



March 3, 2023

Dear Parents/Guardians:

This spring elementary students across the school district will have an opportunity to compete against each other in soccer thanks to a generous donation from Chevrolet of Walla Walla, the school district's levy funds and grant support from the district's 21st Century Afterschool Program.

This free new co-ed soccer program, for 4th and 5th grade students, begins April 10 and continues through May 18. Program management will fall under the umbrella of the district's 21st Century Afterschool program, and equipment and program associated costs will be funded by the donation. The goal of the program is to provide a positive afterschool activity where students can enhance their soccer skills, learn to play as a team and develop good sportsmanship.

Practices will be held after school from 2:45 to 4:30 p.m. with games being held on Mondays and Thursdays after school. There are no practices or games on Wednesdays. Schools will play each other twice during the season. Transportation will be provided from the school to the game sites for all players. Parents are encouraged to pick up their children after all practices and following the games at the hosting schools. However, school transportation home is available if needed.

Registration Open March 6 through March 22:

To register for this exciting new program, please complete the following forms and return them to your child's classroom teacher. Hard copy packets are also available at the school's main office.

- Elementary Soccer Parent Packet
 - Request for Waiver of School Accident Plan Coverage
 - Walla Walla Public Schools Medical Release for Athletics
 - Walla Walla Public Schools Concussion Training Sign-off Form
 - Sudden Cardiac Arrest Awareness Form

Please let us know if you have any additional questions. We look forward to seeing our students compete and have fun representing their school.

Sincerely,

Elementary Principals
Will Hammond, 21st Century Program Director
Chris Ferenz, Director of Athletics

**WALLA WALLA SCHOOL DISTRICT
REQUEST FOR WAIVER OF SCHOOL ACCIDENT PLAN COVERAGE**

PRINT STUDENT LAST NAME _____

FIRST NAME _____

ID# _____ **GRADE:** 4 5 **SCHOOL:** W P G

To Whom It May Concern:

I understand that my son/daughter cannot participate in interscholastic athletics unless covered by the School Accident Coverage Plan **OR** a plan provided by the family.

I have adequate medical insurance coverage for doctors' services or hospitalization and will continue to keep it in force throughout the sports seasons; therefore, I do **NOT** wish to enroll my child in the school accident coverage plan.

I accept full responsibility for the cost of treatment for any injury which my son/daughter may suffer while taking part in the Walla Walla School District's interscholastic activity programs. Please permit my son/daughter to take part in these programs. **(All lines must be filled in below.)**

I/We have medical insurance with _____

policy number _____ **that is in force until** _____

and will cover _____ for school sports/activities as provided above.
Last Name First Name

Parent Signature _____

I have purchased Myers-Stevens School Medical Insurance. Type of plan/option purchased:

(circle one) **Type:** 24-hour Student School Time Tackle Football Dental
(circle one) **Option:** High Mid Low

DATE OF PURCHASE: _____

DATE _____ **PARENT/GUARDIAN SIGNATURE** _____

PHONE _____ **ADDRESS** _____

WALLA WALLA PUBLIC SCHOOLS MEDICAL RELEASE FOR ATHLETICS			<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
Please Print Legibly			Sport: _____	
Last Name _____		First _____	Grade _____	
Address _____		City/State _____	Zip _____	
Date of Birth _____	Age _____	City/State of Birth: _____	Date of Physical: _____	
Student Email: _____		Parent Email: _____		
Emergency Contact:	Father _____	Home/Cell _____	Work _____	
	Mother _____	Home/Cell _____	Work _____	
Family Doctor: _____		Phone: _____		
Physical problems we should be aware of (Allergies, Disabilities, Etc.) _____				
Required Insurance Co. _____	Required Group /Policy _____	In force Until _____		
In the event of a serious injury to the above named student, if unable to contact either of the parents/guardians the coach in charge has our permission to seek medical attention from the nearest physician/emergency facility.				
Parent/Guardian Signature: _____			Date: _____	
This card is to be kept with the coach in case of emergency, a new medical card is required for each sport. Thank you!				

