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Document Overview

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared a public health emergency within Indiana. In response, Triton Central Schools utilized its online eLearning platform to complete the remaining instructional days of the 2019-20 school year.

To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention and the Indiana State Department of Health have recommended implementation of mitigation strategies. In collaboration with the Indiana Department of Education, the Shelby County Health Department and TC certified and non-certified staff, NWCS has developed this 2020-21 Triton Central Schools Re-entry Plan. The Re-entry Plan was developed by a cross disciplinary team from TC consisting of Building Principals, Operations Directors, School Nurse and Athletic Directors.

Throughout the development of this plan, the team was guided by a set of core foundational beliefs:

- Our students are social beings whose social and emotional health needs are best served by an on-campus, in-person classroom educational experience.
- eLearning is an appropriate and effective tool for educating young men and women in a virtual environment in limited specific instances such as inclement weather or alternative school settings. It is not a preferred method for long term first-time instruction for our students.
- Extra-curricular and Co-curricular Activity participation is a critical component in a meaningful and healthy educational experience at TC.
- At this time, it is not possible to completely mitigate the threat of COVID-19 from spreading in our TC community, the State of Indiana, the United States of America or the World.
- The Administrative Leadership Team at TC will develop a 2020-21 Re-entry Plan that safeguards the health of its students and staff in a manner that is prudent, logical, effective and practical while providing an on-campus, in-person educational opportunity.

This document is the end product of that effort. It details the operational philosophy and steps necessary to successfully honor the above beliefs and facilitate a return to campus on August 5, 2020 for our students. It is, by design, intended to function as a living document capable of being revised and altered as the realities of our situation on the TC campus evolve and change throughout the 2020-21 school year.
Health Protocol for School Buildings

➢ Upon initial re-entry to campus all employees are required to complete the Initial Exposure Screening Questionnaire (Appendix B).
➢ Following initial submission of this questionnaire, each employee is required to do a self-temperature check before every shift. Any change in responses/symptom status must be reported to the employee’s supervisor immediately.
➢ NWCSD will implement and enforce a mitigation strategy consisting of but not limited to:
  ○ Teach and encourage frequent hand washing using soap and water for at least 20 seconds
  ○ If soap and water aren’t available, using a hand sanitizer that contains at least 60% alcohol.
  ○ Avoid touching your eyes, nose, and mouth with unwashed hands.
  ○ Maintain physical distance between yourself and other people of at least 6 feet whenever possible
  ○ Recommend that you cover your mouth and nose with a cloth face cover while around others in situations in which social distancing is not feasible
➢ Each student and employee will be provided with 2 cloth face masks upon re-entry to campus. Procurement of masks beyond the 2 provided by NWCSD will be the responsibility of the individual.
➢ The use of a mask is recommended in situations in which social distancing protocols can not be reasonably adhered to. The use of masks is a personal choice and is not mandatory except in specific situations approved by the building principal.
➢ Plastic face shields or other applicable Personal Protective Equipment (PPE) will be made available to medically at-risk staff and students with verifiable compromised health conditions upon request and review.
➢ Social distancing provisions are encouraged in the buildings where practically possible.
➢ Hand sanitizing stations will be deployed in high traffic areas of each building.
➢ Hand sanitizer will be made available in instructional classrooms for student and staff use.
➢ Cleaning supplies will be deployed in classrooms for use at the discretion of students and staff.
➢ During 1st period each day, classroom instructors will check students for temperature in excess of 100.4°F using a touchless thermometer.
➢ Temperature checks will be conducted in the front office for students reporting to school after 1st period.
Symptoms Impacting Consideration for Exclusion from School

- A fever of 100.4°F or greater
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

The determination to exclude and re-admit a student or employee to school will be made on a case-by-case basis by the Superintendent or designee with consultation from the School Nurse and the Shelby County Health Department.

Each building will have a separate designated area/room for students and staff to be evaluated in for COVID-19.

Re-Admission criteria are contained in the Re-Admission Form - Student and Employee in Appendix B.

In the event of a confirmed case of COVID-19 on school property, the district will contact the Shelby County Health Department immediately.

All attendance incentives for students will be suspended until further notice.

