



Jonesboro Public Schools

Athlete/Parent Handbook

JONESBORO HIGH SCHOOL
ATHLETE HANDBOOK

**Jonesboro Public Schools
Athletic Handbook**

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**JONESBORO PUBLIC SCHOOLS
ATHLETIC CONSENT FORM**

PLEASE SIGN AND RETURN TO THE COACH

Date

Athlete's Last Name (Please Print) First Name (Print) Current Grade

Athlete's Signature

Parent's Name (Please Print) Parent's Signature

1. We hereby give consent for the above named student to compete in approved sports and go with the coach on any approved trips.
2. We give consent, in case an accident or injury occurs, for the coaches to secure treatment at the best facilities available to them.
3. We have reviewed the Athletic Handbook and agree to abide by all rules and regulations.
4. We understand that there is a chance a participant can be injured. It is understood that the school assumes no responsibility in case an accident or injury occurs.
5. I hereby authorize any medical treatment deemed necessary in the event of any injury/illnesses incurred while either participating or traveling to or from any athletic event.

My son/daughter is allergic to: _____

My son/daughter's most recent tetanus shot (if known): _____

Please list all pre-existing illnesses or injuries that we should be aware of:

Please list all medications your son/daughter takes on a regular basis:

Parent or Guardian's Phone
Home _____ Cell _____ Work _____

Student Insurance Information
1. Under whose name is student listed: _____
2. Insurance Company: _____
3. Group Number: _____

Emergency Contact (other than parent)
Name: _____ Phone: _____

INTRODUCTION

It is our desire that every student who participates in Jonesboro Athletics has a positive and meaningful experience. The pursuit of excellence is fundamental to athletics and our coaching staffs are encouraged to maintain a high level of expectations for you, the athlete, in your conduct on the field, off the field, and in the classroom. This material is presented to you because you have indicated a desire to participate in interscholastic athletics. We are concerned with the educational development of boys and girls through athletics and feel that a properly controlled, well-organized sports program meets your need for self-expression, mental alertness, and physical growth. It is our hope to maintain a program that is sound in purpose and to further each student's educational maturity. A student who elects to participate in athletics is voluntarily making a choice to represent Jonesboro athletics both on and off the playing surface.

Jonesboro Public School District

FILE: JJIA/JJIB

Adopted: June 5, 2001 Revised:

JOB CODE JJIA/JJIB: INTRAMURAL/INTERSCHOLASTIC SPORTS

The board supports athletics as an integral part of the education program. An excellent athletics and activities program provides an opportunity for teaching young people important skills and attitudes, which cannot readily be learned in any other context. Well planned and administered programs should also contribute significantly to the development of school spirit and to community support of the entire educational system.

The Board of Education believes that athletics is an integral part of the school curriculum.

Competition in athletics shall be programmed as follows:

1. High School Level - intramural and broad interscholastic program consistent with the needs and interests of the students and within the constraints imposed by the availability of facilities and financial support.

The rules and regulation of the Arkansas High School activities association and conference code shall be observed.

PHILOSOPHY OF THE JONESBORO ATHLETIC DEPARTMENT

The philosophy of the Jonesboro Athletic Department is to maintain a broad-based program that will afford all students with athletic interest an opportunity for safe participation in the sports of their choice.

The coaches shall deal with the athletes with firmness and fairness in order to establish the leadership they respect and admire. They will create enthusiasm for success and encourage high ideals in the process. Coaches will establish goals and then create the desire to pay the price to attain these goals. They will also maintain an organization to which it will be an honor to belong.

GOAL OF THE JONESBORO ATHLETIC DEPARTMENT

Our goal is that student athletes will develop the skills necessary to become independent problem solving adults.

OBJECTIVES OF THE JONESBORO ATHLETIC DEPARTMENT

The Athletic experience shall:

A. Develop attitudes that must be a part of each individual for success in athletics and life. Specific attitudes are:

Pride in performance

Sacrifice and persevering application

Competition to win - the purpose of athletics is to win, and to dilute the will to win is to destroy the purpose of athletic contest.

Sportsmanship - the good of the team comes before individual glory and desire.

Educational goals - the main reason why boys and girls go to school is to receive an education; athletic participation is secondary.

B. Develop in athletes an appreciation for optimum health and physical fitness. The importance of proper rest, good eating habits and cleanliness will be stressed at every opportunity.

C. Encourage athletes physically, mentally and socially as they develop an appreciation for sports. They should become aware that this would take strength and courage.

D. Base all teaching and learning situations on a sound progressive educational approach. Successful coaching is teaching at its best.

E. Include coaches' training. Constant evaluation and improvement of techniques must be evident if the athletic program is to be outstanding.

F. Develop all programs in such a manner that the end result will be one of unity, harmony and success. Mass participation is to be emphasized and encouraged below the varsity level.

G. Attempt constantly to motivate athletes to be better students. Coaches should display approval for school life and classroom achievement.

H. Cultivate in all athletes a strong desire to be a Hurricane, Cyclone, or Whirlwind.

I. Instill in all athletes the desire to represent their school and community in a manner that will make school administrators, teachers, parents and the people in the community proud of them.

J. Emphasize to athletes, at all levels of competition, the realization that athletic competition is a privilege that carries definite responsibilities with it. Some of the responsibilities are training, loyalty, eligibility, improvement, courage and perseverance.

K. Bring recognition - to attain success in athletics, the participants must train their minds and bodies to respond instantly and effectively to the multitude of situations that arise during the course of play. This of course, parallels success in later life.

BEHAVIOR AND CITIZENSHIP

Many closely observe the conduct of an athlete and it is important that an athlete's behavior be above reproach. Appearance, expression and actions always influence people's opinions of the athletes as well as the sport. Once you have volunteered to be a member of a squad, you have made the choice to uphold certain standards expected of all athletes in this community. Be proud to be an athlete, for it is a privilege, not a right.

