

**PIKE COUNTY HIGH SCHOOL  
PIKE COUNTY MIDDLE SCHOOL  
ZEBULON, GA**

I/We, the undersigned parent(s) and/or guardian(s) hereby grant permission for my student,

\_\_\_\_\_ to participate in  
(PRINT student name)

\_\_\_\_\_ for the **2023 - 2024** school year.  
(sport)

**\*\* I/We understand that if any injury occurs to my student during practice/game/performance that I/we are responsible for filing an accident report with the staff supervisor.**

**\*\* I/We understand that I/we are responsible for filing school insurance within 90 days of the injury.**

**\*\* I/We have been made aware of procedures that will be in place to provide safeguards to staff and students related to COVID-19. I/We confirm that we are comfortable with the articulated procedures and the risks associated with my student's participation in this activity.**

**\*\* I/We understand that Georgia High School governs athletic eligibility for students participating in any athletic competition and requirements are as follows:**

- **9<sup>th</sup> graders:** all incoming 9<sup>th</sup> graders are eligible to participate first semester. Second semester first year students must have passed courses carrying at least 2.5 units the previous semester in order to participate.
- **10<sup>th</sup> graders:** second year students must have accumulated five total units in the first year AND passed courses carrying at least 2.5 credit units in the previous semester.
- **11<sup>th</sup> graders:** third year students must have accumulated eleven units in the first and second years AND passed courses carrying at least 2.5 units in the previous semester.
- **12<sup>th</sup> graders:** fourth year students must have accumulated seventeen units in the first three years AND passed courses carrying 2.5 units in the previous semester.
- **Students must be enrolled in 2.5 credit hours in the current semester to participate – high school or dual enrolled students.**
- **Any credit gained through credit recovery must be recovered within the first ten days of the semester.**
- **All student athletes must adhere to the Extra-Curricular Code of Conduct.**

\_\_\_\_\_  
**Student name (signed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent name (printed)**

\_\_\_\_\_  
**Parent name (signed)**

\_\_\_\_\_  
**Date**

**PIKE COUNTY SCHOOL SYSTEM**  
**AUTHORIZATION TO TRANSPORT STUDENT TO HOSPITAL**

I hereby authorize **Pike County Coaching Staff** to take my child to the hospital emergency room for treatment. I understand that I am legally responsible for any financial obligations incurred in the emergency treatment of my child.

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Name of student

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Name of parent/guardian

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Social Security Number

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Date

**AUTHORIZATION FOR THIRD PARTY CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT**

I/We, the undersigned parent(s)/person having legal custody/legal guardianship of

\_\_\_\_\_, a minor, do hereby authorize the **Pike County Coaching Staff**, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician duly licensed, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

These authorizations shall remain effective until **June, 2024** unless sooner revoked in writing delivered to said agent(s).

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Date

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Parent/Guardian signature

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Student Name

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Student Social Security Number

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Student's Date of Birth

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Parent/Guardian Name

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Permanent Address (Street, PO Box, City, Zip)

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Area code + Phone Number (Home/Mobile/Work)

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Area code + Phone Number (Home/Mobile/Work)

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Emergency Contact

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Area code + Phone Number (Emergency)

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Insurance Carrier

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Policy Number

**GEORGIA HIGH SCHOOL ASSOCIATION  
STUDENT/PARENT SUDDEN CARDIAC ARREST AWARENESS FORM  
PIKE COUNTY HIGH SCHOOL**

**1. Learn the early warning signs**

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks, or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before the age of 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome.
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones.

**2. Learn to recognize Sudden Cardiac Arrest**

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping, or not breathing normally, and may have some jerking (seizure like activity). Send for help and start CPR. You cannot hurt him.

**3. Learn Hands only CPR**

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive".
- If an automated external defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step by step through the process and will never shock a victim that does not need a shock.

**By signing this sudden cardiac arrest form, I give Pike County High School permission to transfer this sudden cardiac arrest form to the other sports my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2023-2024 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Pike County School system.**

**I have read this form and I understand the facts presented in it.**

\_\_\_\_\_  
Student name (printed)

\_\_\_\_\_  
Student name (signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent name (printed)

\_\_\_\_\_  
Parent name (signed)

\_\_\_\_\_  
Date

# GEORGIA HIGH SCHOOL ASSOCIATION STUDENT/PARENT CONCUSSION AWARENESS FORM

## PIKE COUNTY HIGH SCHOOL

### Dangers of Concussions

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short term or long term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school and one retained at home.

### Common Signs and Symptoms of Concussion

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light/sounds
- Fogginess of memory, difficulty concentrating, slowed thought process, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: this does not occur in all concussion episode)

### By-Law 2.68: GHSA Concussion Policy

In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

- A. No athlete is allowed to return to a game or a practice on the same day that a concussion a) has been diagnosed OR b) cannot be ruled out.
- B. Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

**By signing this concussion form, I give Pike County High School permission to transfer this concussion form to the other sports my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2023-2024 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Pike County School System.**

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Student name (printed)

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Student name (signed)

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Date

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Parent name (printed)

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Parent name (signed)

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Date

## COMMUNITY ACQUIRED METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (CA-MRSA)

According to the Centers for Disease Control and Prevention, participants in competitive sports are at risk for skin infections because of the physical contact, skin damage, and sharing of equipment. Humid, crowded conditions such as those found in locker rooms and gyms provide a good place for Staphylococcus Aureus (staph) to grow. The following will provide the student and parent with practical information:

- Staph is commonly carried in nasal passages, under fingernails, or on the skin without any medical problems. It can enter the body from a cut, insect bite, or surgical incision. Normally a minor infection occurs. However, if a person has a weakened immune system from an illness, the infection could become more serious.
- Prevention involves players, coaches, and the school. The following practices are recommended to parents of students when the condition warrants:
  - The student should wash hands thoroughly with soap and water during the day. Waterless hand cleanser can be used.
  - The student should practice good hygiene to include showering/bathing with soap and water after all practices and competitions. Previously worn protective clothing can be hot and cause chafing which results in broken skin. Skin trauma from turf or mat burns are other risk factors.
  - Use liquid soap in showers instead of sharing bar soaps; sharing can spread bacteria to other family members. Shower as soon as possible after practice/working out/competitions.
  - It is suggested to wash towels after each use and avoid sharing bed liners, razors, and other personal items.
  - The student should not store or wear previously worn wet clothing. Wet or damp clothing/equipment is a breeding ground for bacteria and fungus.
  - The student will cover all open wounds. If a wound cannot be covered, there is a possibility that the student will need to be excluded from practice/workout/competition until the wound heals.
  - Students should report skin lesions to the parent as well as the coach. Parents and coaches will check a lesion that is potentially infected.
  - The student and parents should understand the importance of seeking medical attention at the first sign of infection. Early signs are redness and swelling of the infected area, pain, drainage (pus) around the area of an insect bite, cut or abrasion.
  - If medication is prescribed by a physician, the student should take the entire amount of medication in the prescribed amount of time. Follow school rules regarding medicine on campus.
  - The student should avoid getting into a hot tub or whirlpool until all wounds are healed.

Information obtained from the Centers for Disease Control and Prevention and State Epidemiologist Cristina Pasa. For more information visit the Centers for Disease Control and Prevention website.

**I have read and understand the facts presented in this document.**

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**Student name (printed)**

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**Student name (signed)**

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**Date**

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**Parent name (printed)**

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**Parent name (signed)**

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**Date**

**PARENT RELEASE FORM FOR STUDENT ATHLETE  
OVER THE COUNTER MEDICATION**

I, \_\_\_\_\_, give consent for the Athletic Trainer at Pike County High  
(Parent/Guardian's name printed)

School to provide \_\_\_\_\_ over the counter medications  
(Athlete's name printed)

such as Tylenol, Ibuprofen, Aspirin, Electrolyte/Glucose Supplements, or heartburn medication in the event it is deemed appropriate. The athletic trainer reserves the judgement to refuse the administration of the medications listed above if a concussion of the athlete is suspected. By signing this form, you, the Parent/Guardian, give consent and forfeit any future action against the Pike County Board of Education, Pike County School System, Pike County coaches, and the Athletic Trainer in the event the student athlete experiences any adverse side effects.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**



2.67 **Practice Policy for Heat and Humidity:**

- (a) Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts (this policy is year-round, including during the summer) in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regard to:
- (1) The scheduling of practices at various heat/humidity levels.
  - (2) The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels.
  - (3) The heat/humidity levels that will result in practice being terminated.
- (b) A scientifically-approved instrument that measures the Wet Bulb Globe Temperature must be utilized at each practice to ensure that the written policy is being followed properly. WBGT readings should be taken every hour, beginning 30 minutes before the beginning of practice.

**WBGT ACTIVITY GUIDELINES AND REST BREAK GUIDELINES**

- Under 82.0 Normal Activities - Provide at least three separate rest breaks each hour with a minimum duration of 3 minutes each during the workout.
- 82.0 - 86.9 Use discretion for intense or prolonged exercise; watch at-risk players carefully. Provide at least three separate rest breaks each hour with a minimum duration of 4 minutes each.
- 87.0 - 89.9 Maximum practice time is 2 hours. For Football: players are restricted to helmet, shoulder pads, and shorts during practice, and all protective equipment must be removed during conditioning activities. If the WBGT rises to this level **during** practice, players may continue to work out wearing football pants without changing to shorts. For All Sports: Provide at least four separate rest breaks each hour with a minimum duration of 4 minutes each.
- 90.0 - 92.0 Maximum practice time is 1 hour. For Football: no protective equipment may be worn during practice, and there may be no conditioning activities. For All Sports: There must be 20 minutes of rest breaks distributed throughout the hour of practice.
- Over 92.0 No outdoor workouts. Delay practice until a cooler WBGT level is reached.

- (c) Practices are defined as: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the practice or workout area until players leave that area. If a practice is interrupted for a weather-related reason, the "clock" on that practice will stop and will begin again when the practice resumes.
- (d) Conditioning activities include such things as weight training, wind-sprints, timed runs for distance, etc., and may be a part of the practice time or included in "voluntary workouts."
- (e) A walk-through is not a part of the practice time regulation, and may last no longer than one hour. This activity may not include conditioning activities or contact drills. No protective equipment may be worn during a walk-through, and no full-speed drills may be held.
- (f) Rest breaks may not be combined with any other type of activity and players must be given unlimited access to hydration. These breaks must be held in a "cool zone" where players are out of direct sunlight.
- (g) When the WBGT reading is over 86, ice towels and spray bottles filled with ice water should be available at the "cool zone" to aid the cooling process AND cold immersion tubs must be available for the benefit of any player showing early signs of heat illness. In the event of a serious EHI, the principle of "Cool First, Transport Second" should be utilized and implemented by the first medical provider onsite until cooling is completed (core temperature of 103 or less).

Head Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletes Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_