Students or staff members experiencing the symptoms of COVID-19 are encouraged to stay at home and seek appropriate medical attention immediately.

Student Transportation

- Buses will be cleaned and sanitized once after the morning MS/HS route, once after the morning Elementary route and at the conclusion of the afternoon route each day.
- Transportation vehicles will be cleaned after each use for Extra-curricular or Co-curricular purposes.
- Cleaning and sanitizing of vehicles will consist of a combination of manual cleaning of touchable surfaces and the use of an electro-static fogger.
- Cleaning of Transportation vehicles will be delegated to designated Transportation personnel.
- Students will have assigned seats and will be grouped by sibling/shared residence when possible.
Food Service

➢ Food offerings will consist of single serve items.
➢ Condiments will be in packets.
➢ Utensils, plates, etc. will be disposable in nature.
➢ Self-serve water stations will not be available.
➢ Food Service staff will undergo daily temperature checks and complete a COVID symptoms screening questionnaire.
➢ The use of masks is required by Chartwells for Food Service staff.
➢ Food Service staff tasked with food preparation or serving duties will not have cash handling duties.
➢ The use of touchless data entry by students and staff at the checkout stations will be maximized to the largest extent possible.
➢ Social distancing provisions will be promoted and encouraged to the extent reasonably possible inside the cafeteria spaces.

Custodial/Maintenance

➢ Custodial personnel will clean and sanitize rooms nightly using a combination of manual cleaning of touchable surfaces and the use of an electro-static fogger.
➢ Maintenance personnel will install Sneeze-Guards at the work stations in the front office of each building.
➢ Stocking and re-supply of hand sanitizing stations, classroom trigger bottles and other associated cleaning supplies will be added to the nightly checklist for Custodial/Maintenance personnel.
➢ Drinking fountain bubbler functions will be deactivated.
➢ Selected drinking fountains will be converted to touchless bottle fillers.
➢ Cleaning and sanitizing of touchable surfaces in high traffic areas (i.e. rest rooms, common areas, etc) will be done daily.

Visitors to Campus Facilities

➢ Access to campus during the normal school day will be limited to those persons having instructional and/or business interests at the school.
➢ Access will be granted to parents/guardians who are on campus for purposes directly relating to the educational or behavioral interests of their student(s) (i.e. case conference, disciplinary hearing, etc). Lunch room visits are suspended until further notice.
➢ All visitors will be required to complete the School Visitor Intake Form and submit to a temperature screening prior to being admitted entry.
Extra-Curricular and Co-Curricular Activities/Fieldtrips

➢ NWCSD has long held the philosophy of emphasizing the value and benefits to students stemming from participation in Extra-Curricular and Co-Curricular Activities.
➢ Students wishing to participate in Extra-Curricular and Co-Curricular Activities/Fieldtrips will be required to complete a Waiver and Release of Liability and Assumption of Risk Acknowledgement (Appendix B).
➢ NWCSD has collaborated with the IHSAA, ISSMA, IDOE and Shelby County Health Department to facilitate the resumption of Extra-Curricular and Co-Curricular activities beginning in July. The Extra-Curricular and Co-Curricular Activities Plan is located in Appendix C.

TCES Child Care Program

➢ In accordance with Indiana statute, before and after school Child Care will be offered for NWCSD students in grades K-6.
➢ Childcare staff will self report illness concerns and do their own temperature checks.
➢ Covid illness precautions posted at all entrances. In addition, the entrance to the cafeteria and rooms housing students for child care will have signage posted.
➢ Hand Sanitizing stations will be located at specified entrances of TCES.
➢ Hand sanitizing stations will be at each entrance to the cafeteria and rooms housing students for childcare (Students and staff must use hand sanitizing stations before entering rooms).
➢ Child care staff will be encouraged to wear masks or other applicable PPE.
➢ Students will be encouraged to wear mask
➢ Students will sit at the cafeteria table by grade level.
➢ Temperature checks will be taken upon a child entering child care areas in the morning.
➢ If a student has a temperature of 100.4 or higher they will be taken to the covid holding area until parents can pick them up.
➢ Tables in the cafeteria will be cleaned prior to the start of childcare and at closing time of child care.
➢ Prepackaged snacks will be provided.
Appendix A