The way an athlete acts and looks is of great importance; thus proper dress, appearance, grooming and personal cleanliness are expected. Athletes should be leaders and fellow students should respect and follow them. Proper dress and appearance will be established by the coach and is a continual process.

You should never use tobacco, alcohol or drugs; it has been proven that athletes that refrain from the use of these substances have a better performance level than those that use them. Besides being illegal, research clearly states that the use of tobacco, alcohol and any type of mood modifying substance produces harmful effects on the human organism. You must refrain from the use of tobacco, alcohol, and illegal drugs; you have to pay the price to be a fine competitor.

DISCIPLINE POLICY

Discipline for all Jonesboro Public School student athletes will fall under the guidelines of the Jonesboro Public Schools Secondary Handbook. A copy of those guidelines is provided to all students at the beginning of each school year and signed by both the student and legal guardian.

SUSPENSION FROM SCHOOL

In-school suspension: Student athletes may not participate in games during the time of suspension; however, they may practice or play with the team after school hours.

Out of school suspension: Student athletes may neither practice nor play games during the time of suspension or after school hours on the day of the suspension.

DRUG TESTING

Jonesboro Public School District

FILE: JICHA

Adopted: June 5, 2001 Revised:

JOB CODE JICHA: SUBSTANCE ABUSE SCREENING

Philosophy

It is the philosophy of the Jonesboro Public Schools Athletic Department that athletes should be encouraged and supported in their efforts to develop and maintain a chemical free lifestyle.

The Athletic Department and coaches recognize the use of mood-altering chemicals as a significant health problem for many students, resulting in negative effects on behavior, learning, and the total development of each individual. The misuse and abuse of mood altering chemicals for some students affect academic growth, achievement, activities participation and development of related skills. The misuse, and abuse family, teammates, schoolmates, or other significant persons in their lives affect others.

Purpose

The purposes of chemical screening by the Jonesboro Public Schools Athletic Department are:

1. To emphasize concerns for the health of students in areas of safety while participating in activities, and the long-term physical and emotional effects of chemical use on their health.
2. To work with parents to assist in keeping their children free of mood- altering chemicals.
3. To promote a sense of order and discipline among students.
4. To confirm and support the existing state laws which restrain the use of such mood-altering chemicals.
5. To establish standards of conduct for those students who are leaders and standard-bearers among their peers.
6. To assist students who desire to resist peer pressure directing them toward the use of mood-altering chemicals.
7. To assist students who should be referred for assistance or evaluation regarding their use of mood-altering chemicals.
8. Drugs, which may be screened, include, but are not limited to, the following:
 1. Amphetamines
 2. Barbiturates
 3. Benzodiazepines
 4. Cocaine
 5. Methaqualone
 6. Opiates
 7. PCP
 8. THC (Cannabinoids)

SUPERVISED URINE COLLECTION AND CHAIN OF PROCEDURE FOR SUBSTANCE ABUSE SCREENING

"Testing," as referred to throughout this policy, encompasses all scientifically valid analysis procedures used by certified medical facilities, which test for the presence of drugs. Such tests include, but are not limited to, urinalysis and blood testing. All testing will be performed in compliance with National Institute on Drug Abuse and College of American Pathologists criteria.

The following precautions should be taken, as appropriate, at the collection site:

1. Positively identify the examinee.
2. Use a dedicated washroom and process only one person at any given time.
3. Blue or green toilet bowl cleaner will be used to prevent dilution of sample with toilet water and water faucet will be turned off.
4. Freshly voided specimen temperature will be checked by temperature gauge on container.
5. Examinee will remove outer garments (jackets, coats) and pocket items before entering the washroom. This will prevent examinee from carrying in a substitute specimen or other chemicals and solutions used to adulterate specimens. However, the examinee may retain their wallet. Any garments removed should not be searched.
6. The labels for specimen bottles must have all information completed before testing.
7. Extra specimen containers are not to be left in the washroom.
8. Place the tamper-evident tape over the bottle cap and label in the presence of the examinee.
9. Have the examinee and witness sign the "chain-of-custody" form and have the examinee initial the specimen label.
10. All collected specimens must be delivered at once to the person assigned to deliver specimen to the laboratory.

Note: Any medication or prescribed drugs should be brought to the attention of the testing agent.

Method

1. Coaches and sponsors shall survey all potential participants for all activities involved at the beginning of the fall semester. These students will be placed in the drug bank/pool for random testing throughout the year. Therefore, members from all activities may be equally tested at any point during the school year.
2. Any student who wishes to participate in an activity but was not entered into the original pool for the first fall testing must be entered into the pool and screened before participation in his/her respective activity.

3. All students interested in any sport/activity during the school year must sign a consent form for drug screening before participating.

4. Screening will be done on a random basis.

CONSEQUENCES OF A POSITIVE TEST

First Violation: The principal, athletic director, head coach of the sport in which the athlete is competing, and the team physician or family doctor, whichever is applicable, shall be notified each time a student athlete receives a positive drug screen. The head coach will then communicate to the parents of the student athlete that a positive screen has been obtained.

The student athlete shall be suspended from athletic contests for a period of ten (10) school days. Five (5) days of the suspension will be forgiven if parent provides documentation that the student is receiving appropriate counseling from a licensed professional drug rehabilitation counselor at parents' expense. The student will not be allowed to resume athletic participation until a medical release is supplied to the head coach. After a positive screen, the student will be screened each time a screening is administered until athletic eligibility has expired.

Note: Refusal by an athlete to take a drug test may constitute a positive screen.

Second Violation: After confirmation of the second violation, the athlete shall lose eligibility for a period of thirty percent (30%) of the contests of the season in which he/she is participating. The student athlete will not be allowed to practice or participate in any athletic contest during this period. If the season in which the athlete is participating at the time lasts less than 30% of the scheduled contests, the athlete will be required to continue to lose eligibility for the next sport in which he/she participates, until the full 30% of the scheduled contests has been attained. If the athlete participates in only one sport, the suspension will carry over until the next school year, provided he/she is an underclassman. The student shall be recommended to receive counseling at his/her own expense from a licensed professional drug rehabilitation counselor.

