Beaufort County School District
Athletic Parent Handbook
2018-2019
Participation Privilege: Participation in sports is a privilege, not a right. Extracurricular sports are generally governed by the rules established by the Board of Education and the SCHSL. Each coach may have additional rules and expectations for team members which will be distributed at the beginning of the season. A student who participates in athletics is subject to disciplinary consequences imposed by coaches and school administrators.

2.0 GPA Required: A student must pass a minimum class load as established by the SCHSL during the proceeding semester. A student must earn a weighted GPA of 2.0 in accordance with Admin. Reg. SS-36, Student Athletics. Students not meeting these guidelines are ineligible to participate.

Effect of Suspension/Absence on Participation: A student suspended or absent from school is not eligible to practice, play, or attend any meetings during the suspension or absence. If the suspension or absence includes the last day of school before a vacation or weekend, the student becomes eligible the next calendar day after the suspension or absence concludes. Exceptions such as funerals, field trips, and college visitations must be approved by the Principal in advance.

Student Conduct: Participation in athletics is a privilege, not a right. The Board expects all students who represent their school to be good representatives of their school community and the BCSD. Students should dress, act and conduct themselves in a way that reflects positivity on themselves, their team and their school. Each student is expected to display good citizenship at all times. Any student who fails to conduct him/herself appropriately may have the privilege of participation limited or revoked.

Athletes as Role Models: As a student-athlete, I am a role model. Using inappropriate language, taunting, baiting or the use of unwarranted physical contact directed at opposing players, coaches, officials or fans are contrary to the spirit of fair play and the good sportsmanship that comes with being a student-athlete. I further acknowledge I must not falsify any official eligibility information relating to my residence and acknowledge doing so may result in the ineligibility of my student-athlete.

Travel: All students are required to travel to/from events with the coach and the team unless the coach receives information directly from the parent/Guardian that the student has permission to travel by other means.

Inclement Weather: The BCSD wants everyone to have a successful start to the new school year. By taking a moment to be mindful of a few simple steps when there is lightning in the area, everyone will be safe at play. The appendix of the NFHS Rules book for football and other outdoor sports has a page with the NFHS Guidelines for Handling Practices and Contests During Lighting or Thunder Disturbances. In addition to the Guidelines being in the appendix, you can also find them here:


When reviewing the guidelines, it is recommended that each school to have a game administrator or athletic trainer available who can assist game officials when making a weather related decision. Schools who have access to weather based technology, it is recommended to use this information with assisting officials in lightning related decisions. The BCSD would like to encourage both the schools and officials to by mindful (whether the information is provided through technology or visibility) when addressing severe weather. In our efforts to make these sometimes difficult decisions easier to navigate, we encourage administrators and trainers to meet with officials prior to starting events to discuss alternate plans due to weather also, any local school or district based requirements for dealing with severe weather.

False Residency Information: Falsifying residency information could result in suspension and/or expulsion from all BCSD athletic programs and/or ineligibility.

Parent Pledge: As a parent, I am a role model. I will remember that school athletics are an extension of the classroom, offering learning experiences for students, whether participating or spectating. I will show respect for the opposing teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and good sportsmanship that the BCSD, its schools, the athletic conferences in which our schools participate and the SCHSL expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student-athlete. I agree to encourage and support my student by attending parent meetings as required by the
school/coach. Lending support to the school/activity booster club, ensuring that my student follows all SCHSL, BCSD, school, and team conduct, rules, interacting with classroom teachers, counselors, and school administrators on a regular basis to monitor the academic success/progress of my student, demonstrating good sportsmanship at all times towards coaches, officials, competitors, and personnel, submitting all fees and forms as required for participation, following the established methods to address program/individual concerns by first contacting my student’s coach, attending contests in which my students will be involved as often as possible, and ensuring my student has the necessary transportation to/from practices and events.

**Athletes as Role Models:** As a student-athlete, I am a role model. Using inappropriate language, taunting, baiting or the use of unwarranted physical contact directed at opposing players, coaches, officials or fans are contrary to the spirit of fair play and the good sportsmanship that comes with being a student-athlete. I further acknowledge I must not falsify any official eligibility information relating to my residence and acknowledge doing so may result in the ineligibility of my student-athlete.

**Student Athlete Insurance Coverage:** The BCSD provides insurance coverage for student-athletes. The coverage is excess the primary medical coverage for the student, but will become primary if a student is not insured. The coverage reimburses up to 70% of reasonable and customary charges, but coverage limitations do exist. A schedule of benefits is available at the beginning of each school year. The BCSD does not select medical doctors and lacks control over the amount of money they charge for services.

**Relevant Excerpts from Relevant BCSD Administrative Regulations**

A full version of these Regulations may be accessed and viewed at: http://policy.microscribepub.com/cgi-bin/om_isapi.dll?clientID=2020899428&infobase=beaufort.nfo&softpage=PL_frame
I. **Introduction.** The Beaufort County School District ("BCSD") strongly believes that drug use and substance abuse can be detrimental to the physical and emotional health and the academic performance of its students. It is from this belief and out of concern for students’ well-being that the BCSD initiates a random drug-testing program. The purpose of this drug testing program is to help students and not to be punitive. Therefore:

A. A positive test arising from this random drug testing program will not result in suspension from school or notification to legal authorities, and

B. A first positive test will not automatically result in ineligibility from any school activities.

II. **Findings.** The BCSD enacts this administrative regulation governing random student drug testing based on the following findings:

A. Drug and substance abuse by students is a serious problem throughout the nation;

B. Beaufort County, due to its demographics and status as a tourist destination, is particularly susceptible to substance abuse problems;

C. The BCSD has recorded a substantial number of student drug and/or alcohol violations, leading the BCSD to believe there may be a problem of alcohol and drug abuse among Beaufort County students;

D. While the primary responsibility for addressing substance abuse by students rests with parents, the BCSD and the community at large also have a responsibility for addressing substance abuse by students;

E. The BCSD has implemented various prevention, education and intervention programs to reduce substance abuse among Beaufort County students and is committed to continue addressing the substance abuse problem head-on rather than ignoring it;

F. The U.S. Supreme Court has authorized the use of random drug testing of students who elect to participate in voluntary school activities that are privileges rather than rights;

G. An increasing number of school districts across the country have enacted random drug testing policies;

H. School districts that have enacted random drug testing policies report positive results in reducing drug use and discipline problems and in fostering a school culture resisting drug abuse;

I. Students who participate in athletics and other voluntary extracurricular activities are representatives of the BCSD and their schools and are often role models for other students;

J. Students who voluntarily choose to drive to and from school are permitted to park on campus as a privilege. The school district has a particular interest in assuring the safety of these drivers, in campus parking lots, and of others on and near school campuses; and

K. A random drug testing policy of students engaged in voluntary school activities is likely to be an effective tool in reducing substance abuse.

