



**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next May 31<sup>st</sup> or the conclusion of the spring sports season.

**SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR:** Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

Student's Name \_\_\_\_\_ Male/Female (check one)

Date of Student's Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age of Student on Last Birthday: \_\_\_ Grade for 2020-2021 School YR: \_\_\_\_\_

Current Physical Address \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

Fall Sport(s): \_\_\_\_\_ Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD DO

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Prescription Medications and conditions of which they are being prescribed \_\_\_\_\_

\_\_\_\_\_

## Section 2: Certification of Parent/Guardian

I hereby give my consent for \_\_\_\_\_ born on \_\_\_\_\_ who turned \_\_\_\_\_ on his/her last birthday, a student of **Ridgway Middle-High** School and a resident of the **Ridgway** public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the **2020-2021** school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Sport	Parent/Guardian Type Name	Sport	Parent/Guardian Type Name
<b>FALL</b>		<b>WINTER</b>	
Cheerleading 7th-12th		Basketball 9th-12th(Boys)	
Comp Cheerleading 7th-12th		Basketball 8th (Boys)	
Football 7th-12th		Basketball 7th (Boys)	
Golf 9th-12th		Basketball 9th-12th (Girls)	
Soccer 9th-12th		Gymnastics 9th-12th	
Soccer 7th-8th		Wrestling 9th-12th	
Volleyball 9th-12th (Girls)		Wrestling 7th-8th	
X-Country 7th-8th (Co-Ed)		Cheerleading 7th-12th	
Basketball 7th-8th (Girls)		Comp Cheerleading 7th-12th	
Tennis 9th-12th (Girls)		Volleyball 7th-8th (Girls, start in Jan.)	

**1. Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member's schools to participate in Inter-School Practices or Scrimmages and Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at [www.piaa.org](http://www.piaa.org), include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

→ **Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**2. Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

→ **Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**3. Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in reports on Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

→ **Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**4. Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices or Scrimmages and Contests. Further, this authorization permit, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein name student.

**Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**5. Authorization for transportation and treatment:** We hereby authorize school personnel to transport herein named student to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while the student is involved in an athletic sport.

→ **Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**6. Understanding of medical insurance coverage:** I hereby acknowledge that I understand that the Ridgway Area School District **DOES NOT** provide student medical insurance coverage for any athletic program. Participants in interscholastic athletics must provide proof of medical insurance before being deemed eligible to play. I understand that I must notify the High School Principal or Athletic Director immediately if coverage for the herein named student is dropped during the season.

→ **Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**7. Confidentiality:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardians(s).

→ **Parent's/Guardian's Signature** \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

#### 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 a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

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

#### What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn'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 students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - The right equipment for the sport, position, or activity;
  - Worn correctly and the correct size and fit; and
  - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

### Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

*Information about SCA symptoms and warning signs.*

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

*Removal from play/return to play*

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____	_____	Date ____/____/____
Signature of Student-Athlete	Print Student-Athlete's Name	
_____	_____	Date ____/____/____
Signature of Parent/Guardian	Print Parent/Guardian's Name	

**RASD** RIDGWAY AREA SCHOOL DISTRICT **RASD**  
 1403 Hill Street  
 RIDGWAY, PA 15853

**IMPORTANT: Send information to the above mailing address**

MIDDLE/ HIGH SCHOOL OFFICE  
 TEL: 814/773-3164  
 FAX: 814/773-4247

**WRITTEN AUTHORIZATION TO REQUEST / RELEASE STUDENT RECORDS**

TO: Penn Highland Occupational Health      DATE OF REQUEST: \_\_\_\_\_  
Ridgway Campus  
 \_\_\_\_\_  
 RE: \_\_\_\_\_      STUDENT DOB: \_\_\_\_\_

**Request / Release to an Agency**

The following information is requested / released in order to: Comply with RASD Random Drug Testing Policy #227.1

- |   |  |
|---|--|
| <input type="checkbox"/> Psychiatric Reports (May include PHI*)           | <input type="checkbox"/> Progress Notes (May include PHI*)                 |
| <input type="checkbox"/> Psychological Reports (May include PHI*) Medical | <input type="checkbox"/> Academic Records                                  |
| <input type="checkbox"/> Treatment / History (May include PHI*) Social    | <input type="checkbox"/> Special Education Records (May include PHI*)      |
| <input type="checkbox"/> Casework Reports (May include PHI*)              | <input type="checkbox"/> Probation (May include PHI*)                      |
| <input type="checkbox"/> Counseling / Therapy Records (May include PHI*)  | <input type="checkbox"/> Discharge Summary (May include PHI*)              |
| <input type="checkbox"/> Intake Data & Social History (May include PHI*)  | <input type="checkbox"/> Recommendations (May include PHI*)                |
| <input type="checkbox"/> Individual Service/Treatment Plan                | <input type="checkbox"/> Exchange of Verbal Information (May include PHI*) |
| <input checked="" type="checkbox"/> Other: Drug Testing                   |  |

**\*PHI – Protected Health Information**

I/We understand the following:

- The designated information will be exchanged with the understanding that absolute confidentiality will be maintained.
- Photocopies of this authorization shall be considered valid.
- This written authorization shall expire one year from the date signed.
- This written authorization may be revoked at any time by notifying, in writing, the Privacy Officer in the Office of Student Services at the above address.
- The identified agency and its staff/employees have no responsibility or liability as a result of any re-disclosure.
- I/We am entitled to a copy of this Written Authorization form.

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
 DATE OF SIGNATURE

\_\_\_\_\_  
 SIGNATURE OF STUDENT

\_\_\_\_\_  
 DATE OF SIGNATURE

Thank you for your assistance and timely attention to this request. Please send records to the attention of Mr. Shawn Hofmann, Athletic Director/Assistant Principal at the office specified above.

