

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 9060-F

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

The undersigned as parent/guardian of student (Student's Name) \_\_\_\_\_  
(Birthdate) \_\_\_\_\_

hereby grant permission for my child to participate in:

(Circle all that apply for the 2022-23 school year:

Baseball	Cross Country	Golf	Swimming	Volleyball
Basketball	Dance	Soccer	Tennis	Wrestling
Cheerleading	Football	Softball	Track	Other

(For sports, attach schedule for competition and practices)

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law.

Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intramurals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) \_\_\_\_\_

Policy Number \_\_\_\_\_

**I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.**

(Signature of Parent/Guardian)(Circle One)(Date) \_\_\_\_\_

(Parent Day Phone #) \_\_\_\_\_

(Signature of Student Required if 18 years or older)(Date) \_\_\_\_\_

(Parent Evening Phone #) \_\_\_\_\_

Other Emergency Contact In Event Parent Cannot Be Reached \_\_\_\_\_

Phone \_\_\_\_\_

Adopted: December 19, 1988

Revised: May 6, 1994

Revised: July 14, 2000

Revised: January 19, 1990

Revised: February 12, 1998

Revised: July 15, 1993

Revised: August 15, 1998

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 4055.01-F

FIELD TRIP PERMISSION FORM AND RELEASE

Related to Board Policy 4055

The undersigned parent/guardian of \_\_\_\_\_ (Student's Name) (Birthdate)

hereby grants permission for the above named student to participate in the following field trip; including all organized activities and transportation:

Date: June 2022- July 2023

Fee (if any)

Trip Description/Location: ANY & ALL AWAY SPORTING EVENTS

Supervising Staff Member: HEAD COACH AND STAFF

Approximate time of departure TO BE DETERMINED BY SCHEDULE OF EVENTS

Approximate time of return TO BE DETERMINED BY INDIVIDUAL EVENT & DISTANCE

Purpose (state expected learning outcome or recreational) TO COMPETE IN SCHOOL ATHLETIC EVENTS

Transportation will be by: Commercial Bus School Bus Other

Students must have proof of private insurance or student accident insurance to participate in co-curriculars or extra-curricular activities or field trips away from school.

Name of Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In consideration of the advantages of participation in this field trip, the undersigned agrees that the Board of Education of Oldham County, Kentucky, its agents and employees, and the driver and/or owner of the vehicle used for the field trip shall be released and exempt from any liability for damages for bodily injury or property damage that may occur during the trip, as provided by law.

To Whom It May Concern: We (I), as Parent(s) of \_\_\_\_\_ do hereby authorize and direct the staff of Oldham County Schools to initiate the procedures deemed necessary by medical personnel to act in our child's behalf and agree to "Hold Them Harmless" for any treatment rendered. Please provide a current phone number and an alternative contact number for the date of the trip.

Date Signed \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternative Phone \_\_\_\_\_

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

- Adopted: March 16, 1981 Revised: July 16, 2008
- Revised: July 17, 1983
- Revised: February 22, 1993
- Revised: February 10, 1998
- Revised: August 15, 1998
- Revised: September 1, 1998
- Revised: June 23, 1999
- Revised: July 14, 2000
- Revised: June 26, 2006

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION - 8005.001-F

SPORTS & EXTRACURRICULAR ALTERNATIVE TRANSPORTATION CONSENT

Related to Board Policy 8005  
Related to 8005-AR; 8005.01-F

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*The Oldham County Board of Education offers a broad range of sports and extracurricular activities to students enrolled in middle and high school. This broad range of activities places constraints on the ability of the district to provide transportation for all these activities at all times. As a result, there are events, practices and extra-curricular activities that will require the student's parent to arrange transportation to and/or from the event or activity. The coach or activity sponsor will provide information regarding the level of transportation provided by the district.*

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Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School: EAST OLDHAM MIDDLE SCHOOL Grade: \_\_\_\_\_

Sport/Extracurricular: \_\_\_\_\_ Season: **2022-23**

The district will provide transportation to events, games and activities in accordance with 8005-AR. When the district is unable to provide transportation to events, games and activities, I consent to the following means of transportation for my child (Check all that apply):

- Van/automobile driven by team coach/activity sponsor.
- Automobile driven by another parent for whom I have provided written permission to the coach.
- Automobile driven by my student.

None. I will be responsible for transporting my child to and from all practices, scrimmages, games and activities for this sport or extracurricular activity for which the district does not provide transportation.