III. **Goals of Random Drug Testing Program.** The random drug testing program is not intended to punish students, but to help them. Goals of the random drug testing program are:

A. To educate students about the dangers and problems associated with drug use/abuse;
B. To deter drug use/abuse by students;

C. To identify students participating in extracurricular activities or driving to school who may be abusing drugs and to determine the identity of the drug(s);

D. To provide information to parents so that parents can take appropriate steps at the family level;

E. To motivate students to resist negative peer pressure;

F. To provide opportunities for counseling and treatment for any student who is determined to be using/abusing drugs;

G. To help ensure the safety of students who participate in athletics, extracurricular activities or driving privileges;

H. To remove the stigma of drug use/abuse from those students who do not use drugs;

I. To develop a drug free program that produces students who can serve as role models and influence their peers to lead healthy and responsible lives; and

J. To complement the BCSD overall drug education program.

IV. **Students Subject to Random Drug Testing Program.**

A. All eligible students in grades 7-12 who desire to participate in any of the following voluntary school activities or privileges must agree to participate in the random drug testing program:

1. Interscholastic athletics – High School Level only beginning August 2015;

2. Other voluntary extracurricular activities – High School Level only beginning August 2016;

3. Campus parking privileges – High School Level only beginning August 2016.

B. Participation in the random drug testing program is mandatory only for students who elect to participate in the above voluntary activities, which are a privilege not a right. Participation in the random drug testing program shall not be required as a condition of attending school or enrolling in any for-credit class.

C. Any parent of a student in grades 7-12 has the opportunity to consent to the student voluntarily participating in the random drug testing program, whether or not the student is a participant in any of the privileged activities listed above. The same procedures will apply, as outlined in this administrative regulation, for all students participating in random drug testing.

D. The BCSD administration shall prepare a Drug Testing Consent Form to be signed by the student and the student’s parent/guardian. The parent/guardian shall be given a copy of the signed Consent Form and a copy of or link to this random drug testing administrative regulation. The original Consent Form shall be kept in the student’s official file.

E. Students who desire to participate in the voluntary activities or privileges covered by this program shall annually sign the Consent Form prior to participation in the activity listed in Section IV.A., above, each school year. The Consent Form will authorize random drug testing for the then-current school year only. A new consent form must be executed each school year.

F. A signed Consent Form may be revoked by a signed Withdrawal of Drug Testing Consent Form. A student who withdraws will no longer be subject to random drug testing, and will not be eligible for
participation in the voluntary activities or privileges covered by this administrative regulation for a period of 365 days from the date of withdrawal.

G. A student who begins an extracurricular activity covered by this administrative regulation and then ceases the activity, voluntarily or involuntarily, will remain in the pool of students to be randomly drug and alcohol tested.

V. Implementation.

A. Key Implementation Roles.

1. Contracted Test Administrator. The drug testing program will be implemented on behalf of the BCSD by a Test Administrator, which shall be an independent agency or entity operating under contract with the BCSD. The contracted Test Administrator shall have experience in implementing a drug testing program.

2. Medical Review Officer (MRO). The contracted Test Administrator shall employ or provide by subcontract a licensed physician as a Medical Review Officer. The MRO will be certified by a national MRO certification organization.

3. Superintendent's Designee. The Superintendent shall designate a BCSD employee to coordinate the BCSD drug testing program.

4. Licensed Substance Abuse Professional (LSAP). Licensed substance abuse professionals whose professional credentials are acceptable to the Superintendent’s designee shall conduct all substance abuse assessment and counseling services.

B. Role of school system employees. **BCSD personnel shall not assist with the actual testing or physical collection of the samples, shall have no access to the test samples, and shall not select the students who will be randomly tested.** These functions will be carried out by the contracted Test Administrator. BCSD employees will be expected to call students from class and assist with coordinating testing as needed.

C. Random Selection. Eligible students will be randomly selected for testing by the contracted Test Administrator using the following process:

1. The Superintendent’s designee shall maintain a list of all eligible students who have signed Consent Forms. The list shall be updated prior to each testing date.

2. Each eligible student on the list shall be assigned a number by the Superintendent’s designee.

3. The Superintendent’s designee shall provide the contracted Test Administrator with a list of the students’ numbers, categorized by school.

4. Prior to each testing date for each school, the Superintendent’s designee will notify the contracted Test Administrator as to what number or percentage of students will be tested.

5. Prior to each testing date for each school, the contracted Test Administrator shall randomly generate a list of student numbers representing students to be tested at each school. Students who were absent on a testing date, after their previous selection under this random selection process, shall be added to the next randomly generated list. The list shall be maintained by the Test Administrator and shall be provided only to the school Principal upon arrival at a school to begin testing students pursuant to this Administrative Regulation.

6. On the date of each test administration at each school, the school Principal will match the randomly generated student numbers with students’ names and notify the students selected.
7. Selected students shall be pulled from class for testing on testing day. There shall be no advance notification of which students will be tested.

8. Documentation of the selection process shall be maintained.

D. Absences. A student who is absent on the day of a test shall be excused from testing, but shall be added to the sample to be tested on the next testing date. However, a student who is present at school on the day of testing and avoids testing by leaving campus (or cutting class) without a valid excuse for that day shall be considered as having refused to be tested.

E. Refusal to Test or Tampering with a Test. A refusal to be tested, or an attempt to alter, substitute, adulterate or otherwise tamper with a test sample, shall result in the same consequences as a positive test.

F. Frequency of Tests. Random drug testing will be conducted at least monthly during the academic year. The dates of testing will not be publicized in advance.

G. Location of Tests. Testing will occur at each high school once per month from September through May of each school year. Testing may or may not occur on the same dates at multiple high schools each month. Testing dates will be assigned randomly by the Superintendent’s designee and may be conducted on consecutive school days in different months.

