Omaha Public Schools
Pre-Season Physical Screening Exams

Omaha Public Schools (OPS) is pleased to offer pre-season physical screening examinations (physicals) to its student athletes entering grades 8-12. The physicals are conducted in May. The physicals are offered at a low cost, so that they are affordable to all students participating in OPS sports. Please read the following information and complete the **OPS Sports Physical Form**, also known as the **OPS School & Sports Qualifying Screening Evaluation**, before your student comes to a physical exam. This form may be used any time of the year.

**Limitations to Physical Screening Exam:** The physical is strictly a screening examination and is NOT a substitute for routine, comprehensive health care by the student’s primary care physician. Parents/guardians should consider the benefits of having their student-athlete cleared for sports by their own personal physician, especially if the student has a known chronic health condition such as a heart condition, asthma, uncontrolled high blood pressure, diabetes, or repeated concussions.

**OPS Sports Physical Form:** Parents/guardians must complete and sign all portions of the OPS Sports Physical Form except the “Examination” section. The OPS Sports Physical Form is posted on the OPS web site at [www.ops.org](http://www.ops.org) under Parent Links, Sports Physical Form. The form must be filled out accurately and thoroughly. Parents/guardians should be sure to list all of the student’s health issues in the “History” section of the form. Your signature on the form indicates consent for a minor (under the age of 18) to receive the physical and is required for the physical to be performed.

**Day of the Physical:** Parents/guardians are welcome to accompany their student to the physical. Students should bring their completed and signed OPS Sports Physical Form and dress appropriately for the physical. Boys should wear gym shorts and T-shirts. Girls should wear gym shorts, T-shirts, and sports bra, if possible. Students in “street clothes” will be asked to change into gym clothes for the physical.

**Questions:** If you have any questions or concerns, please contact 402-557-2407 or your school athletic office. You are also welcome and encouraged to accompany your student to the physical and address any concerns you have to the examining team.

THE ABOVE INFORMATION IS USED FOR OPS SCREENING EXAMS ONLY.

### OMAHA PUBLIC SCHOOLS – Student Form

**ATHLETIC INSURANCE COVERAGE**

Your school, acting for members of the athletic squad, makes available an Athletic Injury Benefit Plan approved by the Omaha Board of Education. The total premium is paid by the student or parent. The purpose of such coverage is to assist in the cost of treatment of accidental injury. Payments are in addition to any payments by another company for the same injury.

**SQUAD MEMBERS MUST HAVE INSURANCE COVERAGE TO PARTICIPATE.**

Check the statements that apply:

- [ ] I shall participate in the Athletic Benefit Injury Plan. Information brochures, if not attached, are available from the school office upon request.
- [ ] I have accident injury coverage with the ___________________________ Insurance Company.

**POLICY NO.** ___________________________ **Signature of Parent/Guardian** ___________________________

**Date** ___________________________ **Address** ___________________________

Note: This form is to be filled out completely and filed in the office of the school before is allowed to practice and/or compete.
NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)/Omaha Public Schools (OPS)
Student and Parent Consent Acknowledgement and Release Form

School Year - 20____ - 20____ Member School: ____________________________

Name of Student: ______________________________________________________

Date of Birth: ______________________ Place of Birth: _______________________

The undersigned(s) are the student and the parent(s), or guardian(s) in charge of the above named student and are collectively referred to as “Parent”:

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body’s bones, joints, ligaments, tendons, or muscles to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) even the best coaching, the use of the best protective equipment and strict observance of the rules. Injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and;

(4) Consent and agree to (a) the disclosure by the Member school at which the Student is enrolled in the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student’s name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major field of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student’s participation in NSAA sponsored activities; and (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such photographs or recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

(5) Consent and agree for the above named student to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I/We authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary in the course of such athletic activities or travel.