Third Violation: After confirmation of the third violation, the athlete shall lose eligibility for one calendar year from the date of the third violation. The student shall be recommended to receive counseling at his/her own expense from a licensed professional drug rehabilitation counselor.

Subsequent Violations: Any subsequent positive screening after the third violation will result in permanent expulsion from any sports program of the Jonesboro Public Schools.

Screening will begin at the seventh (7th) grade level and be accumulative through the twelfth (12th) grade.

Note: Positive test results shall not be provided to the police or any other law enforcement agency.

Exceptions: a coach, the athletic director, or an administrator for reasonable suspicion may request a single test.

Steroids or similar chemicals could take more than twenty (20) days to leave a student's system. In this case, a doctor's written opinion is requested and is at the student's expense.

If, prior to the first offense, an athlete voluntarily acknowledges he/she has a chemical problem, such athlete will not be held in violation if he/she completes a successful drug rehabilitation program. At this point, the student will be subject to screening each time a test is administered until athletic eligibility has expired.

Range: All athletes, grades 7 through 12, may be tested.

Drug Counseling: Should counseling be attained, it will be the responsibility of the parent(s) to acquire professional help from an appropriate agency. The Jonesboro Public Schools **will not** assume any financial responsibility for rehabilitation. (Adopted 10 95)

ATHLETIC PHYSICALS

Student athletes will not be allowed to participate in practice or games without a documented physical examination by a licensed physician. Local hospital staff will give free athletic physicals at the end of the spring semester.

ATHLETIC INJURIES

1. Any injury, large or small, should be reported to the coach immediately.
2. Any injury requiring a doctor's care should be noted and a doctor's release required before the athlete is allowed to play or practice.
3. Any injury not requiring a doctor's care will be assessed by the coach in charge and/or athletic trainer in order to determine the athlete's ability to play or practice. The trainer will assess an injury and make recommendations to the athlete and/or their parents.

INSURANCE

The school provides a secondary insurance policy, which will supplement the athlete's family policy. This becomes the primary policy for those students who do not have health insurance coverage. Additionally, the Arkansas Activities Association provides catastrophic insurance coverage. The school policy alone may not cover all expenses incurred from a severe injury. **The parent is responsible to file claim forms provided by the school.** The supplemental accident claim form may be picked up in the Athletic Director's office or may be provided by the coach.

TRAVEL/ TRAVEL EXPENSES

The athletic department desires that players travel to and from competitions as a team. The coach, in some circumstances, may release players to travel with their parents, however, only the athletic director, or school administration may make arrangements for players to travel with anyone other than the athlete's parents or school personnel. After their own competition is completed, all athletes are encouraged to stay at the playing site and support any other Jonesboro teams that might be playing.

Student athletes will be fed on away trips as provided cited by the JPS Student Travel Policy listed below.

Jonesboro Public School District

FILE: JJH

Adopted: June 5, 2001 Revised: January 2, 2006

JOB CODE JJH: JPS STUDENT TRAVEL POLICY

General: Travel Authorization

1. Administrators who are responsible for making travel assignments and for approving travel plan have the additional responsibility of limiting travel plans to those trips that are clearly in accordance with JPS Policy.

CARE OF EQUIPMENT

Equipment should be turned in immediately following the end of the season. An athlete is financially responsible for all equipment checked out to him/her. The cost of destroyed/lost equipment will be at the athlete's expense. An athlete must treat school equipment as though it were his/her personal property. It should never be abused. If an athlete is involved in the theft of school equipment, he/she could be dismissed from the team.

DROPPING/TRANSFERRING SPORTS and MISSING CLASSES

1. If an athlete quits one sport, he/she cannot start another sport until the end of the sport he/she has quit if it is after the first 2 weeks of practice in that particular sport. In other words, the athlete has 2 weeks after the first scheduled practice to decide whether or not to stay with that sport.
2. Students who miss school or checks out on the day of an athletic event will not be allowed to participate, unless they missed for an emergency or the building principal excused their absence.

CREDIT FOR ATHLETICS

A half credit of Physical Education is given for participation in athletics per semester. Participation in athletics under a certified Physical Education instructor will satisfy the ½ credit required by the State Department for graduation. Participation under a noncertified Physical Education instructor may count as local elective credit, but that athlete must take 1/2 credit of Physical Education under a certified teacher.

SUMMER WORKOUTS

All athletes are expected to maintain their physical conditioning throughout the summer. Coaches should inform athletes of any special workout programs to be followed. Weight rooms and gyms will be open as scheduled throughout the summer.

JONESBORO ATHLETIC DEPARTMENT TRIP GUIDELINES

Inasmuch as the administration and teaching staff of the Jonesboro Public Schools will be assuming the supervisory responsibility of your son/daughter on a trip away from school, we feel it is important that the student and the parents fully understand the rules which govern such trips. It is our feeling that a trip is a continuation of the school day and as such, students participating on these trips are subject to the rules and regulations that govern our school while they are on campus. Because the students will be representing Jonesboro Public Schools, and because their conduct, behavior, and safety is our responsibility, we have established the following guidelines that must be adhered to while they are away from home.

1. The luggage and personal effects of the students may be inspected prior to departing and at anytime during the trip.
2. Any student found to be in possession of, or under the influence of alcohol or controlled substances will be left home if this determination is made prior to departure. Students found in possession of controlled substances or alcohol or under their influence after departure are subject to immediate arrest and being sent home at their parent's expense.
3. Students must observe all civil laws and regulations. Apprehension by law enforcement agencies leading to a substantiated charge will not be the responsibility of Jonesboro Public Schools.
4. If the trip requires overnight lodging, students will not disturb other guests at the lodging and will abide by all rules and directives issued by the group advisor, chaperones, or coaches.
5. In the event you are injured or become ill while on the trip, the coach will immediately seek medical attention and contact your parents as soon as possible.
6. Students will be expected to know and observe the time and location of all departures. The group will not be delayed by the tardiness of individuals.
7. The establishment and enforcement of any guidelines not covered in items one to six, guidelines that are necessary to insure the success of the trip, will be left to the discretion of the administrator or his/her representative in charge.

