## <u>Important Mandatory Information for all Union Athletes for the</u> <u>2014-2015 School Year</u>

In order to prepare for the 2014-2015 school year, I would like to begin the sports physical process. The Pennsylvania Interscholastic Athletic Association (PIAA) requires that students must have completed a comprehensive initial pre-participation physical evaluation (CIPPE), performed by an Authorized Medical Examiner before your first sport season's first practice of that school year, in order to be eligible. This is any student in grades 7-12. This coming year will be slightly different from the way sports physicals have been done in the past. Instead of doing physicals before each season, we will now offer them only once over the summer. These physicals will be for anyone who is planning on participating in any of the sports listed below. Once they receive their physical, they will not need another during the school year. This physical will be good through June 1st 2015. The only exception would be if your child would become injured during their sport. They would need to be cleared through their physician.

## We will offer physicals June2<sup>th</sup> 2014. These will be given at the Rimersburg Medical Center following the last day of school. Anyone going into grades 7-9 should report to the medical center at 10:00AM. Grades 10-12 should report at 1:00PM.

Parents are invited to be present. These physicals will be done at no cost to you. *If you do not receive a physical on this date, you will be responsible for getting your own physical through your family doctor.* You child will not be able to participate in any sport until he/she receives a current PIAA physical.

Attached is a packet of forms that must be completely filled out and presented on the day of the physical. Both the parent or guardian and student must sign all forms. *If all forms are not completely filled out and presented to the Athletic Trainer, the student will not receive a physical.* Below is a list of forms that must be completed. By signing the following forms, you are giving permission for your child to receive a physical on the following dates. If you have any questions please feel free to contact me.

Sincerely,

Kayla Gilhousen, MS, ATC, PES Work: 814-473-3121 Cell: 814-319-8144 Email: gilhousenkd@unionsd.net

## The Following Forms Must be Completed

The PIAA portion of the packet includes:

Section 1: Personal and Emergency Information
Section 2: Certification of Parent/Guardian
Section 3: Understanding of Risk of Concussion and Traumatic Brain Injury
Section 4: Understanding of Sudden Cardiac Arrest Symptoms and Warning Signs
Section 5: Health History
Section 6: PIAA Comprehensive Initial Pre-Participation Physical Examination and Certification of Authorized Medical Examiner

The Union portion of the packet includes:

Concussion protocol Section 1: Acknowledgement of Risk and Consent Form Section 2: ImPACT Testing Consent Form/ Athletic Treatment Authorization Section 4: Helmet Release Form \*\*FOOTBALL ATHLETES ONLY\*\* Section 5: Union School District Drug and Alcohol Testing Authorization

Not included in this packet, but an additional form you need to be aware of:

Section 6: PIAA Recertification by Parent/Guardian

This is a medical update form that supplements your original physical paperwork. This one-page form must be fully completed and turned into the Athletic Training Room prior to a student-athlete's participation in a second or third sport season.

## <u>2014-2015 Sports</u>

- Varsity/JV Football
- Junior High Football
- Varsity/JV Volleyball
- Junior High Volleyball
- Varsity/JV Football Cheerleading
- Junior High Football Cheerleading
- Varsity/JV Basketball Cheerleading
- Junior High Basketball Cheerleading
- Cross Country
- Mens' Golf
- Womens' Golf
- Junior High Girls' Basketball
- Junior High Boys' Basketball
- Varsity/JV Girls' Basketball
- Varsity/JV Boys' Basketball
- Varsity/JV Baseball
- Varsity/JV Girls' Track
- Varsity/JV Boys' Track