(6) WITH FULL UNDERSTANDING OF THE RISKS INVOLVED, RELEASE, INDEMNIFY, AND HOLD HARMLESS THE OMAHA PUBLIC SCHOOLS AND ITS OFFICERS, AGENTS, REPRESENTATIVES, AND EMPLOYEES (COLLECTIVELY THE “RELEASEES”) FROM ANY AND ALL LOSSES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION, OBLIGATION, DAMAGES, AND COSTS OR EXPENSES OF ANY NATURE (INCLUDING ATTORNEY’S FEES) THAT THE STUDENT AND OR PARENTAL/LEGAL GUARDIAN INCUR OR SUSTAIN TO PERSON, PROPERTY OR BOTH, WHICH ARISE OUT OF, RESULT FROM, OCCUR DURING OR ARE OTHERWISE CONNECTED WITH THE STUDENT’S PARTICIPATION IN NSAA OR OMAHA PUBLIC SCHOOLS ACTIVITIES OR TRAVEL RELATED TO SUCH ACTIVITIES IF DUE TO ACCIDENT, MISHAP, OR ORDINARY NEGLIGENCE OF THE RELEASEES.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in athletic activities and the release.

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

Dated this ______ day of __________________, ________.

Name of Student [Print Name] Student Signature

(I am) (We are) the [circle the appropriate choice] (Parent) (Guardian). (I) (We) acknowledge that (I) (We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I) (We) hereby give (my) (our) permission for __________________________ [insert student name] to practice and compete for the above named school/middle school in activities approved by the NSAA, except those crossed out below:

<table>
<thead>
<tr>
<th>Baseball</th>
<th>Golf</th>
<th>Tennis</th>
<th>Debate</th>
<th>Speech</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball</td>
<td>Swimming</td>
<td>Track</td>
<td>Journalism</td>
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<tr>
<td>Cross Country</td>
<td>Soccer</td>
<td>Volleyball</td>
<td>Music</td>
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</tr>
<tr>
<td>Football</td>
<td>Softball</td>
<td>Wrestling</td>
<td>Play Production</td>
<td></td>
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</tbody>
</table>

Dated the ______ day of ______________________, __________.

Parent/Guardian [Print Name] Parent/Guardian Signature
Preparticipation Physical Evaluation

Date of Exam ________________________________

Name ___________________________ Sex _______ Age _______ Date of Birth ________

Grade _______ School __________________________ Sport(s) __________________________

Address __________________________ Phone __________________________

Personal physician __________________________

_In case of emergency, contact_

Name __________________________ Relationship _______ Phone (H) __________ Phone (W) __________

________________________________________

Explain “YES” answers below. Circle questions you do not know the answers to.