H. Number of students tested. It is the intent of the BCSD to test at least fifty percent (50%) of eligible students at each secondary school each year. The Superintendent shall determine what number or percentage of eligible students are tested each month and during a school year.

I. Urine tests. Testing will be by urine specimen.

J. Confidentiality. All test results will be strictly confidential, including the maintenance of the sample throughout the collection and testing process. All reported results will be maintained by the Superintendent’s designee in a locked file cabinet. Disclosure of test results will be limited to those who have a need to know in order to implement this administrative regulation.

K. Notification to Coach or Sponsor. When under this administrative regulation a student becomes ineligible to participate in any voluntary activity, the principal shall inform the school’s athletic director and the student’s coach or sponsor (or administrator for parking permits) that the student is ineligible. Upon notification to the Principal from the Superintendent’s designee and from the Principal to the coach or sponsor, the Principal, school athletic director, coach and/or sponsor are responsible for ensuring the ineligible student is not allowed to participate until allowed by this Administrative Regulation. Failure of the Principal, school athletic director, coach and/or sponsor to adhere to the ineligibility notice may result in disciplinary action.

VI. **Substances Tested.** Substances for which students will be tested shall include: Marijuana

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<td>THC</td>
<td>Cocaine</td>
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<td>Phencyclidine (PCP)</td>
<td>Amphetamines/methamphetamine</td>
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<td>Opiates (OxyContin, Vicodin)</td>
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<td>Barbiturates</td>
<td>Benzodiazepines (Valium)</td>
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<td>Test Adulterants</td>
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At the recommendation of the contracted Test Administrator and determination by the Superintendent, students may be tested for other or additional substances for which use by a minor is illegal.
VII. **Consequences of Positive Tests.** Violations of this Administrative Regulation shall be cumulative and shall carry over from the beginning of a student’s first inclusion in the group of students eligible for this random drug testing to the student’s graduation from the BCSD. For example, if a student who violated this Administrative Regulation in the 2016-2017 school year again violates this Administrative Regulation in the 2017-2018 school year, the 2017-2018 violation shall be considered the student’s second violation of this Administrative Regulation.

A. First Positive Test:

1. The MRO shall notify the Superintendent’s designee, who shall notify the Principal of the student’s school.

2. The Principal or his designee (who shall be an assistant principal) shall schedule a meeting with the student and the student’s parent/guardian.

3. In the event a student tests positive for drugs or alcohol, the student shall be ineligible for participation in extra-curricular activities (of, effective August, 2017, use of a parking permit on campus) for 365 calendar days. However, if the student is assessed and begins treatment/counseling as contemplated in Section VIII, below, the student’s ineligibility will be waived and he/she will remain eligible.

4. In order to maintain eligibility, within ten (10) calendar days of notification of positive test, the student or his/her parent/guardian must provide the Principal or his/her designee with written evidence from a licensed substance abuse professional the student has been assessed and has attended at least one (1) treatment or counseling session as contemplated in Section VIII, below. The written evidence shall include the projected length of treatment/counseling prescribed for the student.

5. At the end of the projected length of treatment/counseling prescribed for the student by a licensed substance abuse professional, the student or his/her parent/guardian shall be required to provide the Principal or his/her designee written evidence the student has successfully completed the treatment/counseling or the length of treatment/counseling has been extended. Failure to provide written evidence of successful completion or extension shall render the student ineligible for 365 calendar days or until written evidence is provided, whichever first occurs.

6. If the student elects not to provide proof of or fails to successfully complete assessment and treatment/counseling, he/she shall be ineligible for 365 calendar days.

7. The MRO shall provide the parent/guardian a list of resources for substance abuse assessment and intervention in the Beaufort County area.

8. The student shall be subject to a mandatory retest after thirty (30) calendar days but within ninety (90) calendar days of the first positive test. The student will be identified by the contracted Test Administrator for retesting on a regularly scheduled test date. School officials will not know whether the student is being retested as a mandatory retest or whether the student’s number was randomly drawn.

B. Second Positive Test:

1. The MRO shall notify the Superintendent’s designee, who shall notify the Principal of the student’s school.

2. The Principal or his designee (who shall be an assistant principal) shall schedule a meeting with the student and the student’s parent/guardian.
3. The student will be ineligible to participate in the voluntary activities covered by this administrative regulation (interscholastic athletics, other extracurricular activities and parking privileges) for 365 calendar days unless the student regains eligibility earlier, as provided below.

4. The student may regain eligibility prior to 365 calendar days upon compliance with all of the following requirements:
   a. The student shall satisfy the substance abuse assessment/counseling requirement of Section VIII below. The student shall be considered in compliance once he/she has completed the substance abuse assessment and any recommended counseling/treatment program.
   b. The parent/guardian shall provide written certification to the Principal or his/her designee that the student has completed the required assessment and counseling/treatment program.
   c. A student shall also be required to test “negative” on a retest prior to regaining eligibility. This retest may be the mandatory retest provided in Section VII.B.5., below, or may be a privately arranged test by a licensed drug testing agency acceptable to the Superintendent’s designee. A privately arranged drug test shall be at the expense of the parent/guardian.

5. The student will be subject to a mandatory retest after thirty (30) calendar days but within ninety (90) calendar days of the second positive test.

C. Third Positive Test:
   1. The MRO shall notify the Superintendent’s designee, who shall notify the Principal of the student’s school.
   2. The Principal or his designee (who shall be an assistant principal) shall schedule a meeting with the student and the student’s parent/guardian.
   3. The student will be ineligible to participate in the voluntary activities covered by this administrative regulation for at least 365 calendar days.
   4. The student may regain eligibility after 365 calendar days, upon compliance with all of the following requirements:
      a. The student shall satisfy the substance abuse assessment/counseling requirement of Section VIII below and provide written proof of such completion to his/her Principal or his/her designee.
      b. The student will be subject to a mandatory retest before regaining eligibility and must test negative at the mandatory retest.

VIII. Substance Abuse Assessment/Counseling Requirement. Whenever a student is required to satisfy the substance abuse assessment/counseling requirement of this administrative regulation, the student shall:

   A. Undergo a substance abuse assessment by a licensed substance abuse professional acceptable to the Superintendent’s designee.
   