Campus Signage and Postings
Notification of Pandemic Prevention Precautions

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared a public health emergency within Indiana. To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention and the Indiana State Department of Health recommend implementation of mitigation strategies, which will be implemented and enforced by the Northwestern CSD of Shelby County, including, but not limited to:

- All visitors during normal school hours must complete the School Visitor Intake Form in the building office
- Frequent hand washing using soap and warm water for at least 20 seconds
- If soap and water aren't available, using a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Maintain physical distance between yourself and other people of at least 6 feet whenever possible
- Recommend that you cover your mouth and nose with a cloth face cover while around others in situations in which social distancing is not feasible
  - The cloth face covering is meant to protect other people in case you are infected
  - Do not place face coverings on children under age 2, anyone with trouble breathing, or unable to remove the mask without assistance
Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

- Cough
- Fever
- Chills
- Muscle pain
- Shortness of breath or difficulty breathing*
- Sore throat
- New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

*Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.
Appendix B

Forms for School Use
Employee Notification and Initial Exposure Screening During COVID-19 Pandemic

Notification of Pandemic Prevention Precautions

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared a public health emergency within Indiana. To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention and the Indiana State Department of Health recommend implementation of mitigation strategies, which will be implemented and enforced by the School Corporation, including, but not limited to:

- Employees shall conduct a self-screen prior to reporting to work each day
- Frequent hand washing using soap and warm water for at least 20 seconds
- If soap and water aren’t available, using a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Maintain physical distance between yourself and other people of at least 6 feet whenever possible
- Recommend that you cover your mouth and nose with a cloth face cover while around others in situations in which social distancing is not feasible
  - The cloth face covering is meant to protect other people in case you are infected
  - Do not place face coverings on children under age 2, anyone with trouble breathing, or unable to remove the mask without assistance

Failure to follow these mitigation strategies, to the extent possible in the workplace, may result in discipline, up to and including termination of employment/cancellation of contract. While these mitigation measures will likely reduce the spread of COVID-19 in our facilities, we cannot guarantee that you (or anyone you come into contact with) will not be, or otherwise, become infected with COVID-19.
**Individual Exposure Screening**

We request that you complete this questionnaire, which will be solely used to determine whether health and safety restrictions should be implemented with respect to your presence at our facilities, and such information will be otherwise maintained as confidential.

1) Have you been within 6 feet of a person with COVID-19 in the past 14 days?
   - Yes □ No □

2) In the past 48 hours, have you experienced any of the following NEW symptoms:
   - Fever of 100.4 or above: □ Yes □ No
   - Cough: □ Yes □ No
   - Sore Throat: □ Yes □ No
   - Muscle pain: □ Yes □ No
   - Chills or Repeated Shaking with Chills: □ Yes □ No
   - Shortness of breath, Trouble Breathing or Severe Wheezing: □ Yes □ No
   - Loss of Smell or Taste, or a Change in Taste: □ Yes □ No
   - Nausea, vomiting, or diarrhea: □ Yes □ No

3) Have you recently been in close contact with anyone who has exhibited any symptoms or tested positive for COVID-19? □ Yes □ No

4) Have you recently traveled to a country under a Level 3 Travel Health Notice, with restrictions on entry to the U.S., according to the CDC-https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html?
   - Yes □ No □

**Following initial submission of this questionnaire, each employee is required to do a self-temperature check before every shift. Any change in responses/symptom status must be reported to the employee’s supervisor immediately.**

______________________________  ________________________
Date  Signature of School Employee
Exclusion Form – Student and Employee

__________________________ (Name) is a Student/Employee (circle one) at the Northwestern CSD of Shelby County. He or She has (check all that apply):

____ Tested positive for COVID-19

____ Reported or Exhibited the following symptom(s) that is not otherwise explained:

_____ A fever of 100.4°F or greater
_____ Cough
_____ Chills
_____ Repeated shaking with chills
_____ Muscle pain
_____ Headache
_____ Sore throat
_____ New loss of taste or smell

The individual named above is excluded from school facilities until such time as that individual meets the requirements for re-admission. Said individual is aware that this information will be reported to the relevant public health authorities.