<table>
<thead>
<tr>
<th>Question</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>
<td></td>
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</tr>
<tr>
<td>2. Do you have an ongoing medical condition? (like diabetes or asthma)</td>
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<tr>
<td>3. Are you currently taking any prescriptions or nonprescription medicines or pills?</td>
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<tr>
<td>4. Do you have allergies to medicines, pollens, foods, or stinging insects?</td>
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</tr>
<tr>
<td>5. Have you ever passed out or nearly passed out during exercise?</td>
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<td></td>
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<tr>
<td>6. Have you ever passed out or nearly passed out after exercise?</td>
<td></td>
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<tr>
<td>7. Have you ever had discomfort, pain, or pressure in your chest during exercise?</td>
<td></td>
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<tr>
<td>8. Does your heart race or skip beats during exercise?</td>
<td></td>
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<tr>
<td>9. Has a doctor ever told you that you have (check all that apply):</td>
<td></td>
<td></td>
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<tr>
<td>- High blood pressure</td>
<td></td>
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<tr>
<td>- A heart murmur</td>
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<tr>
<td>- High cholesterol</td>
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<tr>
<td>- A heart infection</td>
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<tr>
<td>10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram)</td>
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<tr>
<td>11. Has anyone in your family died for no apparent reason?</td>
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<tr>
<td>12. Does anyone in your family have a heart problem?</td>
<td></td>
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<tr>
<td>13. Has any family member or relative died of heart problems or of sudden death before age 50?</td>
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<tr>
<td>14. Does anyone in your family have Marfan syndrome?</td>
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<tr>
<td>15. Have you ever spent the night in a hospital?</td>
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<tr>
<td>16. Have you ever had surgery?</td>
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<tr>
<td>17. Have you ever had an injury, like a sprain, muscle or ligament tear or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below.</td>
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<tr>
<td>18. Have you had any broken or fractured bones, or dislocated joints?</td>
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<tr>
<td>19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast or crutches? If yes, circle below.</td>
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<tr>
<td>20. Have you ever had a stress fracture?</td>
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<tr>
<td>21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?</td>
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<tr>
<td>22. Do you regularly use a brace or assistive device?</td>
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<tr>
<td>23. Has a doctor ever told you that you have asthma or allergies?</td>
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<tr>
<td>24. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
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<tr>
<td>25. Is there anyone in your family who has asthma?</td>
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<tr>
<td>26. Have you ever used an inhaler or taken asthma medicine?</td>
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<tr>
<td>27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?</td>
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<tr>
<td>28. Have you had infectious mononucleosis (mono) within the last month?</td>
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<tr>
<td>29. Do you have any rashes, pressure sores, or other skin problems?</td>
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<tr>
<td>30. Have you had a herpes skin infection?</td>
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<tr>
<td>31. Have you ever had a head injury or concussion?</td>
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<td>32. Have you been hit in the head and been confused or lost your memory?</td>
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<td>33. Have you ever had a seizure?</td>
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<tr>
<td>34. Do you have headaches with exercise?</td>
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<tr>
<td>35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
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<tr>
<td>36. Have you ever been unable to move your arms or legs after being hit or falling?</td>
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<td>37. When exercising in the heat, do you have severe muscle cramps or become ill?</td>
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<td>38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?</td>
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<tr>
<td>39. Have you had any problems with your eyes or vision?</td>
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<tr>
<td>40. Do you wear glasses or contact lenses?</td>
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<td></td>
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<tr>
<td>41. Do you wear protective eyewear, such as goggles or a face shield?</td>
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<tr>
<td>42. Are you happy with your weight?</td>
<td></td>
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<tr>
<td>43. Are you trying to gain or lose weight?</td>
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<tr>
<td>44. Has anyone recommended that you change your weight or eating habits?</td>
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<tr>
<td>45. Do you limit or carefully control what you eat?</td>
<td></td>
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<tr>
<td>46. Do you have any concerns that you would like to discuss with a doctor?</td>
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<tr>
<td><strong>FEMALES ONLY</strong></td>
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<tr>
<td>47. Have you ever had a menstrual period?</td>
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<td>48. How old were you when you had your first menstrual period?</td>
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<td>49. How many periods have you had in the last month?</td>
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<td>Explain “YES” answers here:</td>
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<tr>
<td>CARDIOVASCULAR HEALTH</td>
<td></td>
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<tr>
<td>50. Has a doctor ever told you that you have any heart problems? If so, check all that apply:</td>
<td></td>
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<tr>
<td>- High blood pressure</td>
<td></td>
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<tr>
<td>- A heart murmur</td>
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<tr>
<td>- High cholesterol</td>
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<tr>
<td>- A heart infection</td>
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<tr>
<td>- Kawasaki Disease</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>
## Preparticipation Physical Evaluation

**PHYSICAL EXAMINATION FORM**

### Name __________________________ Date of birth _____________.

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Pulse</th>
<th>BP</th>
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</table>

### MEDICAL

- Appearance
- Eyes/ears/nose/throat/pupils
- Hearing
- Lymph nodes
- Heart
- Murmurs
- Pulses
- Lungs
- Abdomen
- Genitourinary
- Skin

### MUSCULOSKELETAL

- Neck
- Back
- Shoulder/arm
- Elbow/forearm
- Wrist/hand/fingers
- Hip/thigh
- Knee
- Leg/ankle
- Foot/toes

### ABNORMAL FINDINGS

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>


## CLEARANCE FORM

### Name __________________________ Sex ________ Age ________ Date of birth _____________.

- □ Cleared without restriction
- □ Cleared, with recommendations for further evaluation or treatment for:

  ____________________________________________

- □ Not cleared for:
  - All sports
  - Certain sports: ___________________________ Reason: ___________________________

### Recommendations:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Name of physician (print/type) __________________________ Date _____________.

Address __________________________________________ Phone __________________________

Signature of physician __________________________________________, MD or DO
I understand there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have been provided with the Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet and understand the importance of reporting a head injury and/or concussion to parents, coaches and athletic training staff.

After reading the Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet, I am aware of the following information:

- A concussion is a brain injury, which I am responsible for reporting;

- A concussion can affect one’s ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance;

- A student athlete will not be allowed to return to a game or practice until cleared by a physician or the OPS Athletic Training Staff;

- Following a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if the individual returns to play before symptoms have resolved;

- In certain instances, repeat concussion can cause permanent brain damage, even death; and

- At any point following a suspected concussion, any of the following individuals reserves the right to voice concern for the safety of a student athlete and prohibit he or she from returning to play: physician, coach, student athlete, athletic trainer, parent.

