physicians to render any treatment, medical or surgical, that they deem necessary to the health and wellbeing of the undersigned student athlete.

I hereby authorize the Certified Athletic Trainers at Macon East and Pro Impact Physical Therapy and Sports Performance, who are under the direction and guidance of the Professional Medical Staff, to render any preventative, first aid, rehabilitation, or emergency treatment that they deem necessary to the health and wellbeing of the undersigned student athlete.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Student Athlete Signature

Date

Parent/Guardian Signature

Date



Player Information Sheet

Name: _____

Social Security Number: _____

Date of Birth: _____

Home Address: _____

City, State, Zip Code: _____

Cell Phone Number: _____

Home Phone Number: _____

Parent's Email: _____

Emergency Contact Information

Name: _____

Relationship to Student-Athlete: _____

Home Address: _____

City, State, Zip Code: _____

Cell Phone Number: _____

Home Phone Number: _____

Work Phone Number: _____



Macon East Sports Medicine

Primary Insurance Information Sheet

****Please have the primary insurance holder fill out the following information and return it to the Macon East Athletic Training Department along with a front and back copy of the primary insurance card.****

Primary Insurance Company Name: _____

Insurance Group Number (if applicable): _____

Insurance Policy Number (if applicable): _____

Note: If insurance is through military association, the policy number is the primary member's social security number.

Primary Insurance Holder Full Name: _____

Primary Insurance Holder Contact Number: _____ Alternate # _____

Primary Insurance Holder Address: _____

Primary Insurance Holder Place of Employment: _____

Note: Only required if insurance is provided by place of employment.

Primary Insurance Holder Date of Birth: _____

Primary Insurance Holder Social Security Number: _____

Primary Insurance Holder E-Mail address: _____

I certify that, to the best of my knowledge, the information that I have provided is complete and correct. I will promptly inform Macon East Athletic Training Department of any changes in insurance or demographic information.

Student Athlete Signature: _____ Date: _____

Primary Insurance Holder Signature: _____ Date: _____

*Note: **ALL** information provided will be stored in private files in the Macon East Athletic Training Department and will only be disclosed if required by insurance company to file a claim.*

Note: If insurance is provided by military association, please provide a front and back copy of primary insurance holder's military I.D. as well as a front and back copy of dependent's military I.D. card

Macon East will never be responsible for payment of charges resulting from injuries/illnesses.