

Mount Horeb Middle School



Co-Curricular Handbook
2023-2024

Mount Horeb Middle School
Co-Curricular Activities
Code of Conduct

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Statement of Philosophy

Age appropriate co-curricular activities are an integral and valuable part of a student's middle school experience. Mount Horeb Middle School is committed to sponsoring a wide variety of opportunities for student participation. The district is committed to supporting the cognitive, social and emotional growth of students through participation in co-curricular activities, including activity specific skills, teamwork, positive social values and behaviors they can transfer to their lives now and in the future. The focus of co-curricular activities at Mount Horeb Middle School is focused on maximizing participation for all students in support of developing the skills outlined above.

All activities in life place expectations upon participants. This handbook details these expectations as they pertain to all co-curricular activities at Mount Horeb Middle School. Participation in activities is a privilege, earned in part by accepting and following the regulations contained in this co-curricular handbook.

The primary enforcement and responsibility of this code rests not only with students, as they should be self-disciplined, but also with their parents/guardians. This policy is enforced all twelve months of the year.

Definition of Co-Curricular Activities

Co-Curricular activities at Mount Horeb Middle School are defined by those activities in which students serve, perform, or compete as representatives of Mount Horeb Middle School. All students who participate in the various activities are required to abide by this co-curricular handbook.

Purpose of Handbook

The purpose of this handbook is to acquaint students and parents/guardians of students in co-curricular programs at Mount Horeb Middle School with the expectations, regulations and procedures of the school district and when applicable, the Wisconsin Association of Interscholastic Athletics (WIAA). It is important that both students and parents/guardians read and understand this handbook before signing the student pledge and the parent/guardian permission section of the handbook.

Non-Discrimination Statement

The Mount Horeb Area School District does not discriminate against pupils in its educational programs or activities on the basis of sex, race, religion, national origin, ancestry, creed, color, homelessness status, pregnancy, marital or parental status, sexual orientation, transgender status (including gender expression, gender identity and gender nonconformity), physical, mental, emotional, or learning disability, or any other status protected by state or federal law.

The district encourages informal resolution of complaints under this policy. If any person believes that the Mount Horeb Area School District or any part of the school organization has failed to follow this policy or the law and rules of Statute 118.13 Wis. Stats. and PI-9 Wisconsin Administrative Code or in some way discriminates against pupils on the basis listed above, he/she may bring or send a complaint to the following address: District Administrator Mount Horeb Area School District 1304 East Lincoln Street Mount Horeb, WI 53572 (608) 437-7006.

[School Board Policy #411](#)

General Information

All Athletic/Activity Eligibility Requirement Forms are available in the following areas:

Eligibility Requirements +	MS Office	MS Website	MS Co-Curricular Handbook
Code of Conduct Form (required for Athletics and Activities)	✓	✓	✓
Concussion Waiver and Sudden Cardiac Arrest (required only for Athletics)	✓	✓	✓
Physical Form (required only for Athletics)	✓	✓	
Alternate Year Form (required only for Athletics)	✓	✓	
Activity Emergency Consent to Treat Form (required only for Activities)	✓	✓	✓
Athletic/Activity Travel Request Form	✓	✓	✓

Eligibility Requirements and Travel Form for Athletics

Co-Curricular Code of Conduct

On a yearly basis, students and parents are required to read, sign and submit the Co-Curricular Code of Conduct prior to participating in any co-curricular activity. A copy of the Co-Curricular Code of Conduct form is on page 16 of this handbook.

Concussion Awareness and Sudden Cardiac Arrest Form

Required for athlete and parent/guardian to complete each year.

Prior to the start of a season, both athletes and parents must be provided the Wisconsin Fact Sheet on Concussions and Sudden Cardiac Arrest and sign the agreement form. A copy of the Concussions and Sudden Cardiac Arrest form is on page 17 of this handbook.

Physical Year Card

Emergency information and physician signed page/physical clearance is required every two years.

Alternate Year Card

Emergency contact form is required for a parent/guardian to complete in alternate years of a required physical.

Athletic/Activity Travel Request Form

Required for a parent or guardian to complete **each** time they wish to transport their child. Please see page 18 for more information on this form.

Co-Curricular Athletic Participation Fee

Students participating in athletic activities pay a \$30.00 fee for each sport prior to the first day of practice. Families who could benefit from support for these fees should contact the Middle School Social Worker at 437.7175.

Athletic Competition Start Times

Most middle school athletic competitions are scheduled to start at 4:15 pm unless otherwise stated on the schedule. Please check the schedules for competitions can also be found on the middle school's athletic [website](#). Provided by advisors and coaches for information on starting times for all co-curricular activities.

Eligibility Requirements and Travel Form for Activities

Co-Curricular Code of Conduct

On a yearly basis, students and parents are required to read, sign and submit the Co-Curricular Code of Conduct prior to participating in co-curricular events. A copy of the Co-Curricular Code of Conduct form is on page 17 of this handbook.

Activity Emergency Consent to Treat Form

Parents or guardians are required to complete on a yearly basis the Activity Emergency Consent to Treat Form and return to the middle school office. This form allows for emergency medical treatment if necessary. This form can be found on the middle school website under Activities. It is also found on page 19 of this handbook.

Athletic/Activity Travel Permission Request Form

Required for a parent or guardian to complete **each** time they wish to transport their child. Please see page 6 for more information on this form.

Emergency Treatment

In case of an emergency, all responsible attempts to contact the participant's parents/guardians will be made. Participants will be taken to the nearest hospital unless the parents/guardians direct their child to be sent somewhere else.

Equipment

Each student is responsible for the proper care of all issued equipment and for the school and community facilities where they practice/perform. Students and their parents/guardians will be financially responsible for any lost, misplaced or damaged items and for supplies or property that have been maliciously damaged.

Insurance

Mount Horeb School District provides accident coverage for all students. Only accidents that occur in school sponsored and supervised activities excluding participants in interscholastic sports are covered. A voluntary, parent paid insurance program is available that includes participants in interscholastic sports. If interested, please contact the school office at 437.7306.

Loss or Damage to Property

The district assumes no responsibility for such loss or damage but will assist students and parents/guardians in helping to recover lost or damaged property.

School Closings

When Mount Horeb schools are closed due to inclement weather or other emergencies, all co-curricular activities, practices and contests are canceled or postponed to a later date.