By signing below, I understand the importance of the statements above and have asked any, and all questions regarding the above statements. I further understand that I will not be allowed to participate in OPS athletics until this form is signed by a parent/guardian.

I hereby attest that I have read, fully understand, and will abide by the above statements.

Student Athlete Name

Sport(s)

Student Athlete Signature ____________________________ Date

Parent/Guardian Signature (required) ____________________________ Date
OMAHA PUBLIC SCHOOLS HEAD INJURY/CONCUSSION
CONSENT FORM AND WAIVER -- FOOTBALL

School Year - 20____ - 20____
School: _____________________________

Name of Student: _____________________________ Date of Birth: _____________________________

The undersigned(s) are the Student and the Parent(s) or guardian(s) (collectively referred to as “Parent”) in charge of the above named student. Parent and Student understand there is a possibility that participation in any sport may result in a head injury and/or concussion. In anticipation of the Student’s participation in Football, the Omaha Public Schools have provided Parent and Student with the following documents for review:

- Omaha Public Schools Sports Medicine Advisory Committee Parent and Student Athlete Concussion Information and Fact Sheet
- Omaha Public Schools Riddell InSite Sensor Implementation and Use Guidelines
- Riddell Speed Flex with InSite Fact Sheet

After reading the materials listed above, Parent and Student agree that they are aware of the following information:

- Omaha Public Schools strongly encourages physicians, coaches, student athletes, athletic trainers, and parents to voice any concern they might have for the safety of a student athlete;
- A concussion is a brain injury, which the student athlete and parent are responsible for reporting;
- A concussion can affect the student athlete’s ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance;
- The Riddell InSite system is a sensor pad placed inside the football helmet that measures head impact severity;
- The Riddell InSite system does NOT prevent or diagnose a concussion, but it does give coaches and trainers an additional tool on the field to trigger a Rapid Screening Protocol;
- The Riddell InSite system has different thresholds for different player positions;
- When an impact exceeds a predetermined threshold, the Riddell InSite will transmit an alert to sideline staff who will then examine the player for symptoms of concussion in keeping with Omaha Public Schools Riddell InSite Sensor Implementation and Use Guidelines;
- A student athlete will not be allowed to return to a game or practice until cleared by a physician or the Omaha Public Schools Athletic Training Staff in keeping with the Omaha Public Schools Riddell InSite Sensor Implementation and Use Guidelines;
- In the event of a concussion, the brain needs time to heal. There is an increased likelihood for a repeat concussion if the student athlete returns to play before symptoms have resolved;
- In certain instances, repeat concussion can cause permanent brain damage, even death;
- At any point following a suspected concussion, Omaha Public Schools reserves the right to prohibit the student athlete from returning to practice or play; and

Student Athlete Name: _____________________________
Student Athlete Signature (required): _____________________________ Date: _____________________________

Parent/Guardian Name: _____________________________
Parent/Guardian Signature (required): _____________________________ Date: _____________________________

- Data collected by the Riddell InSite system is an education record for purpose of the Family Educational Rights and Privacy Act (FERPA).

The Parent and Student hereby:

