Informed Consent to Participate in School Activities with COVID-19 Acknowledgment and Release and Waiver/Indemnification

Type of Activity ________________________________

I understand that ______________________________ Catholic School ("the School") is providing certain summer activities in accordance with the Governor of Iowa's proclamation allowing the reopening of school-sponsored activities effective June 1, 2020 to the extent that such activities are consistent with guidance of the Iowa Department of Education, the Iowa High School Athletic Association, and the Iowa Girls High School Athletic Union, as applicable.

Acknowledging the risks related to the novel coronavirus/COVID-19 pandemic, including the potential for transmission of the virus by asymptomatic carriers, I voluntarily assume the inherent risk of my child’s participation in the school activity, including the risk of injury, accident, death, loss, or damage to person or property, including the risk of contracting COVID-19, which could result in extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, intensive care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. I understand that COVID-19 may cause additional risks, some of which may not currently be known at this time.

Release and Waiver/Indemnification

By signing my name below, I am fully aware of the above risks and HEREBY RELEASE, WAIVE, DISCHARGE, AND INDEMNIFY the Diocese of Sioux City, the School, any directors, officers, representatives, employees and agents of either; or any other persons assisting with the activity, from any and all liability, and all loss, damage and any other claims or demands on account of injury, whether caused by negligence or otherwise, arising from or in any way connected with my or my child’s participation in the activity, specifically including potential exposure to COVID-19.

I also acknowledge that I shall not now, or at any time in the future, for any reason arising from my or my child’s participation in the school activity, bring any legal action against the Diocese of Sioux City, the School, or any of its or their directors, officers, representatives, employees and agents and/or any other person who may assist with the activity; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors, and my assigns.

We agree that, in the event of losses, damages or injuries resulting from our or our child’s participation, we will access our own financial resources, including our own health insurance coverage, and assume all costs related to any medical or professional treatment arising out of our or our child’s participation in the activity, whether for COVID-19 or otherwise.

Should any part of this agreement be ruled invalid, the remaining provisions shall be deemed enforceable to the fullest extent allowed by law.

Signature of Parent or Legal Guardian (and Student, if 18 or older):

_________________________________________  Date: ____________

_________________________________________  Date: ____________

Student Name: ________________________________
A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

1. A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
2. A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
3. Key definitions:
   "Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
   "Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?
A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?
1. OBEY THE NEW LAW.
   a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
   b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

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

STUDENTS:
If you think you have a concussion:
   • Tell your coaches & parents – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
   • Get a medical check-up – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
   • Give yourself time to heal – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

Signs Reported by Students:
• Headache or "pressure" in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Sensitivity to light or noise
• Feeling sluggish, hazy, foggy, or groggy
• Concentration or memory problems
• Confusion
  • Just not "feeling right" or is "feeling down"

PARENTS:
How can you help your child prevent a concussion?
Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.
• Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
• Ensure that they follow their coaches' rules for safety and the rules of the sport.
• Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:
• Appears dazed or stunned
• Is confused about assignment or position
• Forgets an instruction
• Is unsure of game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows mood, behavior, or personality changes
• Can't recall events prior to hit or fall
• Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.
For more information visit: www.cdc.gov/Concussion

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Student's Signature ___________________________ Date ________

Parent's/Guardian's Signature ___________________________ Date ________

Student's Printed Name ___________________________

Student's School ___________________________
HEALTH AND INJURY INFORMATION CARD and CONSENT FOR MEDICAL TREATMENT FORM
(This form is to be completed and kept available for reference wherever competition takes place. Update medical information as necessary.)

