

MADISON ATHLETIC DEPARTMENT RULES AND POLICY

Updated 7/1/15

The Madison Athletic Rules and Policy packet will be distributed to all athletes participating in any sports program by the head coaches at their pre-season meetings. The Rules and Policies Consent and Release Form must be signed by both athlete and athlete's parent/guardian and immediately returned to the respective head coach. The signing of this policy signifies the awareness of the rules and the willingness to comply with the policy, along with the consequences of any violation of the policy.

ATHLETIC DEPARTMENT

The Madison Athletic Department is responsible for organizing, maintaining, and supporting all interscholastic activities and the coaches that oversee them. This includes the athletic budget, interaction with the athletic boosters, supporting coaches, and student athletes. The goal is to provide support for all activities and provide them with the necessary materials to be successful.

MADISON ATHLETIC PHILOSOPHY

The Madison Athletic Department considers interscholastic activities to be an integral part of a school's educational program. The student athlete's mental, physical, social, and providing a variety of experiences strengthens emotional development. Development of positive attitudes and life-skills will better prepare the student athlete for adult life in a democratic and competitive society. The ability to promote involvement and participation in interscholastic activities instills pride, reinforces family values, and enhances the self-image of individuals, the district, and the community.

MADISON ATHLETIC GOALS AND OBJECTIVES

Goal – The student athlete will develop positive, life-skills that will help them be a successful citizen in their community, and democratic society.

Specific Objective – The student athlete will learn how to respect themselves and those individuals around them. Their self-discipline will help them set and reach goals, which will strengthen their own self-worth while their ability to be responsible and accept challenges benefits the entire community. The ability to work with individuals in the society who share different views or cultures through sportsmanship and teamwork benefits everyone in a democratic society and helps the student athlete succeed in a very competitive, complex world.

BOOSTERS

The Madison Mohawk Boosters is an organization of community members providing financial, material and emotional support for the students of the Madison Local School District. We encourage you to become a Booster and help us to promote our finest asset, the students of our community! Membership forms can be obtained in the Athletic Office.

GRADES

The rules of the Ohio High School Athletic Association shall be followed. The local standard that must be maintained by all of our student athletes is a 1.5 grade point average. The OHSAA standard for eligibility states that students must pass 5 (1 credit hour) courses to be eligible. Physical Education does not count as a 1 credit hour class.

SCHOOL ATTENDANCE

In order to practice or participate in athletics, an athlete must be in attendance at school that day a minimum of ½ of the school day. The Athletic Department views 11 a.m. as the cut off for this ½ day standard. The Assistant Principal/Athletic Director must approve exceptions. The state standard allows for a student to miss 15 days per year. Anything beyond this standard makes them ineligible for the remainder of that year.

SUBSTANCE ABUSE AND/OR SMOKING

Use, sale, or possession of alcohol, tobacco, or illegal drugs is prohibited. If a student-athlete is caught or observed by any school official or law officer in any of the above, he or she will be denied participation from athletics for the remainder of the sports season.

A student who is guilty of a first offense may reduce his suspension to only 20% of his/her entire season by entering a school-approved assessment program that targets tobacco, alcohol or drug cessation. An additional offense during the same school year following the completion of the assessment program would result in an athletic suspension that shall last one calendar year. A third offense may result in permanent exclusion from all sports.

LEAVING A TEAM

Any student-athlete who leaves a team after the first scheduled game, match or meet is ineligible to condition, practice, or participate with another team until the end of the sport's season. Any exception (medical, etc.) must be approved by the Athletic Director. One who leaves a squad must personally and promptly return all issued uniforms and equipment to the coach. Also, any athlete leaving a team must forfeit any awards earned during the season from the Madison Athletic Department.

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PARTICIPATION ON TWO SQUADS SIMULTANEOUSLY

An athlete may participate on only one athletic team per season. Concentration of an effort toward one goal will result in greater individual and team accomplishments. A request (Dual Sports Agreement obtained in the athletic office) for an exception must be made by the athlete and then approved by both coaches and the Athletic Director.

INAPPROPRIATE ACTS OR BEHAVIORS

Any athlete who uses abusive language or is disrespectful to officials, coaches, fans, teammates, or opponents, has unexcused absences from games or practices, and/or tardies to games or practices, or has taken another's possessions without authorization, may expect reasonable punishment by the coach of his/her sport or by the Athletic Director. Future occurrences of any kind or matter during an athlete's athletic career will follow with progressive discipline by the coach or Athletic Director.

PHYSICAL CARDS AND EMERGENCY FORMS

Before any athlete can participate in any organized conditioning, practice, or interscholastic competition they must have a current physical form and emergency medical form on file in the Athletic Department.