Statement of Risk

With the increased demands of co-curricular activities comes an increased risk of injury. Parents are advised of the possibility that a child may suffer severe injury, including permanent paralysis or even death as a result of participating in co-curricular activities.

- All injuries must be reported to the advisor/coach/supervisor immediately.
- Should an injury be discovered after the student has returned home, the advisor/coach/supervisor should be contacted as soon as possible.
- Parents/Guardians are encouraged to report any special medical problems or medical history to the school office and on the Physical, Alternate Year form, or Emergency Consent to Treat form.
- Middle school athletes have limited access to the athletic trainer stationed at the high school.

Travel to Events

Each student must ride and return from practices, contests, performances, and events with their club, group, or team, unless proper arrangements are made prior to leaving on the trip. Arrangements are as follows:

1. Completion of the Athletic/Activity Travel Permission Request must be given to the principal/associate principal prior to each date/event. (No other notes, phone calls or emails will be accepted.)

A copy of the Athletic/Activity Travel Permission Form is on page 25 of this handbook. Please feel free to make copies if needed. The office staff is also happy to provide students and/or parents/guardians with a copy of the form.

2. Permission from the principal/associate principal must be given on the form.
3. Parents must pick up their child in the presence of the coach/director.

Categories of Participation

There are three categories for co-curricular participation: A, B and C. Each category is outlined below. The various sections identified under each category outline the specific expectations for each category. The sections are described in detail after the listing of categories.

Category A ~ Competes	Category B ~ Performs	Category C ~ Serves
Follows Sections, 1, 2, 3, 4	Follows Sections 1, 2, 4	Follows Section 1, 2
All Athletics	Forensics	Student Council

	Future Problem Solvers Musical Science Olympiad Solo and Ensemble Jazz Ensemble	Yearbook
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Category A competes and follows Sections 1, 2, 3 and 4.

Cross Country	Sept - Oct.	Boys and girls grades 6-8
Volleyball	Sept - Oct	Girls grades 7-8
Wrestling	Oct - Dec	Boys and girls grades 6-8
Basketball	Oct - Dec	Boys grades 7-8
Basketball	Jan - Mar	Girls grades 7-8
Track and Field	Apr - May	Boys and girls grades 7-8

Category B performs and follows Sections 1, 2 and 4

Jazz Band	All Year	Boys and girls grades 6-8
Future Problem Solvers	Winter/Spring	Boys and girls grades 6-8
Forensics	Winter/Spring	Boys and girls grades 6-8
Science Olympiad	Winter/Spring	Boys and girls grades 7-8
Solo and Ensemble	Winter/Spring	Boys and girls grades 7-8
Forensics	Winter/Spring	Boys and girls grades 6-8
Musical	Spring	Boys and girls grades 6-8

Category C serves and follows Sections 1 and 2

Student Council	All Year	Boys and girls grades 6-8
Yearbook	All Year	Boys and girls grades 6-8

Co-Curricular Expectations

Section 1 ~ Applies to all categories A, B and C
School Behavior

- Student participants are expected to meet the expectations for school behavior described in the handbook and the Board of Education Policies.
- Students suspended out of school during a session or activity will be ineligible to participate in the practices, performances, competitions or activities during the period of suspension.

- Students must be in attendance the entire day in order to be eligible for any athletic competitions. Any student who arrives later than 8:15 is not eligible in any athletic competition that day.
- Participants are encouraged to do their best in the classroom, strive to get the highest grades possible, and display a service attitude in their conduct throughout the school and community.
- If a student misbehaves in a class or general school area, the student will make up time at the teacher's or principal's convenience (this may be before the school day, during lunch, or after school) before they may participate in co-curricular activities. Students failing to make this time up for a staff person will be considered for suspension from co-curricular activities.
- Students removed from a class or general school area for inappropriate behavior the day of an after school event may not be allowed to attend the event depending on the severity of the situation. A student may be denied involvement for serious inappropriate behavior at any time prior to an activity.
- Any student dropped from a co-curricular activity for disciplinary reasons is ineligible for any sport/activity during the current season, or may be ineligible for the entire school year.
- Any student who wishes to quit a school activity before the end of the activity season should, out of courtesy, notify the advisor/coach, as well as the main office.

Behavior at School Events

Attending co-curricular events at the middle school or high school is a privilege. Community members, parents/guardians, and students attend co-curricular events for fun and entertainment. Audience members need to be respectful of each other and of the event participants. Abiding by the following rules will help to ensure everyone has a safe, enjoyable time at the event. Appropriate behavior is expected for students and parents in the Mount Horeb Middle School and High School, and at all locations our students travel and visit. We expect our middle level students to set the standard for other grades and for visitors to follow these guidelines.

- Follow student rules for appropriate behavior.
- Follow all instructions for behavior that are posted or given.
- Be courteous and kind.
- Respect performers and other audience members.
- Respect the property where the event is held.
- Arrive at the event on time. If you arrive late, do not disrupt when entering.
- If doors are closed to the event, wait until they are opened to enter, or wait until a break in the activities (Intermission, break between musical performances).
- Go to your seat when you enter, and remain in that seat until intermission.
- Sit only in the area designated for you (e.g. MS area at the HS football games).

- If you are a participant, you will be seated with your group/team prior to the activity. If you remain after your performance has concluded, you will remain seated with your group/team.
- Stay at the event or the activity during the action. Restroom breaks should be taken before entering or during intermission.
- Only performers should be in the performing area (basketball court, stage, orchestra pit). If you are an audience member, please stay in areas designated for observers.
- When you leave, do not go into any other areas of the building. Exit directly after the activity/event ends.
- Water and food being served at the event are the only items permitted.
- Food or drinks should be consumed in the designated areas. Dispose of all trash in the appropriate places.
- Support the performers in an appropriate way (e.g. clapping at concerts at appropriate times, cheering for good athletic performances).
- Leave immediately after if you are told to do so.
- Respect the supervisors and follow their directions.