Any student caught in an infraction of the above listed rules may be sent home at the parent's expense and will be subject to further disciplinary action by the school. Participation in a field trip is an extracurricular activity. It is a privilege that will be denied hereafter for a period of time to be specified by the group advisor and administration if, in their opinion, the group has misrepresented Jonesboro Public Schools through inappropriate behavior.

TITLE IX:

Jonesboro Schools Athletic Department adheres to Title IX guidelines. Jonesboro Public Schools Title IX coordinator is David Daniel you may reach him at (870) 933-5800 or by mail at 2506 Southwest Square, Jonesboro, AR 72401. If you have any questions or complaints concerning Title IX call Mr. Daniel.

AWARDS AND LETTERING POLICIES

The following policies have been established for determining lettering in the Jonesboro School District:

Football- An athlete must participate in 50% of the quarters played or have started two (2) games.

Basketball- An athlete must participate in 50% of the quarters played or have started four (4) games.

Baseball/Softball - An athlete must play in 50% of the innings or start 20% of the games.

Golf - Must be one of the individuals of six who are selected for the State competition.

Volleyball - Must start in two (2) contests or play in 50% of each contest.

Track - Must average one point in each ribbon meet or score in the District Meet.

Tennis - Must be selected to participate in District Tournament.

Swimming -During the regular season swimmer must average 18 points per meet OR at the district meet finish 4th or better in individual event and/or finish 2nd or better on a relay team: OR qualify and swim at the state swim meet

Soccer - must participate in 50% of the halves played or have started (3) games.

Cross Country - must score at the District Meet or participate in the State Meet.

Cheerleading - must complete the basketball season to letter.

Dance Team - must complete the basketball season to letter.

Bowling-Must participate in Regional bowling competition

Wrestling-Must compete in the State Meet

School Awards - A student will begin their lettering process in the 10th grade, and shall receive their letter upon the completion of the desired requirement. Only athletes who complete the season are eligible to letter. In other words, if an athlete qualifies for state and fails to compete in state competition, which could affect the overall team score, that athlete is not eligible to letter.

1. Beginning with an athlete's sophomore year, if that athlete letters in a sport, he/she will receive their letter after their sports respective season. An athlete may receive a letter patch in one sport, in other words; only one letter patch may be earned. Any senior who has participated for three consecutive years (10-12) and has not lettered, will letter his/her senior year and be eligible for a letter patch.
2. Second year letter winners will receive a plaque .
3. Three-year letter winners (grades 10-12) will be eligible to receive a third year letter award (framed J).

All managers in each sport are entitled the same awards as athletes provided they participate and fulfill their manager obligations the entire season.

BOOSTER CLUB

The Jonesboro School District has an Athletic Booster Club for grades 10– 12 and grades 7-9 at each Junior High. The purpose of these organizations is to support all Jonesboro school athletic programs. We need and will solicit parent/athlete help for approved fund-raisers. We encourage you to become a Jonesboro Booster Club member. For information, please call the Athletic Office at 870-933-5800. The High School Booster Club meets the second Wednesday of every month.

ELIGIBILITY GUIDELINES AND S.I.P. INFORMATION

The athletic department encourages the academic excellence of all athletes. The eligibility requirements are those set forth by the Arkansas Activities Association, and the State Department of Education. No student will be allowed to try-out, participate, or be a manager unless they meet all eligibility requirements. Rules are as follows:

1. There are no grade requirements for 7th and 8th grade students; however, 9th grade eligibility is based on 8th grade second semester grades. A student, upon entering the 9th grade and thereafter, must pass (4) courses and have a 2.0 GPA. (A Physical Education grade may be figured into the student's GPA the first time he/she takes the course). In other words, if an athlete participates in sports in 9th grade, that is the only year he/she can count Physical Education toward his/her GPA for eligibility purposes. If an athlete passes (4) courses, but does not have a 2.0 GPA, he/she may attend the Supplemental Instruction Program (S.I.P.)
2. The Supplemental Instruction Program meets for 100 minutes per week. The student and parent will be notified by the coach and given instructions about the dates, time, etc. of the program. If a student has an unexcused absence, he/she will automatically become ineligible.

SUMMARY

We hope that the parents and athletes understand and appreciate the rules and regulations covered in this handbook. If a rule or regulation is broken and dismissal from a team is necessary, the parent will be notified why the dismissal took place. It should be understood that the coach has the final say and is the final authority regarding dismissal from a team.

Any athlete or family member of an athlete that is kicked-out of an athletic event by an official, police, or administrator is subject to suspension from all athletic events for the remainder of that season or that year. Any fan that disrupts an athletic event is subject to suspension from all athletic events for the remainder of that season or that year.

We strive and have committed ourselves to providing: (1) equipment and facilities; (2) trained coaches; (3) trained officials; (4) transportation and some meals; and (5) secondary insurance. We will also have athletic award ceremonies to better recognize your son or daughter. We are pleased to share this educational experience with you. It is our goal that every student will develop the skills necessary to become an independent problem-solving adult.

We understand that if we are to have a successful athletic program at Jonesboro, we must have your continued support. We hope you will always show good sportsmanship at all events. While it may be difficult to withhold negative comments about coaches, players, and officials, we should put the interest of our athletes first. Our athletes look up to us, as adults, and will mimic our behavior.

We have solicited help from coaches, parents, students, and some community personnel in revising this handbook, which is also board approved. We have tried and will continue to try and treat all sports and athletes fairly, and hire the best available coaches. It is our sincere desire that we maintain an open line of communication regarding any concerns you may have. Please call me any time at 870-933-5800 (work) or (870)931-2400 (cell).