__________________________
Date

__________________________
Signature of School Representative
Re-Admission Form – Student and Employee

____________________ (Name) is a Student/Employee (circle one) at the Northwestern CSD of Shelby County. Having been excluded from school facilities since _________ (date), said individual is now re-admitted to school facilities based on the following:

___ The individual has not received a COVID-19 test but meets all 3 of the following conditions:

    ___ No fever for at least 72 hours (without the use of fever reducing medicines), and

    ___ Other symptoms (i.e. shortness of breath) have improved, and

    ___ At least 10 calendar days have passed since the date of exclusion from school

___ The individual has tested positive for COVID-19 and experienced symptoms and now meets all 4 of the following conditions:

    ___ No fever (without the use of fever reducing medicines), and

    ___ Other symptoms (i.e. shortness of breath) have improved, and

    ___ At least 10 calendar days have passed since the date of exclusion from school

    ___ Two (2) negative tests at least 24 hours apart.

___ The individual has tested positive for COVID-19 and was asymptomatic and now meets both of the following conditions:

    ___ At least 10 calendar days have passed since the date of exclusion from school

    ___ A healthcare provider has released the individual from care or approved the individual’s return in writing.

____________________ ________
Date  Signature of School Representative
School Visitor Intake Form During COVID-19 Pandemic

Notification of Pandemic Prevention Precautions

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared a public health emergency within Indiana. To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention and the Indiana State Department of Health recommend implementation of mitigation strategies, which will be implemented and enforced by the Northwestern CSD of Shelby County, including, but not limited to:

- Frequent hand washing using soap and warm water for at least 20 seconds
- If soap and water aren’t available, using a hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Maintain physical distance between yourself and other people of at least 6 feet at whenever possible
- Recommend that you cover your mouth and nose with a cloth face cover while around others in situations in which social distancing is not feasible
  - The cloth face covering is meant to protect other people in case you are infected
  - Do not place face coverings on children under age 2, anyone with trouble breathing, or unable to remove the mask without assistance
**Individual Exposure Screening**

As a school community safety precaution, the following responses are being required of visitors before entry to school facilities will be permitted:

1) Have you been within 6 feet of a person with COVID-19 in the past 14 days?
   - Yes □ No □

2) In the past 48 hours, have you experienced any of the following NEW symptoms:
   - Fever of 100.4 or above: □ Yes □ No
   - Cough: □ Yes □ No
   - Sore Throat: □ Yes □ No
   - Muscle pain: □ Yes □ No
   - Chills or Repeated Shaking with Chills: □ Yes □ No
   - Shortness of breath, Trouble Breathing or Severe Wheezing: □ Yes □ No
   - Loss of Smell or Taste, or a Change in Taste: □ Yes □ No
   - Nausea, vomiting, or diarrhea: □ Yes □ No

3) Have you recently been in close contact with anyone who has exhibited any symptoms or tested positive for COVID-19? □ Yes □ No

   - Yes □ No □

**Acknowledgement/Waiver/Assumption of Risk**

A. **Identification of Risks.** While on School Corporation property, I understand I might be exposed to COVID-19, which can cause severe respiratory distress, hospitalization, permanent disability, and death. Symptoms include, but are not limited to, fever, coughing, and shortness of breath. I understand my entering school property may involve risk of injury, loss, and death. I understand that this Waiver and Release of Liability and Assumption of Risk Acknowledgement ("Agreement") is intended to address all of the risks of any kind associated with my entering school property in any respect, including, particularly, such risks created by actions, inactions, or negligence on the part of the school district or its employees, agents, volunteers, successors, or assigns.

B. **Health & Safety Precautions.** During my visit, I will abide by all rules and guidelines imposed by the school district, including but not limited to, temperature checks, face masks, mandatory seating arrangements, social distancing, and mandatory disinfecting or handwashing. I understand that refusal to abide by these rules may result in my immediate removal from the premises. However, whether the school district imposes these measures or not has no bearing on my assumption of risk, waiver, or indemnification as described below.
C. Assumption of Risk. I knowingly and freely assume all risks, both known and unknown of my visit to school corporation property, even if arising from the negligence of the school district, as listed above, or from others, and assume full and absolute responsibility for my visit. I assume all costs associated with such risks, including, but not limited to, testing for COVID-19, quarantine, hospitalization, disability, and death.