Section 2 ~ Applies to All Categories A, B and C

Attendance

- There are no practices held after 6:00 pm on Wednesday.
- Practice sessions may only begin or only be held with a qualified director/advisor/coach present.
- School facilities and/or equipment may only be used when a director/advisor/coach is present.
- Participants are expected to be at practice and performances on time unless there is a valid excuse for missing. Unexcused absences will be dealt with by the director/advisor/coach. Students who need academic help after school WILL NOT be penalized if they contact the director/adviser/coach before the practice and provide him/her/them with a pass from the instructor when arriving late to practice.
- Students must be in attendance the entire school day to participate in a contest or event scheduled for that day. Students are allowed to keep medical and/or dental appointments or funerals on a contest or event day. Written verification from the medical or dental office must be turned in to the attendance office before the student may participate. Parents' excuses are not an excuse that allows a student to participate. The principal or associate principal may approve individual exceptions prior to a student's absence. It is not an approved exception for students to leave school to retrieve forgotten uniforms, equipment or other items.

Section 3 Applies to Category A Eligibility Policies

1. Each participant must be issued a Mount Horeb Middle School Co-Curricular Handbook, and is required to view the Code of Conduct meeting on-line. Students, as well as their parents/guardians, must sign the Code of Conduct Form indicating they understand the handbook and agree to abide by all rules governing their activities.
2. Students must have either a WIAA physical examination form completed by both a parent/legal guardian and a licensed physician or advanced nurse practitioner OR an alternative year form on file in the middle school office in order to be eligible for practice or contests. Students who are participating in athletics for the first or third year at Mount Horeb Middle School must complete the WIAA physical examination form. Students who turned in a WIAA physical examination form last year should complete the alternative year form.
3. The WIAA Physical examination or the Alternative year form, the signed Code of Conduct form, the signed Concussion Waiver and a Physical or Alternative Year form must all be properly completed and on file in the middle school office prior to a student participating in any practice or competition. These forms are good for the entire school year.
4. The \$25.00 athletic fee has been collected by the middle school office.
5. All restrictions from participation shall be effective from the date of the infraction.

Academic Eligibility

A student's top priority in school is to maintain the highest academic performance consistent with his/her ability. All students who are academically eligible have the opportunity to participate in athletic programs offered at Mount Horeb Middle School providing they meet all the necessary requirements.

1. An academic eligibility check system in the form of a Co-Curricular Weekly Grade Check Sheet (Appendix A) is applied each week throughout the athletic season.
2. Students receiving a D,D- or an F in a course and have at least 1 missing assignment in that class will receive the Co-Curricular Weekly Grade Check Sheet on Wednesday.

If a student receives a Co-Curricular Weekly Grade Check Sheet, s/he is responsible for:

- a. Speaking to the instructor of the class(es) identified on the form to determine what assignments are missing in that class.
 - b. Completing and turning in any missing assignments for the courses identified on the form by Friday of that week.
 - c. Obtaining the instructor's signature on the Co-Curricular Weekly Grade Check Sheet indicating that missing work has been satisfactorily completed and turned in.
 - d. Turning the signed Co-Curricular Weekly Grade Check Sheet into the office by Friday at the end of the day.
3. If a student does not complete missing assignments in the courses identified on the Co-Curricular Weekly Grade Check Sheet, s/he will be academically ineligible to compete in athletic events the following week. Academically ineligible students may continue to practice for that week.
 4. Parents are notified by the end of the day on Wednesday if their child has received a Co-Curricular Weekly Grade Check Sheet and also on Friday if their child has not turned a signed Co-Curricular Weekly Grade Check Sheet into the office.

Use of Alcohol, Tobacco Products, Controlled Substances, or Performance Enhancing Substances

Any student using or possessing alcohol, tobacco products or vaping materials, or using, buying, or selling illegal controlled substances, drugs/alcohol, and performance enhancing substances shall be suspended from participation in interscholastic athletics.

Any student, unsupervised by their parent or legal guardian, present where alcohol is being served to underage individuals, who does not leave in a reasonable amount of time (10-15 minutes), will be subject to the penalties stated under Co-Curricular Code violations.

This rule is in effect and enforced for twelve (12) months of the year.

First Violation:

Student is restricted from co-curricular competition for one (1) contest. Any remaining contests of the suspension not served shall be applied to the next activity in which the student participates. A student disciplined for the first violation is encouraged to practice with his/her group. However, he/she cannot dress in the uniform, travel with the group, or sit on the bench. The suspended student must follow all rules and requirements of the activity.

Student is also required to participate in a student assessment with a member of the middle school's Student Service Team and follow the assessment recommendations within 7 days of

receiving written notification of the suspension. Refusal or failure to take the assessment or to follow its recommendations will result in the student having to serve a two (2) contest restriction.

Second Violation:

Student is restricted from co-curricular competition for 33% of the contest based on the regular season of that activity.

Student in violation for a second time completes an Alcohol, Drug and Other Drug Use (ATODA) assessment by an appropriate licensed agency/professional and follows its recommendations. Student in violation also meets with a member of the middle school's Student Service Team for the purpose of collaboration with the assessment agency and/or with the recommended treatment provider. Student in violation completes the recommendations made by the ATODA assessment and provides written notice of compliance, with recommendations to the Student Services Team Member.

Failure to complete these steps will result in additional penalties. All costs associated with the assessment and treatment will be the responsibility of the student's parent/guardian.

Third Violation:

Student is restricted from co-curricular participation in Mount Horeb Middle School practices and contests for one full calendar year. There will be no carry over penalty from the middle school years to the high school years.

Note: Restriction from participation shall be effective from the date determined by the infraction.

**Section 4 ~ Applies to Categories A and B
Conduct Code**

- Students participating in school activities shall at no time act in a manner detrimental to one's self or the image of Mount Horeb Middle School. Offenders shall be suspended from all co-curricular activities for 1-3 days and the next scheduled meet, match, game, event or contest following the student hearing. Students repeatedly reported for misconduct may receive further suspensions or may be expelled from one or all school activities. An appeals process consistent with district policy will be followed by either the student, parent or guardian.
- Students will make up time at the school's convenience (before school, during lunch or after school) for misbehavior in a class before they may participate in school activities.

Students failing to make this time up will be considered for suspension from co-curricular activities.

- Students removed from a class for inappropriate behavior the day of an after school event may not be allowed to attend the event depending on the severity of the situation. A student may be denied involvement for serious inappropriate behavior at any time prior to an activity.
- Students absent due to illness for any part of a day scheduled for a school athletic activity cannot participate without permissions from the associate principal. Students with medical or dental appointments will need to provide a medical note from their provider to excuse their absence.
- The teacher of any student having academic difficulties should confer with the student's advisor/coach to ensure the best learning situation for the student. The satisfactory completion of classroom work is very important. Co-curricular activities are second to the completion of classroom work.
- A student who wishes to quit a school activity before the end of the activity should, out of courtesy, notify the advisor/coach, as well as the main office.
- For some activities, the coach/advisor may have necessary safety or health requirements that are unique to that activity.