   B. Provide the school principal or his/her designee with written certification by the licensed substance abuse professional that the substance abuse assessment has been completed.
   
   C. Undergo counseling/treatment or other intervention, if any, as recommended by the licensed substance abuse professional. The Board of Education will not specify requirements of any such counseling/treatment or intervention, as this will be based on the student’s individual needs. The Board of Education’s interest is that the student receive whatever assistance is appropriate for the particular
individual.

D. After a first positive test, eligibility may be regained prior to completion of the counseling/treatment program, as long as the student has undergone a substance abuse assessment and has begun a recommended counseling/treatment program. If, at any time during the recommended counseling/treatment program, it comes to the attention of the BCSD that the student has failed to complete or comply with the program, the student will again be ineligible for 365 calendar days.

E. After a second positive test eligibility may be regained upon successful completion of the assessment and counseling/treatment program. If the student fails to complete an assessment and counseling/treatment program, the student remains ineligible for 365 calendar days.

F. After a third positive test, the student will be ineligible for 365 calendar days. Eligibility will not be regained until the licensed substance abuse professional certifies that the student has successfully completed any recommended counseling/treatment program.

G. Failure to fully cooperate or comply with substance abuse assessment or any counseling/treatment program recommended by the licensed substance abuse professional shall make the student ineligible for participation in the voluntary activities covered by this administrative regulation.

IX. **Test Procedures and Safeguards.**

A. Urine test. Testing will be by urine specimen.

B. Screening test. The urine specimen shall be screened using an enzyme immunoassay (EIA) test or other screening test approved by the National Institute for Drug Abuse (NIDA).

C. Confirming test. If the screening test indicates the presence of a controlled substance, the specimen shall be subject to a confirming test by gas chromatography/mass spectrometer (GC/MS).

D. Split sample. Each student’s urine sample shall be split into two samples. In the event of a confirmed positive test, a student may request that a portion of his/her urine sample be tested by another NIDA approved laboratory at the student’s/parent’s expense. If this test result is negative, the student/parent will be reimbursed by the BCSD.

E. Standards for positive test. The contracted Test Administrator will use the standard cutoff scores generally used by NIDA and/or SAMHSA (Substance Abuse and Mental Health Services Administration) for determining a positive test result.

F. Use of licensed laboratory only. The contracted Test Administrator must use a laboratory that is appropriately licensed by the NIDA or SAMHSA.

G. Expense. The expense, if any, of the assessment or counseling/treatment program shall be the responsibility of the parent/guardian, not the BCSD. Grants may sometimes be available to defray costs.

X. **Medical Review Officer.**

A. Any confirming test reported as “positive” for the presence of a tested substance shall be reported directly to the MRO.

B. The MRO shall notify the student and the student’s parent/guardian of the test results and provide an opportunity to present information, such as the documented use of a prescription medication or an over-the-counter drug, which would render an apparent “positive” result invalid or “negative.”

C. Failure or refusal of the student or the student’s parent/guardian to cooperate with the MRO shall
constitute a refusal to test, which is considered a positive test.

D. The MRO shall inform the student and the student’s parent/guardian of the opportunity for an additional confirming test at the student’s/parent’s expense on the remaining sample of the student’s urine. If the additional confirming test is negative, the student/parent will be reimbursed by the BCSD.

E. If the MRO determines that an apparent “positive” test result is the result of a lawful use of a prescription or non-prescription drug, the test result shall be considered as “negative.”

F. If the MRO determines that the test results are verified and positive, the MRO shall inform the Superintendent’s designee of this determination.

XI. Method of Sample Collection. The following procedures shall be used for the collection of urine specimens at the individual schools.

A. Notice of Collection. All students selected for testing at a school shall not be notified simultaneously. A school administrator, counselor or nurse will notify each student personally that he/she has been selected for testing immediately prior to testing. The student shall be required to proceed directly to the collection location upon being notified of selection. The student shall not be allowed to go to his/her locker, the restroom or any other location for any reason prior to arriving at the testing site. The student may not leave the testing area until he/she has provided a urine specimen.

Failure to follow these guidelines will result in consequences for a “positive” test result for offending student.

B. Cooperation. If the student refuses to cooperate with school employees or the contracted Test Administrator’s staff, the student’s refusal to cooperate shall be treated as a “positive” test result.

C. Time of Collection. In general, urine specimens will be collected as determined by the contracted Test Administrator in conjunction with a school administrator.

D. Collection Location, Supplies and Equipment. Each school and the contracted Test Administrator shall select by mutual agreement one (1) or two (2) restrooms to use for collecting urine samples.

E. Protection of Student’s Privacy. The contracted Test Administrator’s staff shall not view a student in the act of providing a specimen, but shall monitor each student in a non-intrusive but controlled manner to detect any attempt to provide a false urine specimen. Immediately upon receipt of a urine specimen it shall be tested to determine its temperature. All specimens outside of normal temperature limits will be considered invalid and the student shall be required to provide another urine sample.

F. Chain of Custody. The contracted Test Administrator shall implement procedures to ensure that each student’s urine sample is appropriately labeled and secured to prevent each sample from being lost, misplaced, or contaminated. At a minimum, the contracted Test Administrator shall:

1. Provide each student with a sanitized kit containing a specimen bottle. The bottle will remain in the student’s possession until a seal is placed on the bottle by the collection staff. The student will sign a form certifying that the bottle contains his/her urine sample and that the specimen has been sealed. The seal may be broken only by the lab testing the specimen.

2. After the specimen has been sealed, the specimen shall be transmitted to the testing laboratory by the contracted Test Administrator.

3. In order to maintain confidentiality, the specimen bottle shall be labeled with the student’s number and not the student’s name. In addition, the results sheet mailed by the laboratory to the contracted Test Administrator or MRO shall report the results by student number and not by student name.
G. Refusal or Inability to Provide Sample. The contracted Test Administrator shall implement appropriate procedures for use in the event a student refuses to provide a urine sample or states that he/she is physically unable to provide a urine sample. A refusal to provide a urine sample will be treated as a “positive” test result. If a student says that he/she is unable to provide a urine specimen, the student will be given water and up to three hours to provide a urine sample. If the student states that he/she has a medical problem which prevents the student from providing a urine sample, the student will be given the opportunity to communicate with the MRO, who shall determine whether or not the student has a legitimate medical reason for being excused from the testing.