D. Release and Waiver. I hereby release the school district and its board members, employees, agents, contractors, volunteers, successors and assigns (collectively, the “School Parties”) of and from any and all claims for injury, loss, damages, actions and causes of action, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my participation in the event/activity, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or other misconduct of any of the School Parties, to the end of the Term, as defined below, of this Agreement, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors and assigns hereafter can shall or may have or acquired.

I acknowledge that this Release, Waiver, Assumption of Risk and Indemnification Agreement is intended to be as broad and inclusive as permitted by law, and that if any portion of this Agreement is held to be invalid, it is agreed that the balance of the Agreement shall; notwithstanding, continue in full legal force and effect.

I acknowledge that I am voluntarily signing this Agreement after carefully reading it and know and understand its contents.

Visitor Name

Visitor Signature

DATE:
Waiver and Release of Liability and Assumption of Risk
Acknowledgement for Outside Activities/Outside Groups/Field
Trips During COVID-19 Pandemic

In March 2020, the Centers for Disease Control and Prevention declared a global pandemic due
to the novel Coronavirus (COVID-19). While the Governor of Indiana has deemed it safe to open
school buildings and allow students to travel for field trips and similar events/activities, this
event/activity is taking place in a location that is still under the classification of a pandemic. In
consideration for the Northwestern CSD of Shelby County allowing me or my child to participate
in this event/activity, I the undersigned, (and if I am not eighteen years or older, my parent or
legal guardian) individually and collectively referred to below in the first person singular, agree
to be bound by each of the following as my voluntary act and deed:

A. Voluntary Participation. I understand and confirm that my participation in this
event/activity is voluntary. If I choose not to participate and the event/activity is for
school credit or considered academic in nature, an alternative activity will be provided.

B. Identification of Risks. Before, during, after, and traveling to and from this
event/activity, I understand I might be exposed to COVID-19, which can cause severe
respiratory distress, hospitalization, permanent disability, and death. Symptoms include,
but are not limited to, fever, coughing, and shortness of breath. I understand my
participation may involve risk of injury, loss, and death. I understand that this Waiver
and Release of Liability and Assumption of Risk Acknowledgement (“Agreement”) is
intended to address all of the risks of any kind associated with my participation in any
respect, including, particularly, such risks created by actions, inactions, or negligence on
the part of the school district or its employees, agents, volunteers, successors, or assigns.

C. Health & Safety Precautions. During this event/activity, I will abide by all rules and
guidelines imposed by the school district, including but not limited to, temperature
checks, face masks, mandatory seating arrangements, social distancing, and mandatory
disinfecting or handwashing. I understand that refusal to abide by these rules may result
in disciplinary, up to and including being sent home immediately at my cost and expulsion
from school. However, whether the school district imposes these measures or not has no
bearing on my assumption of risk, waiver, or indemnification as described below.

D. Assumption of Risk. I knowingly and freely assume all risks, both known and
unknown of this event/activity, even if arising from the negligence of the school district,
as listed above, or from others, and assume full and absolute responsibility for my
participation in the event/activity. I assume all costs associated with such risks,
including, but not limited to, testing for COVID-19, quarantine, hospitalization,
disability, and death.
E. Release and Waiver. I hereby release the school district and its board members, employees, agents, contractors, volunteers, successors and assigns (collectively, the “School Parties”) of and from any and all claims for injury, loss, damages, actions and causes of action, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my participation in the event/activity, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or other misconduct of any of the School Parties, from the beginning of the world to the end of the Term, as defined below, of this Agreement, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors and assigns hereafter can shall or may have or acquire.