Appeals Process Related to the Co-Curricular Code

The appeals process procedure for a student and his/her parents/guardians to follow in appealing decisions relating to eligibility is outlined below. It should be understood that students and parents/guardians will be expected to follow the appeals process steps in the event legal action should be initiated at some later date.

1. If a student or parent/guardian wishes to appeal, he/she may do so in writing to the Associate Principal within five (5) school days after being informed of the decision.
2. Upon receiving the written appeal, the Principal and/or the Associate Principal will meet with the student and the student's parents/guardians. If the student wishes to continue the appeal, the Principal and/or Associate Principal will schedule a meeting of the Code of Conduct Appeals Council to be held within three (3) school days. The student and parents will have the opportunity to present evidence or challenge evidence presented at this meeting.
3. The Code of Conduct Appeals Council will be comprised of:

- One building or district level administrator
 - Two head coaches and one activity advisor
 - One teacher not involved in co-curricular activities.
 - One of the above adults will be selected by the Principal to serve as the chairperson and not vote.
4. The Code of Conduct Appeals Council will limit its deliberations to the evidence presented at the meeting.
 5. Anytime a member of the Code of Conduct Appeals Council experiences a conflict of interest, he/she is to remove him/herself from the deliberations of the council. No advisor/coach may pass judgment on a case involving his/her student athlete. No parent may pass judgment on a case involving his or her child, close relative, or a friend. No student may pass judgment on a case involving another student.
 6. The Code of Conduct Appeals Council may take one of two actions:
 - Uphold the Administrator's decision; or
 - Overturn the Administrator's decision.

Note: The Council may overturn a decision when they believe that the "technical requirements" of the code have not been followed. In determining this, the Council should consider whether or not the evidence against a student is reasonable, whether or not the student was afforded due process, and whether or not the penalty was in accordance with this code. The intent of this paragraph is to limit the reasons for overturning the Administrator's decision to technical reasons rather than reasons which stem from personal disagreements with the Code itself.
 7. The decision of the Code of Conduct Appeals Council will be final with no further appeals by the student nor any further disciplinary action by the Administrator that would affect a student's co-curricular participation.
 8. All suspensions remain in effect during the appeals process. Any appeal dealing with academic eligibility will be handled according to School Board Policy #870 (appendix E), see III. D4.

Tips for Parents, Guardians and Supporters at Student Events
(Taken from the National Alliance for Youth Sports)

- Remember that the performing area (field, court, stage) where practices and performances take place is like your child's classroom - Respect the classroom.
- Make only positive, encouraging comments to the participants and advisors, coaches and directors.
- Support participants from all schools.

- Remember that making mistakes is part of the learning process - refrain from criticizing mistakes.
- Discuss concerns with the adult in charge, at a quiet time, in a quiet place, away from the participants, and in particular, away from your child.
- Respect the adults in charge (advisors, directors, coaches, officials, judges, referees, etc).
- Demonstrate interest in our child's chosen activity.
- Focus on fun and participation rather than on winning and losing.
- Always ask your child if he/she had fun! Ask specifically what was fun and what wasn't.
- Always ask your child what she/he learned about his/her performance during the activity.
- Control your emotions. Set a great example for others, particularly your child.
- Be proud of your child and of all the students involved.



Parent /Guardian, Student Code of Conduct Pledge

I, a co-curricular activities participant, assume full responsibility for all school property and equipment issued to me and promise to confine the use of that equipment to practices, games, meets, performances and events. I further agree to pay for any and all property or equipment that I lose, misplace or carelessly or intentionally damage.

I understand that “Co-curricular Activities” includes all student activities that take place outside of the regular school curriculum. This includes all athletics, non-curricular field trips such as ski and roller-skating trips, club/group activities such as forensics and student council, and any/all other student activities that take place outside of the regular school curriculum.

I have read this Code of Conduct. I understand the rules and the consequences for violating them. I agree to abide by all of the rules set forth in this Handbook.

Student's Name _____
print signature

Date _____

To Demonstrate My/Our Support, I/We Pledge to:

1. Be aware of our child's academic status, behavior, and social habits.
2. Not cover up or provide alibis if rules are broken. We will hold our child responsible and accountable for his/her actions and will inform one of the principals or the Activities Director if he/she violated the Activities Code. We will communicate our intentions to our son/daughter at the beginning of the season so he/she will be aware of what the consequences will be should a violation occur.

I, the parent or guardian of the above student, have read this Code of Conduct, and understand the rules and the consequences for violating them, and agree to support the rules set forth in this handbook. I give my child/ward permission to participate in co-curricular activities under these conditions.

Parent's/Guardian's _____
Print signature

Date _____

This pledge will be in effect for a 12 month period, including all of the individual activity seasons contained therein, from the date of signature. If you have any questions please contact either the Middle School Principal, Middle School Associate Principal, or Activities Director.

Apéndice B

Promesa del Código de Conducta del Estudiante, Padre / Tutor -

Yo, un participante de actividades co-curriculares, asumo la responsabilidad total por toda la propiedad y equipo escolar que se me entregue y prometo limitar el uso de ese equipo a prácticas, juegos, encuentros, presentaciones y eventos. Además, acepto pagar por cualquier propiedad o equipo que pierda, extravié o dañe intencionalmente o por descuido.

Entiendo que las "Actividades co-curriculares" incluyen todas las actividades de los estudiantes que tienen lugar fuera del plan de estudios regular de la escuela. Esto incluye todos los deportes, excursiones no curriculares como viajes de esquí y patinaje sobre ruedas, actividades de clubes / grupos como medicina forense y consejo estudiantil, y cualquier / todas las demás actividades estudiantiles que se llevan a cabo fuera del plan de estudios regular de la escuela.

He leído este Código de conducta. Entiendo las reglas y las consecuencias de violarlas. Estoy de acuerdo en cumplir con todas las reglas establecidas en este Manual.