PARTICIPATION WITH OUTSIDE GROUPS OR TEAMS

Any athlete that is participating on a school supported team or sport is prohibited from participating in any way with another team or program for the same sport, during their season. This includes practices, tryouts, scrimmages, or games. Penalty for violating this OHSAA policy is that the player will be deemed ineligible for that sport for up to one year from the violation.

TRANSPORTATION

All student athletes shall ride to and from contest on the transportation provided by the school. Any exception to this policy must be submitted in writing and approved in advance by the administration. **The Travel Release Form** (can be picked up in Athletic Office) must be completed and turned in to the Athletic Office at least one day prior to the trip.

PERSONAL CONDUCT

All athletes must conduct themselves in a proper manner. Failure to demonstrate appropriate behavior and attitude will result in discipline measures by the Athletic Director. Athletics can be very emotional and controlling emotions is sometimes difficult. Athletes must be held responsible for their actions on and off the field or court. All discipline types of consequences will be progressive based on their entire athletic career at Madison and can carry across multiple sports. Athletes are held to higher standards and expectations because they are representing themselves, their parents, their team, coaches, school, and community.

Parents who attend sporting events or activities also need to conduct themselves in an appropriate manner. Parents are the best role models for our student athletes. By conducting themselves in a positive manner, we provide all of our athletes with behaviors they can model. Parents also cannot let their emotions get the best of them. If you become a distraction to a player or coach, it doesn't benefit anyone. Be positive and supportive during these activities and find the appropriate time to express your frustration or displeasure. Parents who are upset, need to have time to cool down and collect thoughts before acting (24 hour rule). If a parent is still displeased after a day or so, call and make arrangements to meet with the coach or Athletic Director to discuss the issues that are bothering you. *Acting out during or directly after a game is a bad decision and usually ends up making the situation worse.*

Student Ejection – Two game suspension and completion of an on-line Sportsmanship Course. Second offense – 4 game suspension, disciplinary meeting with administration. Third Offense – dismissal from team and a one year suspension from playing any sport.

Parent Ejection – Two game suspension and completion of online Positive Behavior Course. Second offense – four game suspension a second online course, meeting with administration. Third Offense – banned from all athletic events.

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ATHLETIC INJURIES: THE RISK PREVENTION AND CARE

UNDERSTAND THE RISK OF ATHLETIC PARTICIPATION

1. Any type of athletic participation has its possibility of risk of injury and this risk includes the possibility of death.
2. The risk of injury is possible regardless of all preventive measures.
3. These potential risks can be broken down into the following three categories:
Minor Injuries – Participation that can result in such injuries as a sprain, bruise, abrasion or minor infection.
Major Injuries – Participation that can result in injuries requiring immediate medical attention, hospital treatment or surgical attention. These injuries may leave the athlete physically impaired for a lifetime.
Catastrophic Injuries – Participation that can result in total paralysis of the body or death.
4. It is important that both parents and athletes understand these risks when involved in athletics.

PREVENTION OF POTENTIAL ATHLETIC INJURY

The parents, athlete and school can work together in a variety of ways to prevent potential injuries:

1. Do not ask the athlete to participate or perform in a situation beyond their physical or mental capability.
2. Discuss with the athlete their role in a chosen sport and review as to whether the athlete and sport are properly matched.
3. Discuss the importance of a positive mental attitude regardless of the team record.
4. Insure that the athlete is using all appropriate equipment for their sport.
5. Insure that the coach and doctor are aware of past injuries, diseases or hereditary problems.
6. Fill out all paperwork in regards to medical condition as accurately and completely as possible.
7. Watch and talk with your children to determine whether they may be sick, injured or excessively tired and not telling anyone.
8. Say “NO” to substance abuse.
9. Don’t play other sports during your sports season that will place the athlete in a position to be injured.
10. In the off-season, maintain a proper program of conditioning, flexibility and weight training.
11. Parents should meet their child’s coaches, find out about practice and training schedules and ask questions if concerned.
12. ATHLETES: Never touch an injured player and always tell your coaches if you suspect a physical problem with a teammate.

PROVIDE A STEADY ROUTINE OF THE FOLLOWING

1. Nutrition – Three Balanced meals a day including what to eat and when to eat.
2. Hygiene – Clean clothes, shoes, socks and body everyday.
3. Rest – Proper sleep, rest or quite times at home.
4. Academics – Studies must be the priority.

THE PROPER CARE OF ATHLETIC INJURIES

No athlete, parent or coach wants an injury. The athlete, parent, coach and doctor must work together.