Once again, we hope you, as parents, understand and realize how important you are for us to have a successful athletic program. We would not have a first class program without you - you are very MUCH appreciated.

OPEN THE ROOF!
David Daniel
Director of Athletics



Arkansas Activities Association Sports Medicine Fact Sheet for Parents and Students

This document has been created by the Arkansas Activities Association Sports Medicine Advisory Committee. The committee's mission is to ensure Arkansas Activities Association member schools provide sound and consistent medical information to enhance the safety of their athletic programs. The AAA Sports Medicine Committee is committed to offering information and guidance to member schools on topics which impact the welfare of all those involved in interscholastic competition. The topics included in this fact sheet are: Exertional Heat Stroke, MRSA, Concussion, and Sudden Cardiac Arrest. The following pages contain important sports medicine information for parents and students. Please read the information and sign to acknowledge that you have received and reviewed the information.



Arkansas Activities Association Exertional Heat Stroke Facts

WHAT IS EXERTIONAL HEAT STROKE

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

WHAT ARE THE SIGNS AND SYMPTOMS OF HEAT STROKE

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature)
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity.
- Nausea, vomiting, diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

TREATMENT

- Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressively whole-body cooling by immersing in tub of cold water. If a tub is not available, use alternative cooling methods such as cold water fans, ice or cold towels (replaced frequently), placed over as much of the body as possible
- Call emergency medical services for transport to nearest emergency medical facility.

WHEN SHOULD I PLAY AGAIN?

No one who has suffered heat stroke should be allowed to return until appropriate healthcare personnel approves and gives specific return to play instructions. Parents should work with medical professionals to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke. Return to physical activity should be done slowly, under the supervision of appropriate healthcare professionals.



Arkansas Activities Association MRSA Facts

WHAT IS MRSA

MRSA is methicillin-resistant *Staphylococcus aureus*, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with all regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the chances of the infection becoming severe. MRSA is spread by: having contact with another person's infections, sharing personal items such as towels or razors, that have touched infected skin, touching surfaces or items, such as used bandages, contaminated with MRSA.

WHAT ARE THE SIGNS AND SYMPTOMS MRSA

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by fever.

WHAT IF I SUSPECT MRSA SKIN INFECTION

Cover the area with a bandage and contact your healthcare professional. It is especially important to contact your healthcare professional if signs and symptoms of an MRSA skin infections are accompanied by fever.

HOW ARE MRSA SKIN INFECTIONS TREATED

Treatment may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to drain the infection yourself— doing so could worsen or spread it to others. If you are given an antibiotic, be sure to take all of the doses (even if the infection is getting better), unless your healthcare professional tells you to stop taking it.

HOW CAN I PROTECT MY FAMILY FROM MRSA SKIN INFECTIONS

- Know the signs and symptoms
- Get treated early
- Keep cuts and scrapes clean
- Encourage good hygiene
- Clean hands regularly
- Discourage sharing personal items such as towels and razors.

FOR MORE INFORMATION, PLEASE CALL

1-800-CDC-INFO OR visit www.cdc.gov/MRSA



Arkansas Activities Association Concussion Facts

WHAT IS A CONCUSSION

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION

Observed by the Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory Problems
- Confusion
- Does not “feel right”

Observed by the Parent / Guardian, Coach, or Teammate

- 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 behavior or personality changes
- Can’t recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY
- Inform parents
- Seek medical attention
- Give your self time to recover

Parent / Guardian

- Seek medical attention
- Keep your child out of play
- Discuss play to return to play with coach
- Address academic needs

WHERE CAN I FIND OUT MORE INFORMATION?

- Center for Disease Control
www.cdc.gov/concussion/HeadUp/youth.html
- NFHS Free Concussion Course
<http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

RETURN TO PLAY GUIDELINES

1. Remove immediately from activity when signs/symptoms are present.
2. Release from medical professional required for return (Neuropsychologist, MD, DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant)
3. Follow school district’s return to play guidelines and protocol



Arkansas Activities Association Sudden Cardiac Facts

WHAT IS SUDDEN CARDIAC ARREST

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. The information presented below is to provide you with the knowledge you need to help the coach keep your child safe at practices and games.

WHAT ARE THE SIGNS AND SYMPTOMS OF SUDDEN CARDIAC ARREST

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Chest pain
- Dizziness
- Racing heart beat
- Extreme fatigue

GUIDELINES FOR REMOVAL OF A STUDENT FROM ACTIVITY

- Every coach and registered volunteer must receive training every three years on prevention of sudden cardiac death.
- Every athlete and parent must read and sign the AAA Sports Medicine Fact Sheet containing information on sudden cardiac arrest.
- Any athlete experiencing syncope (fainting), chest pains, shortness of breath that is out of proportion to their level of activity or an irregular heart rate should not return to practice or play until evaluated by an appropriate healthcare professional (MD, DO, APN, Certified Athletic Trainer).
- The referred athlete must be medically cleared by an appropriate healthcare professional prior to return to play/practice.

SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached AAA Sports Medicine Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of injuries associated with participation in school athletic activity.

Athlete's Signature

Print Name

Date

Parent / Guardian Signature

Print Name

Date

Welcome to the Hydration Campaign!

Directions:

Look over the following information and complete the quiz below by circling the correct answer.

Did you know...?

- 75% of the body is made up of water.
- 92% of blood is made of water.
- Water carries nutrients and oxygen to all the cells in your body.
- Water helps turn food into energy.
- Water regulates your body temperature.
- You have a 10% decrease in your mental performance when you feel thirsty.
- If you are dehydrated you are more likely to have trouble concentrating.
- If you are well hydrated, exercise feels easier and more enjoyable.

So drink more water!

How much do I need to drink?

You should take your weight and divide it by two.