XII. EVALUATION AND REVIEW OF ADMINISTRATIVE REGULATION. The contracted Test Administrator shall provide periodic statistical reports (without identifying students’ names) to the Superintendent’s designee, indicating the numbers of students tested and the numbers of first, second and third positive test results, by substance and by school. The Superintendent will make an annual report to the Board regarding the impact of this administrative regulation.

Adopted: June, 2015
Revised: February, 2016; January, 2018

Legal References:

A. U.S. Const., Amend. IV
BCSD Administrative Regulation SS-36, Student Athletics

The Board of Education endorses athletic activities that support students' attainment of high academic achievement. The Board believes that student participation in interscholastic athletics should be contingent on student successes in school as measured by grade point average, attendance and conduct. Subject to law, local rules adopted by BCSD and rules established by the South Carolina High School League (SCHSL), high school students are eligible to participate in interscholastic athletics. Eligibility of students in the programs for exceptional children will be in accordance with local, state and federal guidelines.

Violations of any standards established for athletic participation by students or their parents/Guardians and/or any misrepresentation of any information submitted for athletic participation may result in the loss of the student's eligibility to participate in athletics in Beaufort County School District, and, potentially, in any school sanctioned by the SCHSL.

A. Grade Point Average and Eligibility to Participate in Athletic Activities: To be eligible to participate in interscholastic athletics, students participating in athletics must pass a minimum load as established by SCHSL during the preceding semester. First semester eligibility is determined by the GPA earned during the preceding school year's final grades and second semester eligibility is determined using the GPA in the first semester of the same school year. Students first entering the 7th and 9th grades are academically eligible to participate in athletic activities. The GPA requirements outlined above will be fully implemented during the 2018-2019 school year.

B. Out of District Transfer Students: With a GPA less than 2.0, but eligible according to SCHSL policy, will be eligible to participate on probation for the remainder of the semester in which they enroll. Thereafter, the student must meet the BCSD 2.0 grade average eligibility requirement.

C. Special Education Students: Being served in a non-diploma program are eligible to participate if they are meeting the requirements of their IEP. Diploma program students must meet the requirements of the 2.0 GPA standards.

D. Summer School: Courses taken during the summer school program under guidelines established by BCSD may be used to recover credit affecting athletic eligibility for the fall semester. Per SCHSL guidelines, credits earned during summer school may be applied to the immediately preceding spring semester for athletic eligibility purposes.

E. Student Conduct: A student who is suspended from school is not eligible to practice, play, dress out, travel or attend any meeting during the time of suspension. If the suspension includes the last day of school before a vacation or weekend, the student becomes eligible at their base school the next calendar day after the last day of the suspension. Students who transfer in lieu of completing or in the midst of serving a long-term suspension at their base school are not eligible to participate in athletics at their new school for 365-days. A student who is absent from school will not be allowed to practice, play, dress out, travel or attend any meeting of the team or group on the day of the absence. Exceptions such as funerals, field trips and college visitations must be approved by the principal in advance.

F. Middle School Athletic Eligibility: To be eligible to participate in athletics at the Middle School and High School level in Beaufort County, athletes must maintain an overall GPA of 2.0. This GPA is established during the preceding semester. Freshmen establish their GPA during the 1st semester of their 9th grade year. Freshmen start with a clean slate. Eligibility cannot be regained during the season that they are ineligible. In other words, they must sit out the entire season. If a grade should drop below a 70% in any class; the athlete must attend mandatory tutoring and/or a supervised study hall after school. They are permitted to continue to practice and play however, if they do not comply or show improvement, they may be dismissed from the team. Depending on the need, the athlete may only be required to attend once per week or several times a week.
**Sudden Cardiac Arrest in Athletics**

**What is sudden cardiac death?** Sudden cardiac death is a condition that results from an abrupt loss of heart function (cardiac arrest). It can occur in anyone, especially athletes with preexisting heart conditions. The athlete may or may not have diagnosed heart disease. The time and mode of death are unexpected, usually occurring minutes after symptoms appear. The most common underlying reason for adults to die suddenly from cardiac arrest is coronary heart disease (fatty buildups in the arteries that supply blood to the heart muscle).

**What causes sudden cardiac death?** An estimated 1 in 200,000 young athletes develops abrupt-onset ventricular tachycardia (rapid heartbeat) or fibrillation (a chaotically abnormal heart rhythm) and dies suddenly during exercise. Males are affected 9 times more often than females. Basketball and football players in the US and soccer players in Europe may be at the highest risk. All known heart diseases can lead to cardiac arrest and sudden cardiac death. Adrenaline released during intense physical or athletic activity often acts as a trigger for sudden death when these conditions are present.

Sudden cardiac death in young athletes has many causes but the most common is undetected hypertrophic cardiomyopathy (a condition where the heart muscle thickens). Athletes with thin, compliant chest walls are at risk of commotio cordis (sudden cardiac arrest from a blunt, non-penetrating blow to the chest) even when no cardiovascular disorder is present. The blow may involve a moderate-force projectile from sports with baseballs, softballs, lacrosse balls, hockey pucks, or a direct blow in boxing. Direct impact with another player triggered by chest wall impact immediately over the anatomic position of the heart may also cause this disorder. In 90 percent of adult victims of sudden cardiac death, two or more major coronary arteries are narrowed by fatty buildups. Scarring from a prior heart attack is found in two-thirds of these victims.

**Management of Sudden Cardiac Arrest**

- Management begins with appropriate emergency procedures including: CPR and AED training for all likely first responders, and access to an AED.
- Essential components sudden cardiac arrest management include early activation of EMS, early CPR, early defibrillation and rapid transition to advanced cardiac life support.
- High suspicion of sudden cardiac arrest should be maintained for any collapsed and unresponsive athlete.
- Young athletes who collapse shortly after being struck in the chest by a firm projectile or by contact with another player should be suspected of commotio cordis.
- Any collapsed and unresponsive athlete should be managed as a sudden cardiac arrest with application of an AED as soon as possible.
- CPR should be provided while waiting for an AED.
- Interruptions in chest compressions should be minimized and CPR stopped only when an AED is in use. Rapid access to the victim should be facilitated for EMS personnel.