F. Indemnification. I, on behalf of myself and my administrators, heirs, successors, and assigns, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the School Parties of and from any and all claims for injury, loss, damages, actions and causes of actions, claims and demands whatsoever, whether known or unknown and whether or not founded in fact or in law, and of and from any and all manner of suits, liabilities, losses, covenants, controversies, agreements, promises, damages, judgments, claims and demands whatsoever in law or in equity including, but not limited to, those arising out of or in any way related to my participation in the event/activity, and all acts or omissions related thereto, whether or not caused in whole or part by the negligence or other misconduct of any of the School Parties, from the beginning of the world to the end of the Term, defined below, which the undersigned has had or now has or which he/she or his/her heirs, administrators, successors, and assigns hereafter can, shall or may have or acquire. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other misconduct by any of the School Parties.

The term of this Agreement shall be from July 1, 2020 to July 30, 2021.

Event or Activity Name:


Parent/Guardian with Legal Custody Printed Name


Parent/Guardian with Legal Custody Signature Date
Appendix C

Extra-Curricular and Co-Curricular Plan
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<th>Phase</th>
<th>Date Range</th>
<th>Notes</th>
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<tr>
<td>Phase I</td>
<td>August 15th</td>
<td>Open to Essential Personnel and FTA Athletes and Camps.</td>
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<tr>
<td>Phase II</td>
<td>July 6th - July 10th</td>
<td>Open to Essential Personnel and FTA Athletes and Camps.</td>
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<tr>
<td>Phase III</td>
<td>July 11th - August 1st</td>
<td>Open to Essential Personnel and FTA Athletes and Camps.</td>
</tr>
<tr>
<td>Phase IV</td>
<td>August 2nd - August 4th</td>
<td>Open to Essential Personnel and FTA Athletes and Camps.</td>
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**2020-21 Phased Return to Play Plan**

**Physical Distancing**
- Physical distancing will be enforced per space regulations.
- All summer activities are voluntary.
- Children must maintain at least 6 feet of distance from other children who are not their household members.
- Students will be allowed per space regulations.

**School Facilities**
- All school facilities are open to FTA Athletes and Camps.

**Middle School Athletics**
- All summer activities are voluntary.
- Children must maintain at least 6 feet of distance from other children who are not their household members.
- Students will be allowed per space regulations.

**Individual Athlete**
- All summer activities are voluntary.
- Children must maintain at least 6 feet of distance from other children who are not their household members.
- Students will be allowed per space regulations.

**Parental Involvement**
- Parents are encouraged to attend practices and games.

**Face Coverings**
- Face coverings are required for all athletes, coaches, and spectators.

**Social Distancing**
- Social distancing is required at all times.

**Alternate Command**
- People allowed to be in attendance.

**Health Status**
- Individuals must have a green 2020-21 Health Status digital badge.
- No on-field time if the digital badge is not green.

**Additional Information**
- Please see the Health Status section for more information.
- All summer activities are voluntary.
- Children must maintain at least 6 feet of distance from other children who are not their household members.
- Students will be allowed per space regulations.

**Fall Sports Competitions Begin**
- Open to FTA Athletes and Camps.

**Fall Sports Practices Begin**
- All summer activities are voluntary.
- Children must maintain at least 6 feet of distance from other children who are not their household members.
- Students will be allowed per space regulations.

**Middle School Athletics**
- All summer activities are voluntary.
- Children must maintain at least 6 feet of distance from other children who are not their household members.
- Students will be allowed per space regulations.

**Individual Athlete**
- All summer activities are voluntary.
- Children must maintain at least 6 feet of distance from other children who are not their household members.
- Students will be allowed per space regulations.
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<th>Phase</th>
<th>COVID-19 Requirements (as of 7/2020)</th>
<th>Equipment</th>
<th>Gathering Size</th>
<th>Locker Rooms</th>
<th>SECTOR RESPONSES</th>
<th>Supermarkets, Restaurants, Bars (Reopening Date)</th>
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**SECTOR RESPONSES**

- Supermarkets, Restaurants, Bars (Reopening Date)
- Gathering Size
- Locker Rooms

*Note: Equipment and Gathering Size specifications are not included in the table.*
| Transportation | Non-Transportation | Equipment | Facility Management | Competition | Hydration Station | Camp Site
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Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE QUESTIONNAIRE
And
CONSENT & RELEASE CERTIFICATE