El nombre del estudiante _____
firma de impresión

Fecha _____

Para demostrar mi / nuestro apoyo, yo / nosotros nos comprometemos a:

1. Sea consciente del estado académico, el comportamiento y los hábitos sociales de nuestro hijo.
2. No encubrir ni proporcionar coartadas si se infringen las reglas. Haremos a nuestro hijo responsable y responsable de sus acciones e informaremos a uno de los directores o al Director de Actividades si violó el Código de Actividades. Comunicaremos nuestras intenciones a nuestro hijo / a al comienzo de la temporada para que sepa cuáles serán las consecuencias en caso de que ocurra una infracción.

Yo, el padre o tutor del estudiante mencionado arriba, he leído este Código de Conducta y entiendo las reglas y las consecuencias por violarlas, y estoy de acuerdo en apoyar las reglas establecidas en este manual. Doy permiso a mi hijo / pupilo para participar en actividades co-curriculares bajo estas condiciones.

_____ del padre / tutor
Firma de impresión

Fecha _____

Este compromiso estará vigente por un período de 12 meses, incluidas todas las temporadas de actividades individuales contenidas en el mismo, a partir de la fecha de la firma. Si tiene alguna pregunta, comuníquese con el director de la escuela intermedia, el director adjunto de la escuela intermedia o el director de actividades.



Concussion Awareness and Sudden Cardiac Arrest Form

As a parent and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating you understand the importance of recognizing and responding to the signs, symptoms and behaviors of a concussion or head injury, as well as the information regarding Sudden Cardiac Arrest and certify that you have read, understand, and agree to abide by all of the information contained in this sheet.

Parent Agreement for Sport

I _____ have read the Parent Concussion and Head Injury Information and the Sudden Cardiac Arrest Information and understand. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice and/or play if a concussion or cardiac arrest is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion or cardiac arrest symptoms are reported to me.

I understand that my child cannot return to practice and/or play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice and/or play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement for Sport

I _____ have read the Athlete Concussion and Head Injury Information and the Sudden Cardiac Arrest Information.

I understand the importance of reporting a suspected concussion or cardiac arrest symptoms to my parents/guardian and my coaches.

I understand it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand I must be removed from practice and/or play if a concussion or cardiac arrest is suspected. I understand I must provide written clearance from an appropriate health care provider to my coach before returning to practice and/or play. .

I understand the possible consequences of returning to practice and/or play too soon, and my brain needs to heal.

Athlete Signature _____ Date _____

Athlete Concussion and Head Injury Information

1. Before a student may participate in practice or competition: At the beginning of a season for youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity unless the person returns the information sheet signed by the person, and, if he or she is under the age of 19, by his or her parent guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

Concussions Symptoms

<u>Concussion Symptoms Visible to Others</u>	<u>Concussion Symptoms Felt by Athlete</u>
Dazed or stunned appearance Change in the level of consciousness or awareness Confused by assignments Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns	Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of a concussion. However, if a player exhibits any signs or symptoms of a concussion, the responsibility is simple: "When in Doubt, Sit Them Out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

Return to Play

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free and off any pain control or headache medications. The athlete should be

carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician who has experience treating concussions.

StepWise Program

This program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify his/her healthcare provider before progressing to the next level.

- Step One: Approximately 15 minutes of light exercise to include stationary biking or jogging
- Step Two: More strenuous running and sprinting in the gym or field without equipment
- Step Three: Begin non-contact drills in full uniform. May also resume weight lifting
- Step Four: Full practice with contact
- Step Five: Full game clearance

Wisconsin State Statute 118.293 Concussion and Head Injury

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(am) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a non-athletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3)

(a) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be

coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(b)

1. Notwithstanding par. [\(a\)](#), a public or private school is not required to distribute an information sheet to a pupil enrolled in the school who wishes to participate in a youth athletic activity operated by the school during a school year, and a pupil enrolled in the school may participate in that youth athletic activity without returning an appropriately signed information sheet for that activity, if the pupil has returned an appropriately signed information sheet for another youth athletic activity operated by the school during the same school year.
2. Notwithstanding par. [\(a\)](#), a private club is not required to distribute an information sheet to a person who wishes to participate in a youth athletic activity operated by the private club, and a person may participate in that youth athletic activity without returning an appropriately signed information sheet for the activity, if the person has returned an appropriately signed information sheet to the club within the previous 365 days.

(4)

- (a)** An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
- (b)** A person who has been removed from a youth athletic activity under par. [\(a\)](#) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5)

- (a)** Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. [\(4\) \(a\)](#) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.
- (b)** Any volunteer who authorizes a person to participate in a youth athletic activity under sub. [\(4\) \(b\)](#) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

- (6)** This section does not create any liability for, or a cause of action against, any person.

History: [2011 a. 172](#); [2013 a. 93](#).

Sudden Cardiac Arrest Information

[Wis. Stat. § 118.2935](#)

Sudden cardiac arrest; youth athletic activities Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk.

Athletes should inform the healthcare provider performing their physical examination about their family's heart history.

What is Sudden Cardiac Arrest?

Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes.

Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

What warning signs during exercise should athletes/coaches/parents watch out for?

- Fainting/blackouts (especially during exercise)
- Dizziness or Unusual fatigue/weakness
- Chest pain/tightness with exertion or Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)

Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.

Speak up and tell a coach and parent/guardian if you notice problems when exercising. If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

What are ways to screen for Sudden Cardiac Arrest (SCA)?

[WIAA Pre-Participation Physical Evaluation](#) – the Medical History form includes important heart related questions and is required every other year. Additional screening using an

electrocardiogram and/or an echocardiogram may be done if there are concerns in the history or physical examination but is not required (by WIAA). Parents/guardians/athletes should discuss the need for specific cardiac testing with the medical provider performing the review of family history and physical evaluation or after experiencing warning signs of sudden cardiac arrest while exercising. The cost of the pre-participation physical and any follow up examinations or recommended testing including an electrocardiogram is the responsibility of the athlete and their parents/guardians. **Not all cases or causes of SCA in young athletes are detected in the history, examination, or with testing.**

What is an electrocardiogram, its risks, and benefits?

