MENNO PUBLIC SCHOOL (GRADES 6-12) PHONE: 605-387-5161 SCHOOL YEAR 2026-2027

EMERGENCY MEDICAL INFORMATION

Student's Name: _____ **Date of Birth:** _____ **Grade** _____
(please print)

Activities participating in this school year:

FB	VB	CC	BBB	GBB	WR	CHEER	TRACK	SOFTBALL	GOLF	CLUB BASEBALL

Parents/Guardian: _____
Address: _____ **Home Phone:** _____

Parent/Guardian work contact information:

Parent/Guardian_____ Cell phone _____
Employer_____ Work phone_____
Parent/Guardian_____ Cell phone_____
Employer_____ Work phone_____

In the event the parent/guardian cannot be contacted, please list another person to contact:

Name_____ Relationship_____
Address_____ Home Phone_____
Employer_____ Work/Cell Phone_____

Please list your primary health insurance information, as it may be needed in an emergency

Company Name_____ Phone_____
Address_____
Plan: _____ Policy: _____ ID Numbers: _____ HMO PPO

MEDICAL INFORMATION

Family Medical Physician: _____ Phone: _____

Does this athlete have any know **ALLERGIES?** **YES** **NO**
If yes, please name and describe any treatment instructions.

Please list any **MEDICAL** conditions the athlete may have:

Please list any **MEDICATIONS** the athlete may be currently taking:

Other **MEDICAL** information or treatment instructions:

WAIVER/RELEASE

In case of a medical emergency involving _____ at a time when the undersigned cannot be contacted or notified, the undersigned hereby authorize agents, employees and office staff of the Menno School District 33-2 to act in my behalf to perform and/or consent to any medical treatment or procedures as may be deemed necessary or required to include, but not limited to x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and/or hospital care.
***All medical information will be kept confidential.**

***PARENT/GUARDIAN:** _____ **DATE:** _____

CONFIDENTIAL

SDHSAA CONSENT FOR PARTICIPATION IN ACTIVITIES

Student Name: _____ **Date of Birth:** _____

School Year: 2026-27 School Year **Place of Birth:** _____

Name of High School: _____

The parent and student, by signing this form, hereby:

1. Understand and agree that participation in SDHSAA sponsored activities is voluntary on the part of the student and is considered a privilege.

2. Understand and agree that:
   (a) By this Consent Form the SDHSAA has provided notification to the parent and student of the existence of potential dangers associated with athletic participation;
   (b) Participation in any athletic activity may involve injury of some type;
   (c) The severity of such injuries can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries such as injuries to the body's bones, joints, ligaments, tendons, or muscles. Catastrophic injuries to the head, neck and spinal cord and concussions may also occur. On rare occasions, injuries so severe as to result in total disability, paralysis and death;
   (d) Even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility; and;
   (e) By signing this form, I/we give our consent for the listed student to compete in SDHSAA approved athletics for the school year as listed on this form. Further, I/we give our permission for our child to participate in organized high school athletics, realizing that such activity involves the potential for injury and harm which exists as an inherent element in all sports.

3. Understand, consent and agree to participation of the student in SDHSAA activities subject to all SDHSAA bylaws and rules interpretations for participation in SDHSAA sponsored activities, and the activities rules of the SDHSAA member school for which the student is participating; and

4. Understand, consent and agree that personally identifiable directory information may be disclosed about the student as a result of his/her participation in SDHSAA sponsored activities. Such directory information may include, but is not limited to, the student's photograph, name, grade level, height, weight, and participation in officially recognized activities and sports. If I/we do not wish to have any or all such information disclosed, I/we must notify the above-mentioned high school, in writing, of our refusal to allow disclosure of any or all such information prior to the student's participation in sponsored activities.

_____ _____

Signature of Parent **Date**

_____ _____

Signature of Student **Date**

SDHSAA CONSENT FOR MEDICAL TREATMENT FORM

Student Name: _____ **Date of Birth:** _____

The SDHSAA recommends that all member schools receive consent from all students and parent/guardians prior to activities, to ensure that medical care can be provided to the student during any activity away from home. This form should be kept both on-file at the school, as well as in the possession of a student's coach/sponsor authorizing as below:

CONSENT FOR MEDICAL TREATMENT (for those children 18 and under at any time during the 2026-27 school year):

I, _____, am the (circle one) Parent or Legal Guardian, of _____, who participates in activities and/or athletics for _____ High School. I hereby consent to necessary medical services that may be required while said child is under the supervision of an employee of the fore-mentioned high school while on a school-sponsored activity, and hereby appoint said employee to act on behalf of myself in securing medical services from any duly licensed medical provider. Signatures on this form do not constitute consent for vaccinations of any kind.

