

**LFO HIGH SCHOOL**  
**Fort Oglethorpe, Georgia 30742**

*Chance Nix, Principal*

*Chris Eaves, Athletic Director*

*Medical Information Card*

*LFO Athletics*

**\*Fill out this page in blue or black ink only\***

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year you will graduate \_\_\_\_\_ Do you wear contact lenses or glasses? \_\_\_\_\_

Abbreviated medical history (previous injuries, medical problems, etc.) \_\_\_\_\_

List any allergies you have \_\_\_\_\_

List any medications you currently take \_\_\_\_\_

Name of Father (or guardian) \_\_\_\_\_

Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

Name of Mother (or guardian) \_\_\_\_\_

Cell phone # \_\_\_\_\_ Work phone # \_\_\_\_\_

***In case of emergency, contact (other than parent or guardian)***

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

***Primary Care Physician***

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ ID Number \_\_\_\_\_

*In case of an emergency or accident on school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of the school authorities present, requires immediate attention or surgical attention, I hereby grant permission to said school authorities to obtain services of a physician or to transport said child to the hospital or emergency facility if it is deemed necessary by school authorities. I hereby grant permission also to said physician to read said condition unless I am present and request otherwise or until I later request otherwise.*

\_\_\_\_\_  
*Parent or Guardian Signature*

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

## **Catoosa County Athletic Rules**

I \_\_\_\_\_ understand that participation in an athletic program at a Catoosa County School is a privilege and not a right: therefore, I understand and agree to be held to a higher standard of conduct and dress than a student who does not participate in athletics. I acknowledge that this higher standard of conduct will cover my actions at school, on the field and in the community. I will refrain from taking part in any activity that might reflect negatively on my school or team.

I understand that drugs and alcohol are harmful, and that all athletes in Catoosa County Schools are subject to drug/alcohol testing in accordance with Catoosa County Board of Education drug testing policy.

I recognize that the use of tobacco products is a major health risk and is prohibited by school policy; therefore, I agree not to use or possess tobacco products at any time during the school year.

I agree to dress tastefully and conservatively at all times because I represent my school to others. I understand that male athletes are not permitted to wear earrings or body jewelry of any type, at any time during the school year. I will keep my hair at a reasonable length and in a conservative style in order to represent my team in a positive manner.

I know that all school rules are in effect during the athletics practices and contests, but I also understand that there are additional **SPECIAL RULES** that are given by the coaching staff to make our team stronger. In fractions of these rules will become a part of the student's discipline record.

### **THESE SPECIAL RULES ARE:**

#### **DRUG/ALCOHOL**

#### **Possession or use of drugs or alcohol:**

*1st Violation: Minimum suspension of 10% of the regular season games plus required entry into a drug/alcohol counseling program. Before participation in another game, the student must submit a comprehensive drug test, at family's expense, that would indicate the presence and level of concentration of a full panel of drugs. This drug test should be negative of the presence of drugs, or in the case of marijuana, should reveal a declining concentration of the substance.*

*2nd Violation: Dismissal from the athletic program for a calendar year.*

*3rd Violation: Dismissal from participation in athletics permanently in Catoosa County.*

*Off Season violation of school drug/alcohol policy will be punished in the next season of participation*

*Drug/alcohol offenses are cumulative throughout a student's high school career.*

## **SCHOOL CONDUCT**

*Player assigned to In-School Suspension: (Definition: ISS begins the first day served. The assignment is in effect for 24 hours in respect to participation in school activities.)*

*1st Assignment: Minimum 1 game suspension*

*2nd Assignment: Minimum 3 games suspension*

*3rd Assignment: Dismissal from the athletic program the remainder of the school year.*

*Player assigned to Out of School Suspension:*

*1st Assignment: Minimum of 20% of the regular season games.*

*2nd Assignment: Dismissal from the athletic program for a calendar year.*

## **TEAM CONDUCT**

*Unsportsman like behavior:*

*1st Offense: Punishment at coach's discretion.*

*2nd Offense: Punishment at coach's discretion.*

*NOTE: Any athlete ejected from a game is automatically suspended in accordance with GHSA sport specific requirements.*