Student's Name (Last, First, MI) ________________________________________________

Age _______ Grade _______ Date of Birth _______ Today's Date ________

Parent's/Guardian's Name ______________________________________________________

Student's Address ____________________________________________________________

Parent's/Guardian's Home Phone Number ________________________________________

Father's/Guardian's Place of Work ______________________________________________

Father's/Guardian's Work Phone Number ________________________________________

Mother's/Guardian's Place of Work ______________________________________________

Mother’s/Guardian’s Work Phone Number ________________________________________

In an emergency, when parent's/guardian's cannot be notified, please contact:

__________________________________________________________________________

Relationship ___________ Phone ___________

__________________________________________________________________________

Relationship ___________ Phone ___________

Family Physician __________________________ Phone _____________

Preferred Hospital __________________________ Phone _____________

Family Dentist ___________________________ Phone _____________

Date of last tetanus booster: __________________________ (month/year)

Do you wear: Glasses ______ yes ______ no / Contacts ______ yes ______ no / Dentures ______ yes ______ no

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please note and date any new injury information here: __________________________

__________________________________________________________________________

CONSENT FOR MEDICAL TREATMENT

Iowa law requires a parent's, or legal guardian's, written consent before their son or daughter can receive emergency treatment, unless, in the opinion of a physician, the treatment is necessary to prevent death or serious injury.

As the parent(s), or legal guardian(s), of the child named on the front of this card, I (we) authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my (our) child. I (we) understand that this written consent is given in advance of any specific diagnosis or hospital care. This written authorization is granted only after a reasonable effort has been made to contact me (us).

Date ___________ Parent's/Guardian's signature __________________________

Consent for Treatment endorsed by the Iowa Chapter of the American Academy of Emergency Physicians
Cards provided by THE IOWA HIGH SCHOOL ATHLETIC ASSOCIATION, BOONE, IA
BISHOP HEELAN HIGH SCHOOL
ELIGIBILITY CODE

We, the undersigned, have read and discussed the Activities Eligibility Code. By signing this document, I, as a student involved in activities, do pledge to abide by the eligibility rules as set down by the Activities Department. I do pledge to be a model citizen of Bishop Heelan High School and the community. I recognize that any violation of these rules may result in loss of eligibility. I recognize that participation in any extra-curricular or co-curricular activity is a privilege, not a right, and therefore I may be put under the jurisdiction of a more demanding eligibility policy than the rest of the student body. It is also my understanding that these rules will be enforced for the entire year, which includes the summer.

Date: ____________________________________________

Student’s Name (please print): ________________________________

Student’s Signature: ________________________________________

Parent/Guardian Signature: __________________________________
BISHOP HEELAN CATHOLIC HIGH SCHOOL

WARNING AGREEMENT TO OBEY INSTRUCTIONS AND PERMISSION TO PARTICIPATE
(Both the applicant student and a parent or guardian must carefully read and sign.)

SPORTS /ACTIVITIES (Initial applicable line):

________ Football _______ Basketball _______ Track _______ Volleyball _______ Wrestling

________ Baseball _______ Cross-country _______ Soccer _______ Softball _______ Swimming

________ Tennis _______ Golf _______ Dance _______ Cheerleading _______ Power lifting

STUDENT

I am aware playing or practicing to play I participate in the above-initialed sports I activities can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play I participate in the above initialed sports I activities include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above initialed sports I activities may result not only in serious injury, but also in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above-initialed sports I activities, I recognize the importance of following instructions regarding playing techniques, training, and other team rules, etc. and I agree to obey such instructions.

I HAVE READ AND UNDERSTAND THE FOREGOING WARNING AND AGREEMENT TO OBEY INSTRUCTIONS.

Date______________ Year______________ ___________________________

Signature of Student

PARENT/GUARDIAN

I, ____________________________ am the parent/legal guardian of ______________________(student).

I have read the above warning and agreement to obey instructions signed by my child/ward. I understand that all sports can involve many RISKS OF INJURY, including but not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of his I her body, general health, and well-being. I understand that the dangers and risks of my child I ward playing or practicing to play I participate in the above-initialed sports I activities may result not only in serious injury, but in a serious impairment of his I her future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I hereby grant (student) permission and approval to participate in any of the above initialed sports/activities. I understand the school’s liability insurance does not cover student medical bills and that I may purchase insurance to reimburse me for some or all of the costs of medical, hospital, and other expenses which may result from injuries sustained by the above-named student while participating in the above-initialed sports I activities. (If you have purchased insurance to cover the above-named student, please provide the name of the company: ____________________________)

I HAVE READ AND UNDERSTAND THE FOREGOING WARNING AND PERMISSION TO PARTICIPATE.

Date__________________________ ____________________________

Signature of Parent or Legal Guardian