_____ _____

Signature of Parent **Date**

CONSENT OF PARTICIPANT (for all students to complete):

I, _____, have read the above consent for medical treatment form signed above, or, as an individual of majority age, consent to those same medical services and actions as indicated above on this form.

_____ _____

Signature of Student **Date**

SDHSAA CONSENT FOR MEDICAL RELEASE FORM (HIPAA)

Student Name: _____ **Grade:** _____ **Date of Birth:** _____

I/We the undersigned do hereby:

1. Authorize the use or disclosure of the above named individual's health information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing and creating treatment plans for injuries that occur during the time period covered by this form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered by this form.

2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the medical care of this student.

3. This information for which I/we are authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.

4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

5. This authorization will expire on July 1, 2027.

6. I understand that once the above information is disclosed, there is potential for it to be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. Schools, School districts and school personnel must uphold the bounds of FERPA. As such, disclosure and re-disclosure by schools or school employees must be done in compliance with FERPA guidelines.

7. I understand authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

_____ _____

Signature of Parent **Date**

_____ _____

Signature of Student (if over 18 or turning 18 before July 1, 2027) **Date**

This form must be completed annually and must be available for inspection at the school

SDHSAA CONCUSSION FACT SHEET FOR STUDENTS-

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body
- Can change the way your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow you coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

IT IS BETTER TO MISS ONE GAME THAN A WHOLE SEASON – SEE SOMETHING – SAY SOMETHING!!!

Student's Name (Please Print)	**Date**
Signature of Student	**Date**
Parent's Signature	**Date**

SDHSAA CONCUSSION FACT SHEET FOR PARENTS-

What is a concussion?

A concussion is a traumatic brain injury that interferes with the normal function of the brain.

What are the signs and symptoms?

You can't see a concussion, Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports, one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
• Dazed, vacant, or stunned appearance • Is confused about assignment or position • Forgetfulness • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Shows mood, behavior, or personality changes • Can't recall events prior to or after hit or fall	• Headache or "pressure" in head • Neck pain • Nausea • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your child has a concussion?

If your child sustains a head injury, it is good to be aware of the signs and symptoms of a concussion. If you suspect an athlete has a concussion, the athlete must be removed from activity. Do not allow the athlete to drive until symptoms have resolved. Continuing to participate in a contact or collision sport while experiencing concussion symptoms can lead to worsening of symptoms, increased risk of further injury, and sometimes death.

Parents and coaches should not make the diagnosis of a concussion. Any athlete suspected of having a concussion should be evaluated by a medical professional trained in the diagnosis and management of concussions.

WHEN IN DOUBT, SIT THEM OUT!

Parent's Name	**Date**
Signature of Parent	**Date**
Student's Name	

SDHSAA INTERIM PRE PARTICIPATION HEALTH HISTORY FORM -- Complete & Sign this form (with parents if younger than 18) in years when no physical is given to the student.

Name: _____ **Date of Birth:** _____

Date of Exam: _____ **Sports:** _____

List all past and current medical conditions:	
Have you ever had surgery? If Yes, list all procedures:	
List all prescriptions, over-the-counter meds or supplements you currently take:	
Do you have any allergies? If Yes, Please list them here:	

Over the last two weeks, how often have you been bothered by the following problems? (Circle Response)

	Not At All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest in pleasure or doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
A sum of 3 or greater is considered positive on either subscale (Q1+2, or Q3+4) for screening purposes				

ANSWER EACH OF THE FOLLOWING QUESTIONS SPECIFIC TO "IN THE PAST YEAR" & EXPLAIN ANY YES ANSWERS ON THE BACK OF THIS SHEET:

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns you'd like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illnesses?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? (Example: electrocardiography or echocardiography)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before 35 years of age (including drowning or unexplained car crash)		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS) short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CVPT)?		
13. Has anyone in your family had a pacemaker or implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or a game?		