(1) Understand the importance of reporting a head injury and/or concussion to parents, coaches and athletic training staff;
(2) Understand and agree that: (a) by this Consent Form the Omaha Public Schools have provided to the Parent and Student the existence of potential dangers associated with student athlete participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body’s bones, joints, ligaments, tendons, or muscles to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the Riddell InSite system does NOT diagnose a concussion, but it does give coaches and trainers an additional tool on the field to trigger a Rapid Screening Protocol; and (e) even with the best coaching, the use of the best protective equipment and strict observance of the rules, injuries are still a possibility;
(3) Consent and agree to (a) the use of the Riddell InSite Helmet by the Student; (b) the disclosure by Omaha Public Schools to Riddell InSite of information regarding the Student, including, but not limited to, the student’s name, position, and head impact severity data, the purpose of which is to permit Riddell InSite to improve its technology and (c) the disclosure by Omaha Public Schools of non-personally identifiable data relating to the use of the Riddell InSite system to other third parties.
(4) WITH FULL UNDERSTANDING OF THE RISKS INVOLVED, RELEASE, INDEMNIFY, AND HOLD HARMLESS THE OMAHA PUBLIC SCHOOLS AND ITS OFFICERS, AGENTS, REPRESENTATIVES, AND EMPLOYEES (COLLECTIVELY THE “RELEASERS”) FROM ANY AND ALL LOSSES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION, OBLIGATION, DAMAGES, AND COSTS OR EXPENSES OF ANY NATURE (INCLUDING ATTORNEY’S FEES) THAT THE STUDENT AND OR PARENT/LEGAL GUARDIAN INCUR OR SUSTAIN TO PERSON, PROPERTY OR BOTH, WHICH ARISE OUT OF, RESULT FROM, OCCUR DURING OR ARE OTHERWISE CONNECTED WITH THE STUDENT’S USE OF THE RIDDELL INSITE HELMET AND THE STUDENT’S PARTICIPATION IN OMAHA PUBLIC SCHOOLS ACTIVITIES OR TRAVEL RELATED TO SUCH ACTIVITIES IF DUE TO ACCIDENT, MISHAP, OR ORDINARY NEGLIGENCE OF THE RELEASEES.

We acknowledge that we have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in athletic activities and the release. We understand the importance of the statements above and have asked any, and all questions regarding the above statements.

I hereby attest that I have read, fully understand, and will abide by the above statements.
THE FOLLOWING INFORMATION ABOUT HELMETS ONLY
APPLIES TO HIGH SCHOOL STUDENTS

Omaha Public Schools
Riddell Insite Sensor usage guidelines

*The following is written according to available current scientific evidence and literature review of football helmet sensors (O’Connor, Rowson, Duma, Broglio, 2017; McCrory et al, 2017; Patricios et al, 2017).

** The Riddell Insite technology cannot diagnose and has not been proven to correlate positively with a concussion (O’Connor et al, 2017). The Insite sensor is not a medical tool, and data collected is not considered medical in nature (Riddell, 2017). The information provided by the sensor is designed for use by coaches as a tool in efforts to make coaching decisions that could impact player safety.

1) Football Coaches – Despite the use of the Insite technology, the Omaha Public Schools coaches guide for concussions and National Federation of High Schools annual concussion training should still be viewed as the standard for recognition and removal from play when a Certified Athletic Trainer (AT) or licensed health care professional (as defined in the Nebraska Concussion Awareness Act) is not present at the venue. When in doubt, always remove any player suspected of suffering a concussion from participation regardless if an alert has/hasn’t been detected. The athlete will not be allowed to return to play until they have been cleared by a licensed health care professional.

Specific to the Insite system, the following guidelines should be followed:

a) during all football practices and games, a designated coach(s) should be responsible for the alert monitor(s) for the duration of the season.

b) When an alert is detected the designated coach should seek out the player and observe for signs of a potential concussion.

i) If observable signs or symptoms are present the player should be immediately removed and the coach should notify the AT on-site.

ii) If NO observable signs or symptoms are present, the player should be observed and questioned for any signs and/or symptoms at the next available opportunity prior to being allowed to continue play.

c) When the AT on-site is notified by any coach of a potential concussion a rapid screening protocol should be initiated.

2) Certified Athletic Trainers – Reasonable and prudent professional clinical judgment should be used at all times. Any player with observable signs or reported symptoms of a potential concussion should immediately be removed from play and not allowed to return to that game or practice and until cleared by an AT or licensed health care professional.

a) during all football practices and games, a designated coach(s) should be responsible for the alert monitor for the duration of the season.

b) When an alert is detected the designated coach should seek out the player and observe for signs of a potential concussion.

i) If observable signs or symptoms are present the player should be immediately removed and the coach should notify the AT on-site.

ii) If NO observable signs or symptoms are present, the player should be observed and questioned for any signs and/or symptoms at the next available opportunity prior to being allowed to continue play.

c) When the AT on-site is notified by any coach of a potential concussion a rapid screening protocol should be initiated.