An electrocardiogram (ECG) is one of the simplest and fastest tests used to evaluate the heart. Electrodes (small, plastic patches that stick to the skin) are placed at specific spots on the chest, arms, and legs. The electrodes are connected to an ECG machine by wires. The electrical activity of the heart is then measured, interpreted, and printed out. No electricity is sent into the body. Risks associated with having an ECG are minimal and rare. The benefits include that it is an easy procedure to do, can be performed in many health care offices and it may detect heart conditions in children with no symptoms. **ECGs are good at detecting certain heart conditions that may increase risk for SCA but may not detect all such conditions.** If not performed correctly the information is not valid and may lead to more (unnecessary) testing and further examinations. ECGs should be interpreted by experts in reading ECGs in children (i.e., pediatric cardiologists). For more information, [view the Johns Hopkins Medicine - Electrocardiogram website.](#)

How may a student athlete and parent/guardian request the administration of an electrocardiogram and a comprehensive physical examination? Athletes participating in WIAA sports are required to have a physical examination and review of family history every other year. Other youth sports have similar requirements. Although the cost of these medical examinations is the responsibility of the athlete's family many school districts can assist students to find low cost or no cost ways to obtain these examinations. Athletes should contact their school athletic director if they need assistance in getting an examination. If an athlete has risk factors, family history of heart disease, or has had warning signs associated with sudden cardiac arrest while exercising, they should tell the medical provider performing the history and physical examination and discuss the possible need for an electrocardiogram.

Formulario de concientización sobre conmociones cerebrales

Como padre y como deportista, es importante reconocer los signos, síntomas y comportamientos de las conmociones cerebrales. Al firmar este formulario, declara que comprende la importancia de reconocer y responder a los signos, síntomas y comportamientos de una conmoción cerebral o lesión en la cabeza y certifica que ha leído, comprende y acepta cumplir toda la información contenida en esta hoja. Además, certifica que si no ha entendido la información contenida en este documento, ha solicitado y recibido una explicación de la información antes de firmar esta declaración.

Acuerdo de padres para el deporte

Yo _____ he leído la información sobre conmociones cerebrales para los padres y lesiones en la cabeza y entiendo qué es una conmoción cerebral y cómo puede ser causada. También comprendo los signos, síntomas y comportamientos comunes. Estoy de acuerdo en que se debe retirar a mi hijo de la práctica y / o del juego si se sospecha una conmoción cerebral.

Entiendo que es mi responsabilidad buscar tratamiento médico si se me informa de una sospecha de conmoción cerebral.

Entiendo que mi hijo no puede volver a practicar y / o jugar hasta que proporcione una autorización por escrito de un proveedor de atención médica apropiado a su entrenador.

Entiendo las posibles consecuencias de que mi hijo vuelva a practicar y / o jugar demasiado pronto.

Firma del padre / tutor _____ Fecha _____

Acuerdo del deportista para el deporte

Yo _____ he leído la Información sobre conmociones cerebrales y lesiones en la cabeza del atleta y entiendo qué es una conmoción cerebral y cómo puede ser causada.

Entiendo la importancia de informar una sospecha de conmoción cerebral a mis padres / tutores y a mis entrenadores.

Entiendo que es mi responsabilidad buscar tratamiento médico si se me informa de una sospecha de conmoción cerebral.

Entiendo que se me debe retirar de la práctica y / o el juego si se sospecha una conmoción cerebral.

Entiendo que debo proporcionar una autorización por escrito de un proveedor de atención médica apropiado a mi entrenador antes de regresar a practicar y / o jugar.

Entiendo las posibles consecuencias de volver a practicar y / o jugar demasiado pronto, y mi cerebro necesita recuperarse.

Firma del atleta _____ Fecha _____

Información sobre conmociones cerebrales y lesiones en la cabeza del atleta

Antes de que un estudiante pueda participar en una práctica o competencia: Al comienzo de una temporada para la actividad atlética juvenil, la persona que opera la actividad atlética juvenil distribuirá una hoja de información sobre conmociones cerebrales y lesiones en la cabeza a cada persona que estará entrenando esa actividad atlética juvenil a menos que el La persona devuelve la hoja de información firmada por la persona y, si es menor de 19 años, por su padre o tutor.

Un entrenador de atletismo, un funcionario involucrado en una actividad atlética juvenil o un proveedor de atención médica deberá retirar a una persona de la actividad atlética juvenil si el entrenador, funcionario o proveedor de atención médica determina que la persona exhibe signos, síntomas o comportamiento consistente con una conmoción cerebral. o lesión en la cabeza o el entrenador, funcionario o proveedor de atención médica sospecha que la persona ha sufrido una conmoción cerebral o lesión en la cabeza.

Una persona que ha sido retirada de una actividad atlética juvenil no puede participar en una actividad atlética juvenil hasta que sea evaluada por un proveedor de atención médica y reciba autorización por escrito del proveedor de atención médica para participar en la actividad.

Síntomas de conmociones cerebrales

<u>Síntomas de conmoción cerebral visibles para otros</u>	<u>Síntomas de conmoción cerebral que siente el atleta</u>
Apariencia aturdida o aturdida	Dolor de cabeza
Cambio en el nivel de conciencia o conciencia.	Náusea
Confundido por las asignaciones	Mareado o inestable
Olvida jugadas	Sensible a la luz o al ruido
No estoy seguro de la puntuación, el juego, el oponente	Sentirse mentalmente confuso
Torpe	Problemas de concentración y memoria.
Responde más lentamente de lo habitual	Confundido
Muestra cambios de comportamiento	Lento
Pérdida de consciencia	
Hace preguntas repetitivas o problemas de memoria.	

Los atletas lesionados pueden exhibir muchos o solo algunos de los signos y / o síntomas de una conmoción cerebral. Sin embargo, si un jugador muestra algún signo o síntoma de una conmoción cerebral, la responsabilidad es simple: "En caso de duda, siéntese".

Es importante notificar a un padre o tutor cuando se cree que un atleta tiene una conmoción cerebral. Cualquier atleta con una conmoción cerebral debe ser examinado por un proveedor de atención médica adecuado antes de regresar a la práctica (incluido el levantamiento de pesas) o la competencia.

Volver a jugar

Las recomendaciones actuales son para un programa de regreso al juego escalonado. Para reanudar la actividad, el atleta debe estar libre de síntomas y sin ningún control del dolor o medicamentos para el dolor de cabeza. El atleta debe llevar una carga académica completa sin adaptaciones significativas. Finalmente, el atleta debe tener la autorización de un proveedor de atención médica apropiado.

