

# Cowboys:

Monday, July 19, 2021

Football Season will be here soon!! Hope your summer is going well and that you are excited for football!! Our first game is Monday, August 30<sup>th</sup>!!

## Preseason Practice Schedule:

**Monday, August 16<sup>th</sup> through Friday, August 20<sup>th</sup>**

**Practice: 7:00 AM**

**Monday and Tuesday August 23<sup>rd</sup> & 24<sup>th</sup>**

**“Teacher Inservice Training Days”**

**Practice: 3:30 PM**

**Wednesday, August 25<sup>th</sup> First day of school for 2021-2022**

**Practice: After School 3:30 PM**



Before practice starts on the 16<sup>th</sup>, each one of you needs to have a physical completed. Make sure your parents schedule you one as soon as possible.

**The Killdeer Clinic, Coal Country Health, is having “Sports Physical Clinic” Wednesday, July 21<sup>st</sup> and Wednesday, July 28<sup>th</sup> – an appointment is required, only \$25, paperwork should be filled out in advance, a parent must be with you, and masks are required.** I enclosed the paperwork for the physical. Extra physical forms are available at the school office, school website under *athletics – forms and health info*. The physical forms can also be obtained online at [www.ndhsaa.com](http://www.ndhsaa.com) . Coal Country Health Clinic phone number: 764-5822

**First Practice - August 16<sup>th</sup> 7:00 AM**

**(Equipment will be handed out on the first day)**

Please bring the signed forms to the practice or hand them in at the school office any time. The forms needed by all athletes are: 1. Physical 2. Concussion Management 3. Medical Care Release (all needed forms are enclosed)

We are looking forward to having a fun season! We hope you get yourself into decent shape before we begin practice. It will be important for you to do some running, stretching and exercising before practice begins!!

Coach Dobitz and Coach Elkins



# NDHSAA PREPARTICIPATION PHYSICAL EVALUATION

## HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s) \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)			Yes	No
1. Do you have any concerns that you would like to discuss with your provider?				
2. Has a provider ever denied or restricted your participation in sports for any reason?				
3. Do you have any ongoing medical issues or recent illness?				
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?				
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?				
7. Has a doctor ever told you that you have any heart problems?				
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.				

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY			Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTs), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				



**NDHSAA PREPARTICIPATION PHYSICAL EVALUATION**

**ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Date of disability:		
2. Classification (if available):		
3. Cause of disability (birth, disease, injury or other):		
4. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_



PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History)

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA





**NDHSAA PREPARTICIPATION PHYSICAL EVALUATION**

**MEDICAL ELIGIBILITY FORM**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_

- Medically eligible for certain sports

\_\_\_\_\_

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

**SHARED EMERGENCY INFORMATION**

Allergies: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

\_\_\_\_\_

**PERMISSION FOR MEDICAL TREATMENT**

In the event of an emergency requiring medical attention, I hereby grant permission for emergency treatment for my daughter/son. I expect an effort will be made to contact me if an emergency occurs. I understand the cost for any medical attention may not be covered or paid by any high school or the North Dakota High School Activities Association. I hereby approve participation in athletic activities.

Grade of Athlete \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Student: \_\_\_\_\_

Complete Both // Sides ..

**Killdeer Public School  
School Activities  
Medical Care Release**

**INJURIES:** Killdeer Public School will strive to ensure that competent coaches/advisors, safe facilities, and safe equipment are utilized. Nevertheless, injuries may still occur. If an injury occurs, notify the coach/advisor. **MEDICAL COSTS FOR INJURIES ARE NOT THE RESPONSIBILITY OF KILLDEER PUBLIC SCHOOL.** Killdeer Public School does not carry insurance to cover costs involved in an injury. Injury costs are the responsibility of participants and/or their parents/guardians.

We (students and parents/guardians) acknowledge that we (student and parents/guardians) have been properly advised, cautioned, and warned by the administration and advisors/coaches of Killdeer Public School District that by participating in school activities exposes oneself to risk of serious injury including but not limited to sprains, fractures, ligament and/or cartilage damage which could result in a temporary or permanent, partial, or complete impairment in the use of any limb, brain damage, paralysis, or even death. Having been so cautioned and warned of the risk of injury, it is still my (student) desire to participate in school activities and we (parents/guardians) give our consent for our child to participate in any and all Killdeer Public School Activities.

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Emergency Medical Care Release**

We (parents/guardians) do hereby grant permission to the attending physician and/or emergency medical personnel to carry out any and all necessary medical and/or first aid procedures on

(full name of student) \_\_\_\_\_ in the case of an emergency. We (parent/guardians) understand that every effort will be made to contact us before any procedures are carried out, if possible. However, we understand that there may be a situation in which the emergency care must be undertaken immediately by the attending physician and/or emergency medical personnel. We hereby give our consent to the above mentioned medical personnel to carry out such procedures in immediately necessary.