3) Rapid screening protocol – “The Sport Concussion Assessment Tool - 5th Edition (SCAT5) is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals” (SCAT5, 2017). The first three steps of the SCAT5 are to be used in the rapid screening protocol on the sideline, which includes questions asked regarding symptoms. Those first three steps are:

1) Red flags:
   Neck pain or tenderness
   Double vision
   Weakness or tingling/burning in arms or legs
   Severe or increasing headache
   Seizure or convulsion
   Loss of consciousness
Deteriorating conscious state
Vomiting
Increasingly restless, agitated or combative

2) Observable signs:
Lying motionless on the playing surface
Balance/gait difficulties/motor incoordination: stumbling/slow labored movements.
Disorientation or confusion, or an inability to respond appropriately to questions/directions.
Blank or vacant look

3) Maddocks questions, or appropriate sport-specific questions:
Where are we playing today?
Which quarter or half is it now?
Who scored last in this game?
What team did you play against last week?
Did your team win the game last week?

4) Symptoms reported by the athlete (does not require a graded symptom check-list and may include, but not be limited to, the following):
   - Headache
   - Pressure in head
   - Dizziness
   - Nausea
   - Tinnitus
   - Fogginess
   - Sensitivity to light
   - Sensitivity to noise
   - Doesn’t feel quite right
   - Difficulty concentrating
   - Blurred vision

4) SCAT 5 – If the rapid screening protocol produces evidence of a suspected concussion the SCAT 5 should be conducted in appropriate environment at a reasonable time.

References


Patricios J, et al. (2017). What are the critical elements of sideline screening that can be used to establish the diagnosis of concussion? A systematic review. *British Journal of Sports Medicine, 51*(11), 888-894.


The Riddell InSite Impact Response System is a helmet-based impact monitoring technology designed to alert when significant single or multiple impacts are sustained during a football game or practice. Riddell developed InSite based on its Head Impact Telemetry System (HITS) and Sideline Response System (SRS), a technology that has collected 3+ million impacts (and counting) since 2003.

INSITE IMPACT RESPONSE SYSTEM
Integrated Impact Monitoring tool that provides actionable information to team staff during practice and games.

THE FLEX SYSTEM
Flexibility engineered into the helmet’s shell, face mask and face mask attachment system with hinge clips reduces the impact force transfer to the athlete.

RATCHET-LOC™ RETENTION SYSTEM
A ratchet-style chin strap attachment system designed for easy, efficient adjustments and offers a new way to help secure proper fit.

ALL-POINTS QUICK RELEASE™
Four-point face mask attachment that disengages with a simple press of a button.

PATENTED SIDE IMPACT PROTECTION (PSIP)
Research-based mandible protection helps reduce the forces from side impacts. Technology feature consists of side shell extensions combined with side liner extensions.

FLEXLINER
Flexible liner, designed to conform to various head shapes, providing comfort and helmet stability.

QUICK CHANGE LINER ATTACHMENT SYSTEM
Removable padding system designed for ease-of-use when switching pads.

OCCIPITAL LOCK
Inflatable liner that, when inflated, cradles the athlete’s occipital lobe improving the helmet’s security and fit.

TRU-CURVE LINER SYSTEM
Interior liner that conforms to the shape of a player’s head as well as fits the contours of the helmet shell (front pad, crown, back/side, occipital lock, face frames) for improved comfort and fit.

For more information: Contact your Riddell sales representative or call 1.800.275.5338

Riddell InSite alerts the sideline to significant single or multiple impacts that may result in a concussion. Riddell InSite is NOT a medical device. Riddell InSite is NOT a protective device and it does not protect against injuries. Riddell InSite does not diagnose concussions and is not intended to be used as a diagnostic tool. For proper performance, the Riddell InSite Alert Monitor must be used within fifty (50) yards of the instrumented players. Refer to the instruction manual accompanying the Alert Monitor for recommended usage. NO HELMET CAN PREVENT SERIOUS HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL.
Riddell. SPEEDFLEX with InSite

SPEEDFLEX with InSite alerts the sideline to significant single or multiple impacts that MAY result in a concussion. Riddell InSite is NOT a medical device. Riddell InSite is NOT a protective device and it does not protect against injuries.

Riddell InSite does not diagnose concussions and is not intended to be used as a diagnostic tool. For proper performance, the Riddell InSite Alert Monitor must be used within fifty (50) yards of the instrumented players.

Refer to the instruction manual accompanying the Alert Monitor for recommended usage. NO HELMET CAN PREVENT SERIOUS HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL.