1. Agree that the athlete does not participate until healed or allowed back and released by the doctor and the family.
2. The word of the doctor is final.
3. Know the full story of an injury, its cause, description treatment, and rehabilitation.
4. Ask questions. Athletes will cover up so as not to miss the next game.

For all high school sporting events a trainer is provided. Our trainer is certified to assess all sports related injuries. Before you pay for a doctor’s visit. The trainer is available to assess the injury of any of our athlete’s and give you a better idea of the injury and what you should do to help get your athlete back on the playing field.

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REQUIREMENTS FOR EARNING A LETTER

ALL SPORTS

1. A senior who has been a member of the squad for three consecutive years with little or no playing time.
2. The head coach has the right to award a varsity letter if, in his opinion, there were circumstances which did not allow the athlete to letter.
3. A letter winner must be a member of the squad in good standing at the end of the season.
4. Injured Player – If physically able must be with the squad the entire season.

Football – Played in one-half the total quarters.

Basketball Boys and Girls – Played in one-half total quarters.

Baseball and Softball – Specialist-Pitcher in regular rotation. Participates in one-half scheduled games.

Cross Country – Any athlete that participates in one-half of the scheduled meets.

Track – Total points equal the amount of small meets.

Tennis Boys and Girls – Played in one-half of the scheduled matches.

Golf – Played in one-half of the scheduled matches.

Soccer Boys and Girls – Played in one-half total halves.

Volleyball – Played in one-half of the scheduled quarters.

Students must be in attendance at season's Awards Program to receive their award. This marks the official end to the season. Exception: Prior approval by coach or Athletic Director.

HAZING

MADISON SCHOOL DISTRICT FORBIDS HAZING IN ANY FORM

Hazing is defined in Ohio revised code 2903.31 (A) as follows:

As used in this section, "Hazing" means doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person.

Section 2309.31(B)(2) and (C) states:

(B)(2) No administrator, employee, or faculty member of any primary, secondary, or post-secondary school or of any other education institution, public or private, shall recklessly permit the hazing of any person.

(C) Whoever violates this section is guilty of hazing, a misdemeanor of the fourth degree.

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RULES AND POLICY CONSENT FORM

Student Information (Please Print)

Name _____ Grade _____
(Last Name) (First Name) (M.I.)

Address _____ Age _____

City, State, Zip _____ Phone _____

Student I.D. # _____ Birthdate _____ / _____ / _____
Month Date Year

Parent/Legal Guardian _____

Student Email Address _____

Parent Email Address _____

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Are you an open enrolled student? Yes No

Yes No

WE HAVE RECEIVED AND READ THE MADISON ATHLETIC RULES AND POLICY PACKET AND AGREE TO THE REGULATIONS AND CONSEQUENCES OF THE POLICY.

WE HAVE ATTENDED THE PARENT/STUDENT MEETING ON THE RISK OF ATHLETIC PARTICIPATION OR HAVE RECEIVED AND EXAMINED THE WRITTEN MATERIAL AND HEREBY REPRESENT THAT WE FULLY UNDERSTAND AND RECOGNIZE THE RISKS INVOLVED WITH PARTICIPATION IN THE SPORT AND DO HEREBY VOLUNTARILY AND KNOWINGLY GIVE OUR INFORMED CONSENT TO SAID CHILD'S PARTICIPATION IN THIS SPORT.

I HAVE READ THE OHIO DEPARTMENT OF HEALTH'S CONCUSSION INFORMATION SHEET AND UNDERSTAND THAT I HAVE A RESPONSIBILITY TO REPORT /MYMYCHILD'S SYMPTOMS TO COACHES, ADMINISTRATORS AND HEALTH CARE PROVIDERS. I ALSO UNDERSTAND THAT i/MY CHILD MUST HAVE NO SYMPTOMS BEFORE RETURN TO PLAY CAN OCCUR

Student/Athlete Signature

____ / ____ / ____
Date

Parent/Guardian Signature

____ / ____ / ____
Date

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ACKNOWLEDGEMENT OF WARNING BY STUDENT

I, _____, hereby acknowledge that I have been properly advised, cautioned
(Print name of Student)
and warned by the proper administrative and coaching personnel of the Madison Local School

District that participating in the sport of _____, I am exposing myself to the risk
of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or
cartilage damage which could result in a temporary or permanent, partial or complete impairment in
the use of my limbs, brain damage, paralysis, or even death. Having been so cautioned and warned,
it is still my desire to participate in the above sport, and should I choose to participate in the above
sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk
of serious injury to which I am exposing myself by participating in the above sport.