El programa que se describe a continuación es una guía para los atletas que regresan con conmoción cerebral cuando están libres de síntomas y sin ningún control del dolor o medicamentos para el dolor de cabeza. El atleta debe llevar una carga académica completa sin adaptaciones significativas. Finalmente, el atleta debe tener la autorización de un proveedor de atención médica apropiado.

El programa que se describe a continuación es una guía para los atletas que regresan con conmoción cerebral cuando no presentan síntomas. Los atletas con múltiples y los atletas con síntomas prolongados a menudo requieren un programa de actividad muy diferente y deben ser controlados por un médico con experiencia en el tratamiento de conmociones cerebrales.

Programa StepWise

Este programa permite un paso cada 24 horas. El programa permite un aumento gradual de la frecuencia cardíaca / esfuerzo físico, la coordinación y luego permite el contacto. Si los síntomas regresan, el atleta debe detener la actividad y notificar a su proveedor de atención médica antes de pasar al siguiente nivel.

Paso uno: Aproximadamente 15 minutos de ejercicio ligero que incluye andar en bicicleta o trotar estacionaria

Paso dos: correr y esprintar más vigorosamente en el gimnasio o en el campo sin equipo

Paso tres: Comience los simulacros sin contacto con el uniforme completo. También puede reanudar el levantamiento de pesas

Paso cuatro: práctica completa con contacto

Paso cinco: autorización completa del juego

Estatuto del estado de Wisconsin 118.293 Conmoción cerebral y lesiones en la cabeza

(1) En esta sección:

(a) "Credencial" significa una licencia o certificado de certificación emitido por este estado.

(am) "Proveedor de atención médica" significa una persona a la que se aplica todo lo siguiente:

1. Posee una credencial que autoriza a la persona a brindar atención médica.
2. Está capacitado y tiene experiencia en la evaluación y el manejo de conmociones cerebrales y lesiones en la cabeza pediátricas.
3. Él o ella está practicando dentro del alcance de su credencial.

(c) "Actividad atlética juvenil" significa una actividad atlética organizada en la que los participantes, la mayoría de los cuales son menores de 19 años, participan en un juego o competencia atlética contra otro equipo, club o entidad, o en la práctica o preparación para un juego atlético organizado o competencia contra otro equipo, club o entidad. La "actividad atlética juvenil" no incluye una actividad de colegio o universidad o una actividad que sea incidental a un programa no atlético.

(2) En consulta con la Asociación Atlética Interescolar de Wisconsin, el departamento desarrollará pautas y otra información con el propósito de educar a los entrenadores atléticos y los alumnos atletas y sus padres o tutores sobre la naturaleza y el riesgo de conmoción cerebral y lesión en la cabeza en las actividades atléticas juveniles.

(3)

(a) Al comienzo de una temporada para una actividad atlética juvenil, la persona que opera la actividad atlética juvenil distribuirá una hoja de información sobre conmociones cerebrales y lesiones en la cabeza a cada persona que entrenará esa actividad atlética juvenil y a cada persona que desee participar en esa actividad atlética juvenil. Ninguna persona puede participar en una actividad atlética

juvenil a menos que devuelva la hoja de información firmada por la persona y, si es menor de 19 años, por su padre o tutor.

1. No obstante lo dispuesto en el par. [\(a\)](#), una escuela pública o privada no está obligada a distribuir una hoja de información a un alumno inscrito en la escuela que desee participar en una actividad atlética juvenil operada por la escuela durante un año escolar, y un alumno inscrito en la escuela puede participar en esa actividad atlética juvenil sin devolver una hoja de información debidamente firmada para esa actividad, si el alumno ha devuelto una hoja de información debidamente firmada para otra actividad atlética juvenil realizada por la escuela durante el mismo año escolar.

2. No obstante lo dispuesto en el par. [\(a\)](#), un club privado no está obligado a distribuir una hoja de información a una persona que desee participar en una actividad atlética juvenil operada por el club privado, y una persona puede participar en esa actividad atlética juvenil sin devolver una hoja de información debidamente firmada para la actividad, si la persona ha devuelto una hoja de información debidamente firmada al club dentro de los 365 días anteriores.

(4)

(a) Un entrenador de atletismo, un funcionario involucrado en una actividad atlética juvenil o un proveedor de atención médica deberá retirar a una persona de la actividad atlética juvenil si el entrenador, el funcionario o el proveedor de atención médica determina que la persona exhibe signos, síntomas o comportamiento consistente con una conmoción cerebral o lesión en la cabeza o el entrenador, funcionario o proveedor de atención médica sospecha que la persona ha sufrido una conmoción cerebral o lesión en la cabeza.

(b) Una persona que ha sido removida de una actividad atlética juvenil bajo el par. [\(a\)](#) no puede participar en una actividad atlética juvenil hasta que sea evaluado por un proveedor de atención médica y reciba una autorización por escrito para participar en la actividad del proveedor de atención médica.

(5)

(a) Cualquier entrenador atlético, oficial involucrado en una actividad atlética o voluntario que no retire a una persona de una actividad atlética juvenil bajo sub. [\(4\) \(a\)](#) es inmune a la responsabilidad civil por cualquier daño que resulte de esa omisión, a menos que constituya negligencia grave o mala conducta intencional o lasciva.

(b) Cualquier voluntario que autorice a una persona a participar en una actividad atlética juvenil bajo sub. [\(4\) \(b\)](#) es inmune a la responsabilidad civil por cualquier daño que resulte de ese acto, a menos que el acto constituya negligencia grave o mala conducta intencional o lasciva.

(6) Esta sección no crea ninguna responsabilidad ni causa de acción contra ninguna persona.

Historia: [2011 a. 172](#); [2013 a. 93](#).

MOUNT HOREB MIDDLE SCHOOL



Catie Goninen - Assistant Principal
900 East Garfield Street Mount Horeb, WI 53572
(608) 437-7332 FAX: (608) 437-7301
goninencatie@mhasd.k12.wi

A Community of Learners

Co-Curricular Weekly Grade Check Sheet

Name

House

In order to regain your eligibility to play in games, you must complete all missing work to a passing level in the class(s) listed below. You need to:

1. Take this form to the teachers of the class(s) listed below to confirm your missing work.
2. After submitting all missing assignments for the class, have your teacher sign and date this form.
3. Turn in signed form by the end of the day on Friday to be eligible to play the following week.
4. Mrs. Goninen or Mr. Christiansen will check over the completed sheet.
5. Mrs. Goninen or Mr. Christiansen will inform your coach that you have become eligible.