We (parent/guardians) further acknowledge that the Killdeer Public School District does not carry or provide medical insurance to participants in school activities who may be injured or become ill while participating in a Killdeer Public School District sponsored activity. All such costs are the responsibility of the parents/guardians.

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**(Please complete the back side regarding contact information)**

Student: \_\_\_\_\_

Note: This form must be filled out each year. Its purpose is to provide coaches/advisors and medical personnel with the necessary information needed in the event of an emergency. Coaches/advisors are required to carry this information with them at all times including but not limited to practices and games/events. It is the responsibility of the parents/guardians to notify the Head Coach and/or Athletic Director at Killdeer Public School if there are any changes and complete a new form.

**Contact Information**

Participant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Mother/Guardian: \_\_\_\_\_  
Work Place: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Other Number(s): \_\_\_\_\_

Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Age: \_\_\_\_\_  
Male/Female: \_\_\_\_\_  
Father/Guardian: \_\_\_\_\_  
Work Place: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Other Number(s): \_\_\_\_\_

Name of person to contact if  
Parents/guardians cannot be reached:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

**Medical Information**

Family physician: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_

Does the participant have any of the following:

- Physical restrictions? \_\_\_\_\_
- Significant medical health issues? \_\_\_\_\_
- Taking any medications? \_\_\_\_\_
- Have any allergies to drugs/food/ect? \_\_\_\_\_
- Surgical history? \_\_\_\_\_
- Dates and number of concussions? \_\_\_\_\_

If answered yes to any of the above, please explain below:

KILLDEER PUBLIC SCHOOL  
CONCUSSION FACT SHEET FOR PARENTS

**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 or what seems to be a mild bump or blow to the head can be serious.

**What are the signs and symptoms?**

You can't see a concussion, signs and symptoms of concussions 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.

Signs Observed By Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (even briefly)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not "feeling right" or is "feeling down"</li> </ul>

**How can you help your teen prevent a concussion?**

Every sport is different, but there are steps your teens can take to protect themselves from concussions 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.

**What should you do if you think your teen has a concussion?**

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first – usually within a short period of time (hours, days, or weeks) – can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussions will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
4. **Tell all of your teen's coaches and the student's school about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

PLEASE RETURN ONLY THE VERIFICATION SIGNATURE FORM TO THE SCHOOL.

KILLDEER PUBLIC SCHOOL  
CONCUSSION FACT SHEET FOR ATHLETES

**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 your brain normally works
- Can occur during practices or games in any sport or recreational activity
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or "had your bell rung"

All concussions are serious. A concussion can affect your ability to do school work and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

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

You can't see a concussion, but you might notice one or more of the symptoms listed below or that you "don'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 I do if I think I have a concussion?**

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professionals can tell you if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

**How can I prevent a concussion?**

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
  - Follow your coach's rules for safety and the rules of the sport
  - Practice good sportsmanship at all times

**It's better to miss one game than the whole season.**

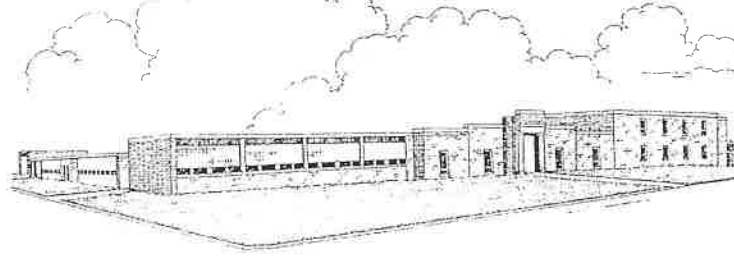
PLEASE RETURN ONLY THE VERIFICATION SIGNATURE FORM TO THE SCHOOL.

Jeff Simmons; Superintendent  
Karter Kleeman; H.S. Principal  
Andrew Cook; Elem. Principal  
Rhonda Zastoupil, Business Manager

Board of Directors  
Pamla Kukla, President  
Scott Bice  
Levi Bang  
Larry Lundberg  
April Dutchuk

# Killdeer Public School

## District No. 16



P.O. Box 579  
101 High St. NW  
Killdeer, ND 58640

(701) 764-5877  
Fax (701) 764-5648

Email: [killdeer.school@k12.nd.us](mailto:killdeer.school@k12.nd.us)

## Killdeer Public School

### Concussion Management Information Verification

Killdeer Public School is providing the attached concussion management information as required by North Dakota State Law (NDCC 15.1-18.2-04). The statute requires that each student and their parent/guardian shall document that they have viewed information regarding concussions that may be incurred by students participating in athletic activities. This form must be signed and returned to the school prior to the athlete beginning practice. By signing below, the student and their parent are verifying that they have reviewed the concussion information.

I have reviewed the attached concussion management information.

\_\_\_\_\_  
Athlete's Name (Printed)

\_\_\_\_\_  
Parent's Name (Printed)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PLEASE RETURN THIS SIGNED VERIFICATION FORM TO YOUR COACH.