*3rd Offense: Dismissal from the athletic program the remainder of the school year.*

*Unexcused absences from practices/game:*

*1st Violation: 1 game suspension.*

*2nd Violation: Dismissal from the team for the remainder of the year.*

*NOTE: Catoosa County School Board Policy does not allow any student to participate on any day he/she is tardy to school or absent from school.*

*Athletes must comply with the rules of the Catoosa County Schools athletic program. By agreeing to participate in Catoosa County School athletics, students understand that these are only the major rules and each sport may supplement these rules with others to govern other situations.*

***Initials on Athletic Check List does not necessarily mean parent or guardian agrees with all the rules contained herein, but that parent or guardian has read them and understands that their child will be required to follow them.***

*Revised 8/1/18*

## **STUDENT/PARENT CONCUSSION AWARENESS FORM**

SCHOOL: LAKEVIEW-FORT OGLETHORPE HIGH SCHOOL

### **DANGERS OF CONCUSSION**

*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.*

### **COMMON SIGNS AND SYMPTOMS OF CONCUSSIONS**

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

**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.*

*C.) It is mandatory that every coach in each GHSA sport participate in a free online course on concussion management prepared by the NFHS and available at [www.nfhslearn.com](http://www.nfhslearn.com) at least every two years -- beginning with the 2013-2014 school year.*

*D.) Each school will be responsible for monitoring the participation of the coaches in the concussion management course, and shall keep a record of those who participate.*

### **Concussion Management**

1. *Prior to the beginning of each season of any extracurricular athletic activity, all parents or legal guardians of participating students shall be provided an information sheet informing them of the nature and risk of concussion and head injury.*
2. *If a student participating in an extracurricular athletic activity exhibits symptoms of having a concussion, he or she shall be removed from the activity and be examined by a healthcare provider.*
3. *If a student is deemed by a healthcare provider to have sustained a concussion, the coach or other designated personnel shall not permit the student to return to play until he or she receives clearance from a healthcare provider for a full or graduated return to play.*
4. *As used in this policy, a "healthcare provider" means a licensed physician or another licensed individual under a physician's supervision, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.*
5. *Coaches, employees, and other designated individuals supervising extracurricular athletic activities are expected to use their training, personal judgment, and discretion in implementing this policy.*
6. *This policy is not intended to create any liability for, or create a cause of action against, the Board of Education or governing body of a charter school or their officers, employees, volunteers, or other designated individuals for any act or omission to act related to the removal or non-removal of a student from an extracurricular athletic activity.*
7. *The Board authorizes the Superintendent to direct the development of administrative regulations and/or guidelines needed to implement this policy.*

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Catoosa County Schools

Date Adopted 10/01/2013

#### **Georgia Code**

#### **Description**

C.C.G.A 20-02-0324.1

*Concussion management and return to play policies for youth athletes*

*These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.*

**LAKEVIEW-FORT OGLETHORPE HIGH SCHOOL**

*1850 Battlefield Parkway  
Fort Oglethorpe, GA 30742  
School 706-866-0342 Fax 707-861-6645*

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**FIELD TRIP WAIVER OF RESPONSIBILITY**

*Whereas, I (we) recognize that the trip is a voluntary educational opportunity. I (we) the parents/guardian(s) grant my (our) child permission to travel with the chosen group of students under the supervision of the school-board approved chaperones on the school-board approved trip. I (we) agree not to hold responsible the chaperones, Lakeview-Fort Oglethorpe High School, its officers, or the County Board of Education for accidents, injuries, or illness of our child during this trip.*

**Permission is granted upon initialling the front page of packet.**

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***EMERGENCY MEDICAL TREATMENT AUTHORIZATION***

*Please read the following statement closely. This form is mandatory for each athlete in our athletic program.*

*Parent or legal guardian hereby authorizes Lakeview-Fort Oglethorpe High School as my (our) agent to give consent to surgical or medical treatment by any licensed physician or hospital in the state of Georgia for my (our) child if/when such treatment is deemed necessary by such physicians and I (we) cannot be reached within a reasonable length of time.*