Signature of Student

Date

** This form is an acknowledgement of warning – not a waiver of rights.*

ACKNOWLEDGEMENT OF WARNING BY PARENT

We/I, the parent(s) of _____ do hereby acknowledge that we/I have been
(Print name of Student)
fully advised, cautioned and warned by the proper administrative and coaching personnel of the
Madison Local School District that our/my child named above may suffer serious injury, including
but not limited to, sprains, fractures, brain damage, paralysis or even death, by participating in the
sport of _____
(name of sport)

Having been so cautioned and warned, and with full knowledge and understanding of the risk of
serious injury to my/our child named above which could result, we/I give consent to our/my child
to participate in _____
(name of sport)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

** This form is an acknowledgement of warning – not a waiver of rights.*

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not "feel right."*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should NEVER return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on [the ODH website](#).

Resources

ODH Violence and Injury Prevention Program
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.blausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.

Athlete

Date

Athlete *Please Print Name*

Parent/Guardian

Date



THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL



OHSAA AUTHORIZATION FORM 2017-2018

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: _____

School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature Birth date of Student, including year

Name of Student's personal representative, if applicable

I am the Student's (check one): Parent Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable Date

A copy of this signed form has been provided to the student or his/her personal representative

MADISON LOCAL SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student's Name _____ Birthdate: _____ Grade: _____
Home Address _____ Teacher/Homeroom _____
City/State/ZIP _____ Date of Last Tetanus _____

Student resides with: (circle all that apply) Mother Father Stepparent Guardian Other _____

List only the names (first and last) of those who have authority to make decisions in an emergency situation involving this student. Then, indicate on the line to the left, the order in which you desire contact attempts to be made based on availability (i.e., 1st, 2nd):

___ Mother _____ Home # _____ Work # _____ E-mail _____
___ Father _____ Home # _____ Work # _____ E-mail _____
___ Stepparent _____ Home # _____ Work # _____ E-mail _____
___ Guardian _____ Home # _____ Work # _____ E-mail _____
___ Relative/alternate (i.e., child care provider), if applicable: Relationship to child _____
Name _____ Home # _____ Work # _____ E-mail _____

MEDICAL HISTORY: Facts concerning the child's medical history, including allergies/asthma, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:

Complete ONLY ONE of the following: I. Consent for Treatment OR II. Refusal to Consent

I. CONSENT FOR TREATMENT:

I hereby give consent for the following medical care providers and local hospital to be called:

Preferred Physician _____
Office # _____
Preferred Dentist _____
Office # _____
Medical Specialist _____
Office # _____
Preferred Hospital _____
Office # _____

II. REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

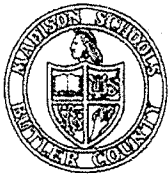
Parent/Guardian
Signature _____
Address _____

Date _____

AND

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.



TEXT MESSAGING PERMISSION FORM

Madison Local Schools Text Messaging Between School Personnel and Students Policy

It is the duty of all teachers, coaches, extra-curricular moderators and staff members (“Personnel”) to maintain only appropriate communications with students at all times. The District recognizes that with advances in communication technology there are more opportunities for out-of-school and non-school related communications between personnel and students. The increased opportunity for such communication also increases the responsibility of all personnel to ensure that all forms of communication are appropriate and within the bounds of the Ohio Revised Code and the Ohio Department of Education Teacher Code of Conduct.

Further, the District recognizes there are many convenient and efficient means of communication available to personnel who need to contact students. For example, personnel can contact students via telephone, school e-mail accounts and the school-wide Pre-K-12 Notification System (which permits personnel to send a single telephone message to multiple students at once), text messaging and other forms of electronic communication and social media.

Every year each building principal will distribute a “TEXT MESSAGING PERMISSION FORM” that will provide for parents/guardians to give permission for their child to send and receive text messages from personnel. This permission form will also provide the parent’s/guardian’s cell phone numbers so that they are carbon copied (cc) all messages sent and received from personnel.

Violation of this policy may constitute just cause for disciplinary action up to and including termination. However, it is understood by the Board of Education that text messages may be received by personnel that could be considered a “cry for help” falling outside the Permission Form procedure described in this policy. Personnel may respond to those messages in an appropriate manner according to the intent of the Madison Local Schools Text Messaging Between School Personnel and Students Policy and the expectations of the Ohio Revised Code (i.e., child abuse, threats of bodily harm, etc). “Cry for help” text messages should be reported to the building principal within 24 hours of receiving the message by staff.

Adopted 4/20/09
Revised Jan. 2011

Text Messaging Permission

I hereby give permission for my child, _____,
to receive and send text messages to school personnel.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Cell Number _____

Student’s Cell Number _____