For more information: Contact your Riddell sales representative or call 1.800.275.5338
Omaha Public Schools Sports Medicine Advisory Committee
Parent and Student Athlete Concussion Information and Fact Sheet

In the fall of 2008, the Certified Athletic Trainers and Physicians working with OPS began utilizing new guidelines to evaluate, assess, and manage concussions incurred by OPS student athletes. Since then the guidelines have been reviewed and updated annually to reflect emerging best practices in the recognition and management of concussions in youth sports.

Did You Know?
According to the Center for Disease Control and other publications:

- Each year 300,000 athletes suffer sports-related concussions.
- The national estimate for concussions in high school athletes is 136,000.
- In ages 15-24, sports are the 2nd leading cause of traumatic brain injury.
- Most studies done on concussions focus on the “mature” brain and thus, we cannot ignore the fact that the young brain is still developing and the effects of concussions are not fully understood.
- High school athletes who sustain a concussion demonstrate prolonged memory dysfunction compared with college athletes.
- A concussion is: “getting your bell rung,” and “getting dinged.”
- Failure to recognize and properly manage a concussion can lead to a catastrophic injury known as “second impact syndrome.”
- Second impact syndrome can be catastrophic, even fatal.
- Second impact syndrome is preventable – if concussions are recognized and properly managed.
- On April 18, 2011, LB 260 – “The Concussion Awareness Act” was signed into law with the intent to protect the youth participating in athletics across the state from the dangers of concussions that are often unrecognized, undiagnosed, and/or mismanaged.

Sources:

According to a study by McCrea published in 2004,
The top reasons for athletes not reporting concussions were:
1. Didn’t think the concussion was serious.
2. Didn’t want to leave the game.
3. Didn’t realize a concussion was sustained.
4. Didn’t want to let down their teammates.

WHAT DOES A CONCUSSION LOOK LIKE?

<table>
<thead>
<tr>
<th>SIGNS:</th>
<th>SYMPTOMS:</th>
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</thead>
<tbody>
<tr>
<td>1. Appears dazed or stunned</td>
<td>1. Headache or “pressure” in the head</td>
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<tr>
<td>2. Is confused about an assignment</td>
<td>2. Nausea</td>
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<tr>
<td>3. Forgets plays</td>
<td>3. Balance problems or dizziness</td>
</tr>
<tr>
<td>4. Moves clumsily or displays problems with balance and coordination</td>
<td>4. Double or fuzzy vision</td>
</tr>
<tr>
<td>5. Loses consciousness (even briefly)</td>
<td>5. Sensitivity to light or noise</td>
</tr>
<tr>
<td>6. Shows behavioral of personality changes</td>
<td>6. Feeling slowed down, foggy, or groggy</td>
</tr>
<tr>
<td></td>
<td>7. Does not “feel right”</td>
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</table>
Guidelines For Concussion Management:
The Goals and Outcomes of the OPS Sports Medicine Advisory Committee on Concussion Management

<table>
<thead>
<tr>
<th>GOAL</th>
<th>GOAL</th>
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<td>To prevent increasing the severity of the injury.</td>
<td>To prevent re-injury through proper management.</td>
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**Guideline**

All concussions will be assessed using guidelines established by the 2008 International Conference on Concussion in Sport.

For complete details, please see your school’s Certified Athletic Trainer.

*Brain injuries (concussions) should not be taken lightly. Only though immediate and early recognition and proper management, can we prevent a potentially life altering event.*

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If your son or daughter has sustained a concussion:

1. Seek medical attention (physician, ER, athletic trainer)
2. Keep them out of play
3. Tell all athletic trainers and coaches about any previous or current concussions

Source: Center for Disease Control (www.cdc.gov)

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Resources for information on concussions and this policy may be found:

1. Center for Disease Control www.cdc.gov
2. Omaha Public Schools website www.ops.org
4. National Federation of State High Schools Association www.nfhs.org

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~ What to Do if You Suspect Your Child Has Suffered a Concussion ~

A student athlete should be taken to the emergency (ER) department if any of the following signs or symptoms are present.

- Headaches that worsen
- Seizures
- Looks very drowsy and cannot be awakened
- Repeated vomiting
- Slurred speech
- Cannot recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms or legs
- Neck pain
- Unusual behavior change
- Any loss of consciousness
- Any symptoms that worsen or do not improve over time
- Increase in the number of symptoms
- Symptoms which begin to interfere with the student’s daily activities