*Such consent may include, but is not limited to, transportation to a hospital emergency room, administration of necessary anesthetics, medical treatment, test, x-ray, examination, transfusions, injections or drugs, and the performing of whatever operation may be deemed necessary or advisable. It is understood that authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.*

***Permission is granted upon initialing front page of packet.***

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***MEDICAL INFORMATION RELEASE AUTHORIZATION***

*Please read the following statement closely. This form is mandatory for each athlete in our athletic program.*

*Medical information concerning your child will be released to medical and school personnel who need that information. If you desire to withhold or restrict the release of medical information regarding your child, you must notify the athletic director in writing.*

***Permission is granted to release this medical information upon initialing the front page of packet.***



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**LAKEVIEW-FT OGLETHORPE HIGH SCHOOL ATHLETIC INSURANCE EXPLANATION**

*The LFO Athletic Department offers supplemental insurance coverage on any student athlete. It covers everything except heat exhaustion or heat related problems. Also, it will not cover an injury that might have been caused by a pre-existing condition.*

*(K and K Insurance also provides primary insurance for a fee. Please see the LFO Athletic website, athletic director, or trainer for a fee schedule.)*

*You must acquire an insurance form from the Athletic Director or school office. You will receive an explanation of how to file the claim form. Treatment must begin within 6 (six) weeks of the injury. All paperwork on any injury must be completed within 1 (one) calendar year; otherwise the company will not consider the claim.*

*I have read and understand the LFO Supplemental Athletic Insurance Coverage.*

***Please initial the front page to indicate that you have insurance, will purchase supplemental insurance, or accept responsibility for the financial burden for the lack thereof.***

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**ATHLETIC FEE EXPLANATION**

*Each LFO athlete will be required to pay a \$50.00 fee for the 2019-2020 school year. This fee will be collected by the head coach of the first sport that the athlete participates in during the year and will cover participation for the entire year. The Athletic Fee will help offset the expenses associated with providing adequate medical/training supplies and equipment for our certified athletic trainer. The cost of the random drug screening is included in this fee.*

*The athletic fee must be paid or arrangements made with the head coach prior to participation.*

***Please initial the front page indicating that you understand that you are responsible for paying the \$50.00 athletic fee for the 2019-2020 school year.***

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**2019-2020 LFO PRACTICE POLICY FOR HEAT AND HUMIDITY**

LFO will follow the GHSA Practice Policy for Heat and Humidity outlined below:

**BY-LAW 2.67 – “Practice Policy for Heat and Humidity”**

Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts 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 level that will result in practice being terminated

A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly.

<b>WBGT READING</b>	<b>ACTIVITY GUIDELINES &amp; REST BREAK GUIDLEINES</b>
Under 82	Normal activities – Provides at least three separate rest breaks each hour of minimum duration of 3 minutes each during 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 of a minimum of four minutes duration each.
87.0 – 89.9	Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rest breaks each hour of a minimum of four minutes each
90.0 – 92.0	Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.
OVER 92	No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT reading occurs

### **GUIDELINES FOR HYDRATION AND REST BREAKS**

1. *Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity involved*
2. *For football, helmets should be removed during rest time*
3. *The site of the rest time should be a “cooling zone” and not in direct sunlight.*
4. *When the WBGT reading is over 86:*
  - a. *Ice towels and spray bottles filled with water should be available at the “cooling zone” to aid the cooling process*
  - b. *Cold immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness.*

### **DEFINITIONS**

1. **PRACTICE:** *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 field until they leave.*
2. **WALK THROUGH:** *This period of time shall last no more than one hour, is not considered to be a part of the practice time regulation, and may not involve conditioning or weight-room activities. Players may not wear protective equipment.*

**Georgia High School Association**  
**Student/Parent Sudden Cardiac Arrest Awareness Form**

Lakeview-Fort Oglethorpe 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 age 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 the 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.