So if you weigh 100 lbs. you should drink 50 oz. of water a day. Even if you weigh less than 100 lbs., though, you should always drink at least 50 oz. of water each day. And if you weigh more, you should drink even more!

When do I need to drink?

You should drink water and other, healthy liquids all throughout the day. Especially when you are sweating or playing sports.

What should I drink?

Water. Sports drinks are also great if you have actually been working out or playing sports. Soft drinks are not a healthy choice for hydration. They will actually make you dehydrate faster. Milk and juice are a great part of your diet, but they contain calories which you may need to keep an eye on for maintaining healthy weight.

What's the big deal?

Dehydration is a common problem for many young athletes playing in heat. These conditions are not only dangerous, but are also fatal in some cases. You can die from these illnesses. Don't take it lightly. It's not cool to see how long you can practice without drinking water. It's deadly.

Three Degrees of Heat Illness:

The three types of heat illness are Heat Cramps, Heat Exhaustion and the most serious and deadly form:

Heat Stroke. All three of these types of dehydration are dangerous, and that is why it is so important to know the warning signs.

Warning Signs!

Dehydration is a very common problem, and young athletes can experience consequences of dehydration even if they are as little as 2% dehydrated. Here are some warning signs:

- Noticeable Thirst
- Muscle Cramps
- Weakness
- Decreased Performance
- Nausea
- Headache
- Fatigue
- Lightheaded or Dizzy
- Difficulty Paying Attention

Then what?

If you experience any of the previous symptoms, you need to take the following action:

1. Rest in a cool place
2. Drink a sports drink that contains the adequate amount of electrolytes.
3. Prevent dehydration in the future by consuming fluids before, during and after exercise.
4. Allow lots of time to rehydrate.

Heat Exhaustion

Symptoms of heat exhaustion include dizziness and fatigue, chills and rapid pulse.

If you experience these symptoms, immediately:

1. Rest in a cool place.
2. Drink a sports drink.
3. Lie down with legs elevated to promote circulation
4. You should begin to feel better soon. If not, you may have heat stroke.

Heat Stroke

Heat Stroke is a medical emergency! If not treated fast and well, it can result in death!

Symptoms include:

Very High Body Temperature

Altered central nervous system function (confusion or unconsciousness)

Healthy athletes collapse during intense exercise in the heat

Cool--Out Heat Stroke

Immediate cool-down procedure is very important if someone seems to be suffering Heat Stroke. Quickly get the person into an ice bath to get temperature down as quickly as possible. Put ice packs all over the body, take a cool shower, use wet towels or spray water. Remember that Heat exhaustion gets better, but heat stroke just gets worse. So take a Heat Stroke victim to the hospital or call an ambulance as soon as possible.

CAREFUL!

Don't give a Heat Stroke victim water or any other liquids to drink, because it commonly causes nausea and vomiting. Cool the body.

Ok, you know the facts, now what are you going to do about it?

Know Your Sweat Rate

Athletes need to know how much they sweat and how much to drink to replace it:

Weigh in before and after practice and competition.

Keep track of how much fluid you drink during workout.

Combine the amount of weight lost with the of fluid consumed to know how much to drink to stay hydrated.

Check your Urine

Yeah, yeah, we know it is gross.

But if your urine is colored dark yellow like apple juice, you probably aren't staying hydrated. It should be clear or light yellow--such as lemonade to know that you are drinking enough fluids.

Hydrate, hydrate, hydrate

- You should always drink before, during and after practice.
- BEFORE gives you a head start.
- DURING gives you the energy to keep going.
- AFTER helps replace the lost fluids and electrolytes.

Know WHAT to drink

Water is always a good choice, but research has shown that sports drinks such as Gatorade, are best while working out. This is because sports drinks contain electrolytes, flavor to encourage you to drink and carbohydrates to send energy to your muscles. Avoid fruit juice, carbonated drinks, caffeine and energy drinks before or after activity.

Speak Up!

If you are feeling ill or need to rest, **TELL YOUR COACH!**

Do not let these symptoms go by without saying something about it! Don't worry your coach won't think less of you and your teammates will respect you protecting yourself. It is nothing short of dangerous and stupid to be quiet when you aren't feeling well. So speak up!

Heat Illness Prevention

There are a lot of factors that can cause heat illness, but here are some simple tips to keep you safe.

1. Acclimation – an athlete needs two weeks to get acclimated to work-out routines. Drink lots of liquids, stay hydrated and take some time to get used to the sport you will be participating in.
2. Proper Rest – Parents and coaches should encourage breaks in shaded areas, practice during cooler times of the day, such as the evening or early morning and practices must be modified based on the conditions of weather and time of year.
3. Dress Code – Wear light-colored and lightweight clothing that does not constrict your body.

Temperature Awareness

Keep track of the heat index and the risk during activities. The 'heat index' is a measurement of air temperature and humidity.

Congratulations!

You've finished The Hydration Campaign. Now you are ready to take the quiz. After you have answered all the questions, give your results to your coach. Thanks for taking the time to make sure you can beat the heat!

QUIZ

Circle the correct response:

1. When conditioning for sports, the process of Acclimation takes:

- A. 1 Day
- B. 2 Days
- C. 1 Week
- D. 2 Weeks

2. Proper hydration is most important:

- A. Before practice or games
- B. During practice or games
- C. After practice or games
- D. They are all equally important

3. Unless discolored from medications, you know you are pretty well hydrated if your urine color is clear or looks like:

- A. Apple Juice
- B. Prune Juice
- C. Lemonade
- D. Limeade

4.