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School: __________________________

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student’s sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student’s parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative (‘Yes’), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student Age Grade ________

Date of Last IHSAA Pre-Participation Physical Examination __________________________

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes ___ No ___
2. Been diagnosed with COVID-19? Yes ___ No ___
3. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ___ No ___
4. Fainted or "blacked out"? Yes ___ No ___
5. Experienced chest pains, shortness of breath, “racing heart” or had any heart issues? Yes ___ No ___
6. Had a history of unusual fatigue or unusual tiredness? Yes ___ No ___
7. Been hospitalized or had surgery? Yes ___ No ___

Understand, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student’s participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: ________________ Parent/Guardian/Emancipated Student (X) ___________
Printed: __________________________
CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE
A. I have read the IHSAA Eligibility Rules and know of no reason why I am not eligible to represent my school in athletic competition.
B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, illness and even death, is a possible result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: ____________________________ Student Signature: [X] ____________________________
Printed: ____________________________

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE
A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:
   Unified Sports: Unified Flag Football, Unified Track & Field
B. Undersigned understands that participation may necessitate an early dismissal from classes.
C. Undersigned consents to the disclosure, by the student’s school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, illness and even death, is a possible result of such participation and chooses to accept any and all responsibility for the student’s safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student’s school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student’s athletic participation.
E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
G. Please check the appropriate space:
   Q The student has adequate family insurance coverage. □ The student does not have insurance.
   Q The student has football insurance through school.

Company: ____________________________ Policy Number: ____________________________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with custody must sign)

Date: ____________________________ Parent/Guardian/Emancipated Student Signature (X) ____________________________
Printed: ____________________________

Date: ____________________________ Parent/Guardian/Emancipated Student Signature (X) ____________________________
Printed: ____________________________
PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana’s high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association’s Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician’s assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.

2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician’s assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.

3. SIGNATURES
   - The signature must be hand-written. No signature stamps will be accepted.
   - The signature and license number must be affixed on page three (3).
   - The parent signatures must be affixed to the form on pages two (2) and five (5).
   - The student-athlete signature must be affixed to pages two (2) and five (5).

Your cooperation will help ensure the best medical screening for Indiana’s high school athletes.
# Preparticipation Physical History Form

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

**Name:**

**Date of birth:**

**Date of examination:**

**Sport(s):**

**Sex assigned at birth (F, M, or intersex):**

**How do you identify your gender? (F, M, or other):**

**List past and current medical conditions:**

**Have you ever had surgery? If yes, list all past surgical procedures:**

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

**Do you have any allergies? If yes, please list all your allergies (i.e. Medicines, pollens, food, stinging insects):**

**Are your required vaccinations current?**

---

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

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

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

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

---

### General Questions

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>2. Have you ever developed shortness of breath, chest pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>3. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had shortness of breath, chest pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
</tr>
<tr>
<td>7. Has a doctor ever told you that you have an existing heart problem?</td>
<td></td>
</tr>
<tr>
<td>8. Has a doctor ever recommended a test for your heart? For example, echocardiography (ECC) or echocardiography.</td>
<td></td>
</tr>
</tbody>
</table>

### Heart Health Questions About You (Continued)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Do you have or feel short of breath during exercise?</td>
<td></td>
</tr>
<tr>
<td>10. Have you ever had a seizure?</td>
<td></td>
</tr>
<tr>
<td>11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?</td>
<td></td>
</tr>
<tr>
<td>12. Does anyone in your family have a congenital heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?</td>
<td></td>
</tr>
<tr>
<td>13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?</td>
<td></td>
</tr>
</tbody>
</table>
### Bone and Joint Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have a bone, muscle, ligament, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Questions (Continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Are you trying to or has anyone recommended that you gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Are you on a special diet or do you avoid certain types of food and food groups?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Have you ever had an eating disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Females Only</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. When was your most recent menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. How many periods have you had in the past 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain “Yes” answers here.