## RANDOM DRUG TESTING OF STUDENTS WHO PARTICIPATE IN COMPETITIVE EXTRA CURRICULAR ACTIVITIES

**Includes:** All students, who participate in competitive extracurricular activities at the Ridgway Area Middle/High School, consent to a random urine screen during the period that the activity in which s/he participates throughout the school year in session. Policy #227.1 defines competitive extracurricular activities to include, but not limited to the following: athletic competitions and programs; cheerleading; band; choir; The First Robotics Team; Computer Fair Participants; Scholastic Scrimmage Team; Stand Tall etc.

**Purposes:** The Ridgway Area School District has the responsibility to enact broad discretion authority to maintain safety, order and discipline in school and during school sponsored activities. The administration recognizes that substance abuse amount the student population is becoming increasingly more predominant. Administrators, teacher and coaches recognize that drugs have a deleterious effect on the motivation, memory, judgment, reaction time, coordination, and performance of students participating in competitive extra-curricular activities. Administrators, teachers and coached also recognize that students participating in competitive extracurricular activities increase their exposure to intense physical demands on their bodies and intense mental strain on their minds. Students participating in extracurricular activities must endure the responsibility of taking an active role in ensuring their personal health, safety, and welfare, as well as the health, safety, and welfare of their teammates with whom they engage in extracurricular activities. Student participation in middle and high school athletic programs requires that students increase their level of physical exertion and requires that students are physically interdependent on teammates. Being under the influence of a body or mind-altering substance has the potential to impact an individual athlete's health. Substance use/abuse by student athletes also decreases the expectation of safety that all students who are participating in athletics are entitled to. It is important to understand that random urine screens are not being used for disciplinary purpose. They are being used to ensure that all students participating in competitive extracurricular activities have the opportunity to do so in an environment that is safe and conducive to exhibitions that maximize athletic skills and intellectual capabilities.

**Selection:** The selection of students, who shall be required to submit to a urine screen, is done so in a random and confidential manner by the middle/high school administration. Administration shall use the computerized random selection program. Two percent of the total number of students participating in an activity will be selected one time per month. When a student is selected, the parent will be notified on the date the test will take place. Student and parent must sign a testing consent form or be dropped from the activity testing results are held in the strictest of confidence. The urine screening will continue to be supervised by Occupational Health Personnel. All legal rulings for chain of custody will be observed at both the collections sites and the analysis site. (*Chain of custody refers to the security of handling the obtained urine sample from the point of collection to the final destination of the laboratory. This includes identification, labeling, sealing and testing.*) Occupational Health will notify the school administration of the test results.

**Results:** If the test is negative, no further action is taken. The administration will receive a CONFIDENTIAL report of the positive test results, when confirmed by Occupational Health. The administration will promptly notify the parents of the student athlete.

Students who test positive will be notified by the building principal and will be:

1. required to meet with the building principal and will be:
2. offered the opportunity to meet with their family physician at the parent(s)/guardian(s) cost
3. required to participate the RHS student assistance program – REACH and complete a drug and alcohol assessment.
4. required to comply with the drug and alcohol counselor's recommendations based upon the assessment.
5. dismissed from the athletic program or extracurricular activity if s/he fail to comply with the counselor's recommendation.
6. Informed of the disciplinary action that will follow should the student be noncompliant with the policy"
  - a. 1<sup>st</sup> offense – parent recommendation
  - b. 2<sup>nd</sup> offense – suspension from the athletic event
  - c. 3<sup>rd</sup> offense – banned from any future athletic competition, unless reinstated by the school board
7. Required to be retested after 8 weeks or before the start of another sports season, in which s/he will be a team participant and test negative prior to his/her return to athletic competition.

If anyone has any questions regarding this policy, please contact Mr. Thomas Podpora at (814) 773-3164.

### RANDOM DRUG TESTING – CONSENT TO TEST

I hereby give permission for the Ridgway Area School District and Penn Highlands Occupational Health to perform a urine drug screen on my son/daughter, through the random selection process as outlined in School Board Policy 227.1. I understand that my son/daughter is eligible for selection during the time period in which s/he participates in competitive extracurricular activities. I understand that I may request to be present when my son/daughter is being tested. The cost of the random urine screen, lab analysis and drug and alcohol/assessment/counseling will be covered by the Ridgway Area School District. All test results will be confidential.

I understand that the Ridgway Area School District has the responsibility to enact broad discretionary authority to maintain safety, order and discipline in school and during school sponsored activities. I understand that student participation in middle and high school athletic programs and extracurricular activities requires that student increase their level of physical and mental exertion and requires that students are physically interdependent on other students and staff. Being under the influence of a body or mind-altering substance has potential to impact an individual's health and performance. Substance use/abuse by students also the influence of a body or mind-altering substance has the potential to impact an individual's health and performance. Substance use/abuse by students also decreases the expectation of safety that all students who are participating in athletics and extracurricular activities are entitled to.

I realize the ramification of positive test results. I agree to follow the guidelines set forth for positive test results. I understand that my son/daughter will not be disciplined by the school or expulsion for a positive test result. I understand that I may request that they be disqualified from the sport or extracurricular activity for a first offense. I understand that action and sanctions for the 2<sup>nd</sup> and 3<sup>rd</sup> offenses are governed by the school administration as outlined in policy 227.1. I understand that my son/daughter will be required to comply with specific guidelines for further athletic and extracurricular consideration as set forth in this policy.

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

As a student participating in an extracurricular activity, I agree to participate in the random urine screening process to be conducted during the period of time for which I am enrolled and eligible to participate in the activity. I have read and understand the information provided in this permission to test form.

**Student's Name Printed:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_