**Prevention:** Before participation in sports, athletes should be commonly screened to identify any risks. Screening recommendations for all children, adolescents, and college-age young adults include a medical and family history and physical examination. Family history or symptoms or signs of hypertrophic cardiomyopathy require further evaluation. Confirmation of certain disorders may exclude students from sports participation, reducing the risk of sudden cardiac arrest.

**Environmental Risks**

**Heat Illness/Injury (Heat Stroke):** Those suffering from heat stroke are considered a medical emergency. Heat stroke is the failure and subsequent shutdown of the body's ability to control the body's temperature. Those suffering from heat stroke do not appear to be sweating. Heat stroke can occur within a matter of hours during exercise in hot humid weather. Violent behavior followed by unconsciousness is a classic characteristic of heat stroke. The athlete's skin may feel hot compared with the expected findings of heat exhaustion, in which the skin tends to feel damp and cool. The body's core temperature will increase to that more than 105 degrees F. This puts the body's organs, especially the brain at a tremendous risk. As brain function diminishes, the pupils become fixed and dilated. If untreated, death may occur from heat stroke after 20 minutes. The body must be cooled in the same manner as that described for heat exhaustion and treatment by a doctor.
Heat Exhaustion: Heat exhaustion is characterized by sudden, extreme fatigue as the body attempts to supply blood to the brain, exercising muscles, and skin. This is generally caused by a decrease in water, salt and electrolytes within the body. Symptoms of heat exhaustion include sweating, vomiting, diarrhea, and excessive urination. All of these are predisposing factors to heat stroke if not treated properly. Individuals suffering from heat exhaustion have a rectal temperature of 103 degrees F and present with profuse sweating, causing the skin to feel cold and clammy. Pulse and respiration are rapid, but loss of fluids causes the pulse to feel weak and reduces blood pressure. Individuals with heat exhaustion generally complain of a headache and appear to be fatigued and confused.

Heat Cramps: Heat cramps are managed by controlling symptoms of dehydration with replacement of electrolytes and fluids. While on the field, heat cramps should be stretched and massaged until the cramp subsides. If the cramp is not resolved, the athlete may be brought to the side lines where ice bags can be placed upon the cramping muscle. Fluids are administered to the athlete for re-hydration. The athlete may return to play once the cramping subsides. Re-hydration is encouraged throughout competition.

Management of heat injuries and illnesses requires treatment with cool water for re-hydration. Electrolytes, especially salt, need to be replaced within the athlete's body. Such electrolytes can be found in sport drinks such as Gatorade, Powerade, etc. Dehydration signs and symptoms include thirst, irritability, and general discomfort in the beginning initial stages and can intensify into headaches, weakness, dizziness, cramps, chills, vomiting, nausea, and decreased performance in the late stages. If not treated properly or detected, dehydration can lead to heat cramps, heat exhaustion, and heat stroke.

Sports Nutrition and Hydration

Fuel used during exercise: For most exercise, your body uses a combination of carbohydrate and fat for fuel. This is especially true for longer lasting events (cross-country). Quick bursts of energy require primarily carbohydrate for fuel (short distance running/track). Many sports are a combination of endurance and quick bursts of speed (soccer, basketball). The longer the exercise, the higher percentage of fat that is burned; however, if there is not enough carb to use as fuel, then fat is not able to be used efficiently and your performance will suffer. If you are exercising longer than 60 minutes, external sources of carb (fruit, Gatorade or other sports drinks, bars, etc) need to be ingested during the event. Take the opportunity to fuel up during breaks, but keep amounts small enough that they don’t impact your performance. Inconsistency with nutrition and hydration can affect both training and performance during events. Fueling your body before, during and after training is important.

Fueling for Optimal Performance: Most studies agree that a high carb diet (55-60% of total calories) is best for athletic performance. A moderate amount of fat (20-30%) is important since fat is a major fuel source. Protein is vital for maintaining and building muscle mass, but there is no established benefit to eating more than 15% of calories from protein. Always be sure you are well hydrated before exercise. It’s best to try out different strategies for eating during practice (i.e. varying the timing of meals and snacks), so you can determine the way your body works best. Experimenting during games or competition can obviously have unpredictable results. Eat every 3-5 hours to keep metabolism high and to maintain glycogen (stored carbohydrate used for energy) stores.

Before Workouts: Most people feel and perform best if they eat within 1-3 hours before exercising. If you’re eating only 1 hour before, keep it light: granola bar or ½ sandwich or yogurt is a good choice). Avoid eating sweets and sugary foods before exercising; these will make you feel sluggish and low-energy.

During Workouts: If your workouts/games/events are longer than 60 minutes, include some carb-containing food or drink during the workout. Most people tolerate fluids better, and sports are formulated to give a good combination of fluid, carb, and electrolytes for replacement. Alternating sports drinks and water, or using sports drinks diluted with water, is a good way to keep you hydrated. Ideally, drink 4-8 ounces every 15-20 minutes during your workout or game.

After Workouts: The body is most receptive to replacing glycogen 15-30 minutes after exercise, so always consume carb containing foods or fluids during this window of time (fruit, nutrition bar, glass of milk or yogurt, etc.). Waiting an hour or more to eat will mean your performance will suffer the following day, and you will likely feel fatigued. In addition, eat a substantial snack or meal within 2 hours after exercise. This will help recovery significantly, and will refuel your glycogen stores for the next day or next event. A high carb meal or snack with protein is your best choice: sandwich with juice or milk; a bagel or banana with peanut butter; yogurt and fruit; or an entire meal such as chicken, pasta or rice, and vegetables. Nutrition/sports bars can be helpful when other food is not available, but should not be
used to replace meals. Only carbs will refuel your muscles for the next workout, so be sure carbs are part of your post workout meals. Additionally, taking 1-2 days/week off from workouts allows your muscles to recover and glycogen stores to be replenished.