<table>
<thead>
<tr>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

Signature of athlete: ______________________________________________________

Signature of parent or guardian: ____________________________________________

Date: ____________________________________________________________________

PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Table 3-10

Name ___________________________ Date of Birth ___________________________ ISAAA Member School ___________________________

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 last 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 use any other appearance/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)

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Male/Female</td>
<td>BP / ( / )</td>
</tr>
<tr>
<td>Pulse</td>
<td>Vision</td>
<td>R 20/</td>
<td>L 20/</td>
</tr>
<tr>
<td>Appearance</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/ears/nose/throat</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Pupil equal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph nodes</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Murmurs (auscultation standing, supine, +/- Valvular)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Location of point of maximal impulse (PMI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulses</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ Simultaneous femoral and radial pulses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (males only)</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+ MSH, lesions suggestive of MRSA, tinea corporis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td>NORMAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td></td>
<td>Knee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back</td>
<td></td>
<td>Leg/ankle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td></td>
<td>Foot/tees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td></td>
<td>Functional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist/hand/finger</td>
<td></td>
<td>+ Duckwalk, single</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip/thigh</td>
<td></td>
<td>leg hop</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Cleared for all sports without restriction ☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ___________________________

☐ Not cleared ☐ Pending further evaluation ☐ For any sports Reason ___________________________

Recommendations ___________________________

I have examined the above-named student and completed the preparticipation physical examination. 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 Health Care Professional (print/type) ___________________________ Phone ___________________________ License # ___________________________

Signature of Health Care Professional ___________________________ MD, DO, PA, or NP (Circle one)

(3 of 5)
INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
   . . . unless you are entering the ninth grade for the first time.
   . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
   . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved SIELT program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contact).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a)(Exception for outstanding student-athlete – See Rule 15-1b)
13. must not create a disruptive influence in the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSA tournament program for boys where there is an IHSA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.
You may access the IHSA Eligibility Rules (By-Laws) at www.ihssaa.org
Please contact your school officials for further information and before participating outside your school.
I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. I have read the IHSA Eligibility Rules (next page or on back) and know of no reason why I am not eligible to represent my school in athletic competition.

B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSA.

C. I understand that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSA because of any accident or mishap involving my athletic participation.

D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

E. I give the IHSA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: ___________________________ Student Signature: (X)

Printed: _________________________

II. PARENT/GUARDIAN/EMANCIPATED STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:


B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student's school, to the IHSA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSA or the schools involved because of any accident or mishap involving the student's athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

F. Undersigned gives the IHSA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners for any lawful purposes.

G. Please check the appropriate space:

   ☐ The student has school student accident insurance.

   ☐ The student has football insurance through school.

   ☐ The student does not have insurance.

   ☐ The student has adequate family insurance coverage.

Company: __________________________ Policy Number: __________________________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: ___________________________ Parent/Guardian/Emancipated Student Signature: (X)

Printed: _________________________

Date: ___________________________ Parent/Guardian Signature: (X)

Printed: _________________________

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File in Office of the Principal
Separate Form Required for Each School Year
(5 of 5)
CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): ________________________________

Sport Participating In (If known): ________________________________ Date: ________________________________

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate
student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac
arrest to student athletes, including the risks of continuing to play after concussion or head injury.
These laws require that each year, before beginning practice for an interscholastic or intramural sport, a
student athlete and the student athlete’s parents must be given an information sheet, and both must
sign and return a form acknowledging receipt of the information to the student athlete’s coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in
a practice or game, shall be removed from play at the time of injury and may not return to play until the
student athlete has received a written clearance from a licensed health care provider trained in the
evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac
arrest shall be removed from play and may not return to play until the coach has received verbal
permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four
hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian – please read the attached fact sheets regarding concussion and sudden cardiac arrest
and ensure that your student athlete has also received and read these fact sheets. After reading these
fact sheets, please ensure that you and your student athlete sign this form, and have your student
athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden
cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes,
including the risks of continuing to play after concussion or head injury, and the symptoms of sudden
cardiac arrest.

(Signature of Student Athlete) ________________________________ (Date) ________________________________

I, as the parent or legal guardian of the above named student, have received and read both of the fact
sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion
and head injury to student athletes, including the risks of continuing to play after concussion or head
injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian) ________________________________ (Date) ________________________________

January 2015