WALLA WALLA PUBLIC SCHOOLS MEDICAL RELEASE FOR ATHLETICS			<input type="checkbox"/> Boys	<input type="checkbox"/> Girls
Please Print Legibly			Sport: _____	
Last Name _____		First _____	Grade _____	
Address _____		City/State _____	Zip _____	
Date of Birth _____	Age _____	City/State of Birth: _____	Date of Physical: _____	
Student Email: _____		Parent Email: _____		
Emergency Contact:	Father _____	Home/Cell _____	Work _____	
	Mother _____	Home/Cell _____	Work _____	
Family Doctor: _____		Phone: _____		
Physical problems we should be aware of (Allergies, Disabilities, Etc.) _____				
Required Insurance Co. _____	Required Group /Policy _____	In force Until _____		
In the event of a serious injury to the above named student, if unable to contact either of the parents/guardians the coach in charge has our permission to seek medical attention from the nearest physician/emergency facility.				
Parent/Guardian Signature: _____			Date: _____	
This card is to be kept with the coach in case of emergency, a new medical card is required for each sport. Thank you!				

WALLA WALLA PUBLIC SCHOOLS
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

WALLA WALLA PUBLIC SCHOOLS
Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<https://www.cdc.gov/headsup/youthsports/parents.htm>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009

WALLA WALLA PUBLIC SCHOOLS
Concussion Information Sheet

WALLA WALLA PUBLIC SCHOOLS
CONCUSSION TRAINING SIGN-OFF FORM

Please detach this page from the Concussion information sheets attached. *The student and a parent/guardian must sign and date this page and return it with your registration packet.* This completed form is required before any participation in Athletic activities will be allowed. Additional concussion information is available on the Washington Interscholastic Activities Association web-site at www.wiaa.com.

I have received and read the two attached concussion information sheets provided by the Walla Walla Public Schools Athletic Department.

Student-Athlete

Print Name	Signature	Date
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Parent/Guardian

Print Name	Signature	Date
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Sudden Cardiac Arrest Awareness



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

- 1. RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- 2. CALL 9-1-1**
 - Call for help and for an AED
- 3. CPR**
 - Begin chest compressions
 - Push hard/ push fast (100 per minute)
- 4. AED**
 - Use AED as soon as possible
- 5. CONTINUE CARE**
 - Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE SUDDEN CARDIAC ARREST AWARENESS INFORMATION ABOVE.

Parent Name (Print)

Student-Athlete Name

Parent Signature

Date

CONSENT FOR RAPID COVID-19 TESTING

Walla Walla Public Schools

COVID-19 Testing Permission Form

Student Name: _____

Student Birthdate: _____

School: _____

Parent/Guardian Name(s): _____

Home Address: _____

Phone Number: _____

Walla Walla Public Schools has collaborated with the Washington State Department of Health to be able to offer free COVID-19 testing to students.

BinaxNow is a rapid test that looks for Covid-19 antigen particles. These tests are nasal swabs, are quick and painless, and will be self-administered under observation by a trained person. Results are available in 15 minutes. Positive results should be validated with a follow up PCR test.

Results of all BinaxNow tests must be submitted through the Washington Department of Health.

You are entitled to keep certain information about your child's health and education private. This form allows you to grant third-party access to your child's protected information that otherwise may not be permitted.

By signing below, you authorize WWPS to release the results of your child's COVID-19 test results to the ***Washington Department of Health***. This information will be used for the purpose of addressing the health and safety of students and staff through medical surveillance of COVID-19 cases in our school.

By signing below, you also authorize your child to be tested if they have symptoms or had exposure to a positive individual and for the School District to process and analyze the test. You further authorize the School District to share your child's birthdate to for identification purposes. Finally, you understand that, per the Washington State Department of Health, a student with COVID-19 or COVID-19 symptoms cannot attend school onsite.

By signing below, you affirm that you have the legal authority to determine who may receive the protected health and education information pertaining to the student.

Parent/Guardian Signature _____ Date _____ Student (age 18 or older) Signature _____ Date _____

Parent/Guardian Printed Name _____ Student (age 18 or older) Printed Name _____

Received by School District on: _____
Date _____