**Staying Hydrated:** Hydration is critical to performance, which can suffer with only 1-2% of loss of body water. Drinking water frequently is the best way to stay hydrated. Monitor your urine color on a daily basis to be sure you’re staying hydrated. Urine should be clear to light yellow. If you take vitamin supplements, your urine will likely be bright yellow for the next few hours due to the effect of B vitamins. Don’t be alarmed by this, but check your urine at other times for color. Include at least 8-10 cups water or other non-caffeinated fluid daily, and add to this to replace how much you sweat.
A CONCUSSION FACT SHEET FOR ATHLETES

Concussion Facts:
• A concussion is a brain injury that affects how your brain works
• A concussion is caused by a bump, blow or jolt to the head or body
• A concussion can happen even if you haven’t been knocked out
• If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are ok to return to play

What are the symptoms of a concussion?
Concussions symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:
• Headaches
• Confusion
• Difficulty remembering or paying attention
• Balance problems or dizziness
• Feeling sluggish, hazy, foggy, or groggy
• Feeling irritable, more emotional, or “down”
• Nausea or vomiting
• Bothered by light or noise
• Double or blurry vision
• Slowed reaction time
• Sleep problems
• Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion? DON’T HIDE IT. REPORT IT. Ignoring your symptoms and trying to “tough it out” often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don’t let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it’s ok to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I prevent a concussion?
Every sport is different, but there are some steps you can take to protect yourself.
• Follow your coach’s rules for safety and the rules of the sport
• Practice good sportsmanship at all times

If you think you have a concussion:
Don’t hide it. Report it. Take time to recover.
It’s better to miss one game than the whole season.

For more information, visit: www.cdc.gov/Concussion
# Heat Index Chart

## Relative Humidity %

<table>
<thead>
<tr>
<th>Temp</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
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<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
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<td>80</td>
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</tbody>
</table>

## Humiture

<table>
<thead>
<tr>
<th>Temperature</th>
<th>Humiture</th>
<th>VHSL Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>105° and up</td>
<td></td>
<td>Recommend no outside activities</td>
</tr>
<tr>
<td>95° to 104°</td>
<td>activity</td>
<td>Recommend no equipment (helmets, pads, etc.) be used during</td>
</tr>
<tr>
<td>90° to 94°</td>
<td></td>
<td>Recommend equipment be removed as often as possible (during rest breaks, on sideline, etc.) Careful monitoring of all athletes for signs of heat problems.</td>
</tr>
<tr>
<td>Below 89°</td>
<td></td>
<td>Recommend adequate water supply at all practices and competitions with breaks every 20 to 30 minutes for rehydration.</td>
</tr>
</tbody>
</table>
## BEAUFORT COUNTY SCHOOLS

<table>
<thead>
<tr>
<th>Name of Parent/Guardian:</th>
<th>Student Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>School:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City: State: Zip:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Custodian Phone:</th>
<th>Last School Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home:</td>
<td>Address:</td>
</tr>
<tr>
<td>Work:</td>
<td>Last Grade Completed:</td>
</tr>
<tr>
<td>Cell:</td>
<td></td>
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<tr>
<td>Email:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contacts/Phone/Relationship to Student:</th>
<th>Physician Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name:</td>
</tr>
<tr>
<td>2.</td>
<td>Telephone:</td>
</tr>
<tr>
<td>3.</td>
<td>Hospital of Preference:</td>
</tr>
</tbody>
</table>

If your student attended a school outside the BCSD at the conclusion of the 2017-2018 school year, a grade report from that school must accompany this athletic packet.

**Request for Permission:** I, as the student’s parent/Guardian, would like to apply for permission for the above-named student to participate in interscholastic athletics in the following sports during the 2018-2019 school year:

- Basketball
- Golf
- Tennis
- Lacrosse
- Baseball
- Soccer
- Track
- Cheer
- Cross Country
- Softball
- Volleyball
- Dance
- Football
- Swimming
- Wrestling
- Field Hockey
(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in his chart.)

Name ___________________________________________ Date of birth ____________________________

Sex: [ ] Male [ ] Female Age: _______ Grade: _______ School: _______ Sport(s):________

Do you have any allergies?  [ ] Yes  [ ] No  If yes, please identify specific allergy below.

☐ Medicines  ☐ Pollens  ☐ Food  ☐ Stinging Insects

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking: ____________________________________________

Explain “Yes” answers below. Circle questions you don’t know the answers to.

<table>
<thead>
<tr>
<th>GENERAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
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<tr>
<td>2. Do you have any ongoing medical conditions? If so, please identify below:</td>
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<tr>
<td>[ ] Asthma  [ ] Anemia  [ ] Diabetes  [ ] Infections  [ ] Other: _______</td>
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<tr>
<td>3. Have you ever spent the night in the hospital?</td>
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<tr>
<td>4. Have you ever had surgery?</td>
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<tr>
<td>5. Have you ever passed out or nearly passed out DURING or AFTER exercise?</td>
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<tr>
<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
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<tr>
<td>7. Does your heart ever race or skip beats (irregular beats) during exercise?</td>
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<tr>
<td>8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:</td>
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<tr>
<td>[ ] High blood pressure  [ ] A heart murmur</td>
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<tr>
<td>[ ] High cholesterol  [ ] A heart infection</td>
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<tr>
<td>[ ] Kawasaki disease  [ ] Other: _______</td>
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<td>9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)</td>
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<td>10. Do you get lightheaded or feel more short of breath than expected during exercise?</td>
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<tr>
<td>11. Have you ever had an unexplained seizure?</td>
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<tr>
<td>12. Do you get more tired or short of breath more quickly than your friends during exercise?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?</td>
<td></td>
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<tr>
<td>14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?</td>
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<td>15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
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<tr>
<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
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<table>
<thead>
<tr>
<th>BONE AND JOINT QUESTIONS</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?</td>
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<tr>
<td>18. Have you ever had any broken or fractured bones or dislocated joints?</td>
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<tr>
<td>19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or braces?</td>
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<td>20. Have you ever had a stress fracture?</td>
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<tr>
<td>21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)</td>
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<tr>
<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
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<tr>
<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
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<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
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<tr>
<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: ___________________________________________ Date: ____________________________

Signature of Parent/Guardian: ___________________________________________ Date: ____________________________
PHYSICAL EXAMINATION FORM

Name __________________________ Date of birth __________________________

PHYSICIAN REMINDERS
1. 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, 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 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
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□ Male □ Female

<table>
<thead>
<tr>
<th>SBP</th>
<th>(</th>
<th>/</th>
<th>)</th>
<th>Pulse</th>
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<tr>
<th>Vision R20/</th>
<th>L20/</th>
<th>Corrected</th>
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MEDICAL