In consideration of the advantages to my child of participating in this sport or extracurricular activity, to the extent allowable by law I hereby release and hold harmless the Oldham County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this consent and release individually and on behalf of my student.

\_\_\_\_\_  
Parent/Guardian of the Above Named Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of the Above Named Student

\_\_\_\_\_  
Date

Adopted: May 26, 2000

Revised: August 10, 2006

Revised: March 10, 2008

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION –9060.02-F**

**CONSENT OF PARENT OR GUARDIAN FOR ImPACT™ TESTING  
OF HIGH SCHOOL STUDENT ATHLETES**

**Relates to: OCBE Administrative Regulation 9060-AR, OCBE Form 9060.01-F**

Page 1 of 3

Dear Parent/Guardian,

In order to better manage concussions sustained by our student-athletes, the school district has partnered with Baptist Hospital Northeast, the provider of our athletic training services, to acquire a software tool called ImPACT™ (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT™ is a leader in computerized neurocognitive assessment tools and services, which are becoming more prevalent in recognizing and managing head injuries. (Additional information about ImPACT™ can be found at [www.impacttest.com](http://www.impacttest.com).)

All high school athletes must complete the ImPACT exam prior to athletic participation. This test is set up in a “video-game” style format and takes 30-35 minutes to complete. The ImPACT™ test is a pre-season physical of the brain that tracks information such as memory, reaction time, speed, and concentration, but it is not an IQ test. The ImPACT™ test is non-invasive and poses no risks to your child.

We will be testing all in-coming freshman, sophomores, juniors and seniors, as well as middle school students who are participating at the high school level. Each student athlete will be tested once prior to beginning sports practice or competition and will be tested again if they sustain a head injury. Student athletes sustaining a concussion will continue to be tested using the ImPACT™ test until their post-concussion results are within the normal ranges of their baseline test. There is no charge for this testing.

The protocol for managing these injuries and returning athletes to play is briefly outlined below.

1. **All athletes who sustain head injuries are required to be evaluated and cleared by their primary care physician (PCP), prior to being permitted to progress to activity.** This includes athletes who were initially referred to the emergency department.
2. **In addition to the physician exam, 2 other criteria must be met prior to clearance for return to play:** (a) the student athlete must be asymptomatic, at rest and with exertion, and (b) the athlete’s post-injury neurocognitive testing data must be within normal range of the athlete’s baseline ImPACT™ scores.
3. Athletes who have been cleared to return to activity follow a graduated procedure, as recommended by “The Summary and Agreement Statement of the 2<sup>nd</sup> International Conference on Concussion in Sport, Prague 2004” and the National Athletic Trainers’ Association Position Statement on Management of Sport-Related Concussion (2004).

By signing the Parent Consent Form you authorize the Oldham County school district to release medical information and ImPACT™ results to your child’s Primary Care Physician. Your child’s health and safety are an important part of the student athletic experience and we are pleased to implement this program. If you have any further questions regarding this program please feel free to contact your school Athletic Director or Athletic Trainer.

Sincerely,

Oldham County Schools Athletic Trainers

OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION -9060.02-F

CONSENT OF PARENT OR GUARDIAN FOR ImPACT™ TESTING  
OF HIGH SCHOOL STUDENT ATHLETES

Page 2 of 3

STUDENT NAME: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_

SCHOOL:  North Oldham HS     Oldham County HS     South Oldham HS  
 North Oldham MS     Oldham County MS     South Oldham MS     East Oldham MS

GRADE:                     Freshman                     Sophomore                     Junior                     Senior  
 8<sup>th</sup> grade                     7<sup>th</sup> grade                     6<sup>th</sup> grade

I hereby give permission for my child to complete an ImPACT™ baseline test and post-concussion ImPACT™ tests administered at the high school for which my student is competing as needed. I understand that my child may need to complete the test more than once, depending on the results of the test. I understand there is no charge for the testing.

I further agree that the high school may release the ImPACT™ results and any other information related to his or her head injury to my child's primary care physician, neurologist, or other physician involved with my child's care.

\_\_\_\_\_  
*Name of parent or guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of parent or guardian*

Parent or guardian phone numbers (*please indicate preferred contact number & time if necessary*):

HOME: \_\_\_\_\_  preferred

WORK: \_\_\_\_\_  preferred

CELL: \_\_\_\_\_  preferred

PLEASE PRINT THE FOLLOWING INFORMATION: Name of Physician: _____ Practice or Group Name: _____ Telephone number: _____
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