Which of the following are signs of dehydration:

- A. Nausea
- B. Thirst
- C. Weakness
- D. All of the above

5. One treatment for dehydration is:

- A. Drink enough liquids
- B. Get used to it
- C. Vomit
- D. Work harder

6. Which of the following is a sign of heat stroke:

- A. Confusion
- B. Healthy athlete collapses during intense exercise
- C. High core body temperature
- D. All of the above

7. What is the most important treatment for a heat stroke victim:

- A. Resting in a cool place
- B. Re-hydrating before the next practice
- C. Rapid cooling and transport to a medical facility
- D. Eating a snack

8. Rapid cooling can be done by

- A. Ice bath in a "cool place"
- B. Ice packs or cold, wet towels over the body
- C. Taking a cool shower
- D. All of the above

9. The heat index is a measure of:

- A. Humidity
- B. Air Temperature and humidity
- C. Air Temperature
- D. Barometric Pressure

10. In addition to water, the best drink to consume when you are working out is:

- A. An energy drink
- B. 100% juice
- C. You really should only drink water
- D. A sports drink

You are on the TEAM!

Proper hydration and heat illness prevention needs the support and involvement of the:

Coach
Parent
& Athlete

Proper hydration and heat illness prevention requires a team effort between the coach, parent and athlete. It

is essential for the athlete to be prehydrated prior to practice and rehydrate after practice. The information presented is to provide you with the knowledge you need to help the coach keep your child safe at practices and games. Your coach has received additional training in proper hydration and heat illness prevention.

After review of the information and completion of the quiz, please acknowledge below.

Parent/Guardian Signature Athlete Signature

Date Date

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To: Parents and Guardians of all students who participate in athletics and/or AAA sponsored activities
From: David Daniel, Athletics Director
Date: July 15th, 2018
Re: Accident Insurance for students in AAA activities

The following facts should be fully understood by the parents and guardians of all Jonesboro School District athletes and students who participate in school sponsored activities in grades 7 through 12.

1. The Jonesboro School District has entered into a contractual agreement with Health Special Risk, Inc. (HSR) for athletic and extracurricular insurance underwritten by Mutual of Omaha Insurance Company for students in grades 7 through 12. This coverage is for AAA sponsored activities, including all AAA athletic events. Your child will be covered while participating in, practicing for, and traveling to and from such an activity in a school furnished vehicle.
2. Jonesboro School District assumes no responsibility as a result of injuries that occur during an athletic or AAA event, however, this insurance is provided at school expense. This is SECONDARY INSURANCE to whatever health insurance the parent or guardian has for their children, and all claims should be filled with the primary health insurance company and with Health Special Risk, Inc. You will need to indicate on the claim form if they have no other insurance.
3. If the student has no other insurance coverage, Mutual of Omaha Insurance Company will become the primary carrier and will pay accordingly. The parent or guardian should indicate on the claim form if they have no other health insurance.
4. All policies have limitations. Mutual of Omaha Insurance Company will pay up to the amounts that are listed on the student brochure. (see attached) Parent will be responsible for any amounts remaining after both the primary health insurance and Mutual of Omaha Insurance Company limitations have been reached.
5. The Jonesboro School District and its employees are NOT responsible for any costs for treatment to your child by any doctor.
6. In case of injury, it is the responsibility of the parent to file a claim form. These forms are available in the principal's office, from the trainer or coach, or the Administration Office, located at 2506 Southwest Square. Claim forms can also be printed from the HSR's website at www.hsri.com. The coaches, trainer, sponsors and administrative personnel will be happy to help complete the form; however, no School District employee is responsible for filing your claim.
7. As with any policy, there are policy exclusions. Please review the Policy Exclusions and Limitations that are listed in the brochure.
8. Treatment must begin within 60 days from the injury and claims must be filed within 90 days of the injury. Benefits will be paid for covered expenses incurred within 52 weeks from the date of the accident.
9. Since the insurance is for AAA sponsored events only, you may wish to purchase the additional insurance that is available to your child. This should be purchased at the beginning of the school year. The All-School Coverage provides coverage for the injuries that occur at school during school-sponsored activities during the regular school. The 254-Hour Coverage provides coverage 24 hours a day until one year after the date the school year begins.

If you have any questions, feel free to call David Daniel @ 933-5800, or ask your sponsor or coach.

I have read and understand that the coverage provided by Jonesboro School District has certain limitations and is considered primary coverage only if I have no other coverage for my child(ren). I further understand that Jonesboro School District is not responsible for payment of any medical expenses not paid by Mutual of Omaha Insurance Company.

Student's Name: _____ School: _____

Signed: _____ Date: _____



P.O. Box 117558
Carrollton, Texas 75011-7558

Phone: (972) 512-5600 Fax: (972) 512-5818
Toll Free (866) 409-5734
E-mail: K12claims@hsri.com

School District: _____
School Name: _____
Student ID #: _____
Policy Number: _____

STUDENT CLAIM FORM

- 1. Please fully complete this form
- 2. Attach itemized bill:
- 3. Mail, E-mail or Fax to HSR

PART I – POLICYHOLDER'S REPORT

1. Claimant's Name (injured/ill person) 2. Social Security Number 3. Gender M F 4. Date of Birth 5. E-Mail
6. Address of Injured Person 7. Phone Number (include area code)
8. Parent/Legal Guardian Name, Address, City, State & Zip 9. Phone Number (include area code)
10. Date of Accident/Illness 11. Time of Accident a.m. p.m. 12. Place where Accident Occurred 13. Date of First Treatment
14. Indicate which Teeth were Involved in the Accident 15. Describe Condition of Injured Teeth Prior to Accident:
 Dental Claims Whole, Sound, and Natural Filled Capped Artificial
16. Type of Injury (Indicate Part of Body Injured – e.g. broken arm, sprained ankle, etc.) Did Injury Result in Death? Yes No
17. Describe How Accident Occurred or the Nature of the Illness – Give all possible details
18. Which Best Describes the Activity: During lunch hour Athletic period
 Play or practice of interscholastic sports In school bus On school property during school hours
 Not school related School sponsored field trip School sponsored activity during school hours
 P.E. class Traveling to/from school ROTC activity
19. Name of Person Supervising the Activity 20. If engaged in an Interscholastic Sport at the time of the injury, what was the sport?
Signature of Parent/Legal Guardian: _____ Date: _____ Signature of School Official: _____ Date: _____