NORMAL | ABNORMAL FINDINGS

Appearance
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

Eyes/ears/nose/throat
• Pupils equal
• Hearing

Lymph nodes

Heart
• Murmurs (auscultation standing, supine, +/- Valsalva)
• Location of point of maximal impulse (PMI)

Lungs

Abdomen

Genitourinary (males only)*

Skin
• HSV, lesions suggestive of MRSA, tinea corporis

Neurologic†

MUSCULOSKELETAL

Neck

Back

Shoulder/arm

Elbow/forearm

Wrist/hand/fingers

Hip/thigh

Knee

Leg/ankle

Foot/toes

Functional
• Duck-walk, single leg hop

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
†Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

□ Cleared for all sports without restriction
□ Cleared for all sports without restriction with recommendations for further evaluation or treatment for:

□ Not cleared
   o Pending further evaluation
   o For any sports
   o For certain sports

Reason: __________________________________________________________

Recommendations: __________________________________________________

I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) __________________________ Date __________________________

Address __________________________ Phone __________________________

Signature of physician __________________________ Date __________________________ MD or DO
PARENT ACKNOWLEDGEMENT

Parent Acknowledgement of Risk: As a parent/Guardian of the above named student-athlete, I give permission for his/her to participate in athletic events and the physical evaluation for participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment recommended by a medical professional. I grant permission to nurses, trainers and coaches, as well as physicians or those under their direction who are a part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that, to the best of my knowledge, my answers to the above questions are complete and correct. I understand the data acquired during these evaluations may be used for research purposes.

Parent Pledge: As a parent, I understand that I am a role model. My signature below indicates my agreement to each of the following: I will remember that school athletics are an extension of the classroom, offering learning experiences for students, whether participating or spectating. I will show respect for the opposing teams involved. Using inappropriate language and taunting are contrary to the spirit of fair play and good sportsmanship that the BCSD, its schools, the athletic conferences in which our schools participate and the SCHSL expects of its members. I accept my responsibility to model good sportsmanship that comes with being the parent of a student-athlete. I agree to encourage and support my student by attending parent meetings as required by the school/coach. Lending support to the school/activity booster club, ensuring that my student follows all SCHSL, BCSD, school, and team conduct, rules, interacting with classroom teachers, counselors, and school administrators on a regular basis to monitor the academic success/progress of my student, demonstrating good sportsmanship at all times towards coaches, officials, competitors, and personnel, submitting all fees and forms as required for participation, following the established methods to address program/individual concerns by first contacting my student’s coach, attending contests in which my students will be involved as often as possible, and ensuring my student has the necessary transportation to/from practices and events.

Student Name: (PRINT): __________________________________________
Student Signature: ___________________________ Date: ________________

Parent/Guardian (PRINT): __________________________________________
Parent/Guardian Signature: ___________________________ Date: ________________
PARENTAL PERMISSION AGREEMENT FORM

School: ___________________________ Activity: ___________________________

Student Name: ___________________________ Grade: ___________________________

As the parent/guardian of a Beaufort County School District student, choosing to participate in co-curricular activities, I agree to encourage and support my son/daughter and his/her activity by:

1. Attending parent meetings as required by the school/coach
2. Lending support to the school/activity Booster Club
3. Ensure that my son/daughter follows all state, district, student code of conduct and all discipline codes at all times
4. Interacting with classroom teachers, counselors, and school administration on a regular basis to monitor the academic success/progress of my student
5. Demonstrating good sportsmanship at all times towards coaches, officials, home team/visitors, competitors and personnel
6. Submitting all fees and forms as required for participants
7. Following the established methods to address program/individual concerns by making the initial contact for a scheduled conference by using the Chain of Command:
   A. Assistant Coach   B. Head Coach   C. Athletic Director
   C. Assistant Principal   E. Principal   F. District Office
8. Attending contest in which my student will be involved as much as possible
9. Ensuring my student has the necessary transportation to/from practices and events

As a parent/guardian, I understand that my direct involvement and support is necessary in order for this to be a valuable experience for my son/daughter. My signature below indicates that I have agreed to the above terms of this agreement.

Parent/Guardian (PRINT): ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________
DRUG TESTING CONSENT FORM

I desire __________________________________________, (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County School District which includes: interscholastic athletics, other voluntary extra-curricular activities, and campus parking privileges.

I hereby agree that:

☐ I have received a copy of the Beaufort County School District’s administrative regulation governing random student drug testing. I have read and understand the regulation

☐ __________________________________________, (student) shall be enrolled in the Beaufort County School District random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during his/her enrollment in the Beaufort County School District.

☐ Drug test of student under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.

☐ Drug test results may be released to the student, parent/guardian, the contracted Test Administrator for the Beaufort County School District, Medical Review Officer, Superintendent designee and the student’s School Principal.

______________________________  __________________________________
Name of Student (PRINT)  Name of Parent/Guardian

______________________________  __________________________________
Signature of Student  Signature of Parent/Guardian

Dated: _______________________, 20____
**STUDENT – ATHLETE CONCUSSION ACKNOWLEDGEMENT STATEMENT**

I, ______________________________, understand that it is my responsibility to report all injuries and illnesses, including concussions, to my athletic trainer and/or head coach.

I have read and understand the CDC concussion fact sheet, *A Concussion Fact Sheet for Athletes*, and am aware of the following information:

1. A concussion is a brain injury, which I am responsible for reporting to the head coach or athletic trainer.
2. A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance.
3. I cannot see a concussion, but I might notice some of the symptoms right away. I understand other symptoms can show up hours or days after the injury.
4. If I suspect a teammate has a concussion, I am responsible for reporting the injury to my head coach or athletic trainer.
5. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
6. Following concussion, I understand that the brain needs time to heal. I understand that I am much more likely to have a repeat concussion if I return to play before symptoms resolve.
7. In rare cases, I realize repeat concussions can cause permanent brain damage and even death.

I acknowledge that I have read and understand the CDC’s *A Fact Sheet for Athletes* and the Beaufort County Student Athlete Insurance Coverage policy and accept these responsibilities to protect my well-being. If I have any questions, it is my responsibility to ask the athletic training staff or my coach.

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