BONE AND JOINT QUESTIONS CONTINUED:	Yes	No
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle, your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have recurring skin rashes or rashes that come and go, including herpes or MRSA?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, tingling or weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had, or do you have any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet, or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first period?		
31. When was your most recent period?		
32. How many periods have you had in the past 12 months?		

RECERTIFICATION OF HEALTH: I hereby state that, to the best of my knowledge, my answers on this form are complete and correct & the above named student is physically fit to participate in interscholastic athletics for the current school year, including those areas marked 'yes' above:

Signature of Athlete: _____

Signature of parent/guardian (if under 18): _____

Date: _____

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SDHSAA PREPARTICIPATION PHYSICAL EXAM FORM

Athlete Name: _____ **Date of Birth:** _____

Date of Exam: _____ **Annual/Biennial/Triennial:** _____

Physician Reminders:

1. **Consider additional questions on more sensitive issues:**
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, vaping, chewing tobacco, snuff or dip?
   - Over the past 30 days, have you used chewing tobacco, snuff or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seatbelt or helmet?
2. **Consider reviewing questions on cardiovascular symptoms (#4-13 on health history form)**

EXAMINATION		
Height:	Weight:	BP:
Pulse:	Vision: R 20/ L 20/	Corrected?:

MEDICAL	Normal	Abnormal Findings
Appearance		
Head/Mouth		
Eyes, ears, nose and throat - Pupils equal & Hearing		
Lymph Nodes		
Heart* -Heart sounds, murmurs, pulse, rhythm, auscultation		
Lungs		
Abdomen - Liver/Spleen, masses		
Skin - HSV, Lesions, Staph, MRSA, etc.		
Neurological		
MUSCULOSKELETAL	**Normal**	**Abnormal Findings**
Neck		
Back		
Shoulder & Arm		
Elbow & Forearm		
Wrist, Hand and Fingers		
Hip & Thigh		
Knee		
Leg & Ankle		
Foot & Toes		
Functional • Double-leg squat test, single-leg squat test, box drop or step drop test		

* *Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or exam findings, or a combination*

Sports Participation Recommended for (Mark One):

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendation for further evaluation or treatment of: _____

☐ Medically eligible for certain sports (list here): _____

☐ Not medically eligible pending further evaluation: _____

☐ Not medically eligible for any sports: _____

Name of Examiner: _____

Signature of Examiner: _____

Date of Exam: _____

Note: SDCL allows Doctor of Medicine, Doctor of Osteopathy, Doctor of Chiropractic, Licensed Physician Assistant and Licensed Nurse Practitioners as those that can provide this recommendation.

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Sudden Cardiac Arrest

Information for Parents and Students

What is Sudden Cardiac Arrest? The leading cause of death in young athletes while training or participating in sports, Sudden cardiac arrest is caused by a malfunction in the electrical system of the heart that occurs suddenly and often without warning. The malfunction may be caused by an abnormality in the heart at birth, a virus in the heart, or a hard blow to the chest. Survival depends on quick action, including calling 911, starting CPR, and the use of an AED.

What are the warning signs and risk factors?

- Fainting or seizure during or following exercise
- Racing or fluttering heart palpitations
- Excessive shortness of breath during exercise
- Frequent dizziness/lightheadedness
- Chest pain with exercise
- Excessive fatigue during or after exercise
- Family history of heart abnormalities or sudden death before age 50.

How can I protect my student's Heart?

- Know the warning signs and follow up with your doctor if your student is having any warning signs or risk factors above
- Answer the Pre-Participation History questions dealing with heart health and family heart health (questions 4-13) truthfully, and follow up with your doctor during the athletic physical
- Encourage your child to speak up if they are having any symptoms
- Help fund or find grant programs to get more AED's in your student's school

What can schools do to be prepared for sudden cardiac arrest events?

- Have a well-developed, well-rehearsed emergency action plan
- Ensure that AEDs are readily available, along with people trained on their use
- Practice response drills with school personnel, medical personnel, and EMS
- Ensure that AEDs are functioning with appropriate batteries and pads

Information in this sheet adapted from keeptheirheartinthegame.org, the Eric Paredes Save a Life Foundation, and the American Heart Association.