Class _____ **Missing Work Completed** _____

Teacher Signature _____ **Date** _____

Class _____ **Missing Work Completed** _____

Teacher Signature _____ **Date** _____

Class _____ **Missing Work Completed** _____

Teacher Signature _____ **Date** _____

Class _____ **Missing Work Completed** _____

Teacher Signature _____ **Date** _____

Class _____ **Missing Work Completed** _____

Teacher Signature _____ **Date** _____

Class _____ **Missing Work Completed** _____

Teacher Signature _____ **Date** _____

Class _____ **Missing Work Completed** _____

Teacher Signature _____ **Date** _____



Mount Horeb Middle School Co-Curricular Activity Emergency Consent to Treat

Student's Name: _____ Grade: _____ Birthdate: ____/____/____

Parent's/Guardian's Name: _____

Phone number where Parent/Guardian can be reached in case of an emergency:

Work: _____ Home: _____ Cell: _____

Emergency Contact: _____ Phone: _____

(Other than parent/guardian)

MEDICAL HISTORY

Family Physician: _____ Phone: _____

Preferred Hospital: _____

Do you have or have you ever had any of the following:

1. Asthma: No Yes

Carries an inhaler? _____

2. Allergies: No Yes

If Yes, to what? _____

Carries Epi-Pen? No Yes

Type of Reaction: _____

*If there's an Individual Health Plan (I.H.P.), please attach.

Are there any other issues we should be made aware of: No Yes

If Yes, please explain: _____

INSURANCE - One of the following **MUST** be checked to participate.

We are interested in school insurance coverage. Please send us a Student Assurance Services Insurance application.

OR

We feel we have adequate insurance protection for our son/daughter while participating in co-curricular activities.

Name of Private Insurance Carrier (under which your son/daughter is covered):

Policy Number: _____

Activity Permit

(To be signed by Parent/Guardian)

Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPPA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending a co-curricular activity, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as, but not limited to: Principal, Assistant Principal, Advisor, Administrative Assistant, and/or other professional health care providers, for the purposes of treatment, emergency care and injury record-keeping.

Signature of Parent/Guardian: _____ **Date:** _____



Escuela Intermedia Mount Horeb Co-Curricular

Actividad Emergencia Consentimiento para tratar

Nombre del estudiante: _____ Grado: ____ Fecha de nacimiento: ____ / ____ / ____

Nombre del padre / tutor: _____

Número de teléfono donde se puede localizar al padre / tutor en caso de una emergencia:

Trabajo: _____ Hogar: _____ Celular: _____

Contacto de emergencia: _____ Teléfono: _____

(Aparte del padre / tutor)

HISTORIAL MÉDICO

Médico de familia: _____ Teléfono: _____

Hospital preferido: _____

¿Tiene o ha tenido alguna vez alguno de los siguientes:

1. Asma: No Sí

¿Lleva un inhalador? _____

2. Alergias: No Sí

En caso afirmativo, ¿a qué? _____

¿Lleva Epi-Pen? No Sí

Tipo de reacción: _____

* Si existe un Plan de Salud Individual (I.H.P.), adjúntelo.

¿Hay algunos otros problemas que debemos tener en cuenta? No Sí

En caso afirmativo, explíquelo por favor: _____

SEGURO - Se **DEBE** marcar uno de los siguientes para participar.

Estamos interesados en la cobertura del seguro escolar. Envíenos una garantía de estudiante
Solicitud de seguro de servicios.

O

Creemos que tenemos una protección de seguro adecuada para nuestro hijo / hija mientras participa
en actividades co-curriculares.

Nombre de la compañía de seguros privada (bajo la cual su hijo / hija está cubierto):

Número de póliza: _____

Permiso de actividad

(Para ser firmado por el padre / tutor)

De conformidad con los requisitos de la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996 y las regulaciones promulgadas en virtud de la misma (conocidas colectivamente como "HIPPA"), autorizo a los proveedores de atención médica del estudiante mencionado anteriormente, incluido el personal médico de emergencia y otros profesionales capacitados de manera similar que puedan estar asistiendo a una actividad co-curricular, para divulgar / intercambiar información médica esencial con respecto a la lesión y el tratamiento de este estudiante al personal apropiado del distrito escolar, como, entre otros: director, subdirector, asesor, asistente administrativo y / u otros proveedores de atención médica profesionales, con fines de tratamiento, atención de emergencia y mantenimiento de registros de lesiones.

Athletic/Activity Travel Permission Request

MOUNT HOREB MIDDLE SCHOOL

Phone 608.437.7306 | Fax 608.437.7301 | Website mhasd.k12.wi.us/ms

Middle School Office | 900 East Garfield Street, Mount Horeb, WI 53572

This is to certify that _____ has my permission to ride home
(student's name)

from the _____ being held at _____, on the
(event) (location)

date of _____.
(date)

I certify that I am the parent/guardian of the above named student and that I am personally transporting my child only. The reason for not riding the team bus is:

I understand that the Mount Horeb School policy requires students to ride to and from all school events; any departure from this policy releases the Mount Horeb School District from all liability.

(signature of parent/guardian)

(signature of coach/advisor)

(printed name of parent/guardian)

(printed name of coach/advisor)

(phone number of parent/guardian)

(signature of administrator)

Mr. Paul Christiansen, Middle School Principal | christiansenpaul@mhasd.k12.wi.us | 608.437.7331

Atlético/Actividad

Solicitud de permiso de viaje

Esto es para certificar que _____ tiene mi permiso para viajar a casa
(el nombre del estudiante)

desde el _____ retenido en _____, sobre el
(evento) (localización)

fecha de _____.
(fecha)

Certifico que soy el padre / tutor del estudiante mencionado anteriormente y que personalmente solo estoy transportando a mi hijo. La razón para no viajar en el autobús del equipo es:

Entiendo que la política de la escuela Mount Horeb requiere que los estudiantes viajen hacia y desde todos los eventos escolares; cualquier desviación de esta política libera al Distrito Escolar de Mount Horeb de toda responsabilidad.

(Firma del padre / tutor)

(Firma del entrenador / asesor)

(Nombre impreso del padre / tutor)

(Nombre impreso del entrenador / asesor)

(Número de teléfono del padre / tutor)

(Firma del administrador)