PART II – OTHER INSURANCE STATEMENT

Do you/spouse/parent have medical/health care or is the Claimant enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through your employer or other source on you or, if applicable, does your son/daughter have health care coverage as a dependent from your previous marriage as mandated in a divorce decree? Yes No
If Yes, name of insurance company _____ Policy # _____
Name of insurance company _____ Policy # _____
If applicable, claimant's primary employer name, address, and phone number _____
If applicable, mother's primary employer name, address, and phone number _____
If applicable, father's primary employer name, address, and phone number _____
IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES OF THEIR EXPLANATION OF BENEFITS along with your claim. IF NO OTHER INSURANCE or HEALTH PLAN EXISTS, PLEASE READ & SIGN BELOW.
I agree that should it be determined at a later date there is insurance (or similar), to reimburse HEALTH SPECIAL RISK, INC., or the insurance company to the extent of any amount collectible.
Signature of Parent/Legal Guardian: _____ Date: _____ Signature of Witness: _____ Date: _____

PART III – AUTHORIZATION TO PAY BENEFITS TO PROVIDER

I hereby authorize medical payments to be made directly to doctor(s), hospital(s), or indicated provider(s) of service(s) in connection with this claim. (If not signed submit proof of payment)
SIGNATURE _____ DATE _____
I hereby authorize any insurance company, hospital, physician or other person who has attended or examined the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records. A photo static copy of this authorization shall be considered as effective and valid as the original.
SIGNATURE _____ DATE _____

By entering your name above in Part II and Part III, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

FRAUD STATEMENTS

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska and Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, West Virginia & Rhode Island: Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Connecticut: This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Delaware, Idaho, Indiana: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Georgia: Any natural person who knowingly or willfully

- 1) Makes or aids in the making of any false or fraudulent statement or representation of any material fact or thing:
 - a) In any written statement;
 - b) In the filing of a claim; or
 - c) In the receiving of money for an application for a policy of insurance for the purpose of procuring or attempting to procure the payment of any false or fraudulent claim or other benefit by an insurer;
- 2) Receives money for the purpose of purchasing insurance and converts such money to such persons own benefit;
- 3) Issues fake or counterfeit insurance policies, certificates of insurance, insurance identification cards, or insurance binders; or
- 4) Makes any false or fraudulent representation as to the death or disability of a policy or certificate holder in any written statement for the purpose of fraudulently obtaining money or benefit from an insurer commits the crime of insurance fraud.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Michigan, North Dakota, South Dakota: Any person who knowingly and with intent to defraud any insurance company or another person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects the person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Warning: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding "OTHER INSURANCE STATEMENT", marking either yes or no, and signing the line for authorization, so that *HSR* and the doctors/hospital may communicate concerning your claim.
Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.
2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to *HSR* for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please send all of the itemized bills to *HSR* at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for (diagnosis) and the specific itemized charges (description of treatment and amount) incurred (including the CPT/procedure code).
4. If this information is not on the bill when you send this in we will have to contact the doctor/hospital which will delay the review of your claim. "Balance Due" or "Balance Forward" statements do not contain sufficient information to complete your claim.

EXCESS INSURANCE

1. This policy provides coverage on a secondary/excess basis. If you have any other primary insurance coverage you need to send the bills to your primary insurance first.
2. *HSR* will consider benefits after your other, primary insurance has processed the claim.
3. We will require a copy of your primary insurance Explanation of Benefits (EOB) which you should receive from your primary insurance letting you know what was paid or denied, and the reason(s) why.
4. *HSR* will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (866) 409-5734. They are available from 8:00 a.m. thru 6:00 p.m. central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5818.

Health Special Risk, Inc.
P.O. Box 117558
Carrollton, TX 75011-7558

CONSENT AND HIPAA AUTHORIZATION FORM Health and Fitness Expo The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of individuals' personal health information. Under this law, athletic trainers are not able to speak to anyone, including coaches, in regards to athletic injuries or conditions, without authorization. I hereby authorize the use or disclosure of protected health information as described below.

1. The following specific person/class of persons/facility is authorized to use or disclose information about the Student: St. Bernard's Hospital, Inc. dba St. Bernards Medical Center and Cardiology Associates of Jonesboro, Inc. dba St. Bernards Heart & Vascular

.2. The following person (or class of persons) may receive disclosure of protected health information about the Student: Any and all athletic trainers, coaches, athletic directors, physicians, medical staff, health care providers, insurance agents or teachers, associated with the Student's school.

3. The specific information that should be disclosed is: Any and all medical records, including, but not limited to, information created and stored in SportsWare OnLine, as a result of the Student's participation in the 2015 Health and Fitness Expo, or previous Expos. I understand that the information in the Student's health record may include information related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse

.4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility reviewing it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying Andy Shatley, 225 E. Jackson, Jonesboro, AR 72401 (870-207-7800), in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of the Student on whether or not I sign the authorization. However, participation in certain school activities and athletic events may be conditioned upon my execution of this authorization and the release of information

.6. My purpose for/intended use of the information is: for the Student to participate in school athletic events.

7. This authorization expires one (1) year after the Student has graduated from high school; or, if the Student fails to graduate from high school, upon the Student's twentieth (20th) birthday.

I have read and understand the HIPAA Authorization provisions within this document and by signing below, I authorize the release of medical information concerning the Student, pursuant to the Authorization. I have been provided a copy of St. Bernards Medical Center's Notice of Privacy Practices (also found at www.stbernards.info/privacy). I have completed and reviewed the Pre-participation Physical Evaluation - History Form and swear and affirm that the answers to the questions contained therein are true and correct to the best of my knowledge, information and belief. If applicable, I hereby give permission for my son, daughter, or ward to participate in the pre-participation evaluations.

Student Name

Date of Birth

Signature of Student if over 18

Signature of Parent/Legal Guardian

Relationship

Date