

**Lutheran High School Association  
Of Greater Milwaukee  
Computer Network  
Acceptable Use Policy  
Martin Luther High School  
Computer Network and Internet Acceptable Use Policy**

**Philosophy and Goals**

- The internet is a network of networks used by educators, businesses, the government, the military, and other organizations. The internet can be used to educate and to inform. As a learning resource, the internet is similar to books, magazines, video, CD-ROM, and other information sources.
- Access to the internet at Lake Country Lutheran High School, Martin Luther High School, and Milwaukee Lutheran High School (the schools and offices of The Lutheran High School Association of Greater Milwaukee-LHSAGM) is a privilege - not a right. Access entails responsibility.
- Because the internet is a fluid environment, the information which will be available to students is constantly changing; therefore, it is impossible to predict with certainty what information students might locate. We do use a filtering device to automatically screen the sites which are called up. While our intent is to make internet access available to further educational goals and objectives as well as to apply technology in accordance with Christian principles, students may find ways to access other materials. We believe that the benefits to students from access to the internet, in the form of information resources and opportunities for collaboration exceed the disadvantages. The schools will preserve academic freedom with certain standards but, ultimately, parents and guardians of minor students are responsible for establishing and communicating the standards that their children should follow when using media and information sources.
- The networking environment requires that the LHSAGM define guidelines for student exploration and use of electronic information resources. (See Internet Use Rules and Regulations Below) Such guidelines address issues of privacy, ethical use of information with respect to intellectual property, using the networks for illegal activities, or knowingly spreading embedded messages or other computer programs that have the potential of damaging or destroying programs or data.
- Students may use the internet to participate in distance learning activities, to ask questions of and consult with experts, to communicate with other students and individuals, and to locate material to meet their educational and personal information needs. School and library media specialists and teachers have a professional responsibility to work together to help students develop the intellectual skills needed to discriminate among information sources, to identify information appropriate to their age and developmental levels, and to evaluate and use information to meet their educational goals.
- LHSAGM reserves the right to delete any files put onto the computer due to internet use.
- LHSAGM reserves the right to prioritize the use and access to the system.
- LHSAGM requires that all students have a signed Acceptable Use Policy on file.

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**Internet Use Rules and Regulations of the LHSAGM**

The following are examples of actions that are not allowed:

- Sending or displaying offensive or pornographic messages or pictures.
- Using obscene or defamatory language.
- Harassing, insulting, defaming, or attacking others verbally.
- Damaging computers, or computer systems.
- Destroying data of another user.
- Violating copyright laws.
- Using another person's password.
- Intentionally wasting limited resources.
- Using the internet for commercial purposes.
- Interactive game playing.
- Downloading non-school related files or programs.
- Other uses deemed unacceptable by the general standards of our faith and our school.

In addition to the inappropriate behaviors listed above, these ground rules for use of the world wide web are also included:

- Do not give out personal information, phone numbers, social security numbers, credit card information, or addresses.
- Do not enter news groups or chat rooms without approval of an administrator or teacher.
- Do not fill out questionnaires without the permission of an administrator or teacher.
- Do not order a product over the internet.
- If you arrive at a site that is offensive to Christians, use the "back" button to leave the site and report it immediately to an administrator or teacher.

**Violation Consequences**

Violations of this acceptable use policy will be dealt with through the discipline cycle and may result in:

- Withholding privileges.
- In-school suspension.
- Out-of-school suspension.
- Expulsion.
- Students and their families are responsible for any financial expenses resulting from improper technology use. This includes payments to staff members for their time to correct problems due to abuse.

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**Parental Acknowledgment Form**

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
Year of Graduation

**Please read the following statements and check any that apply:**

- My student does **NOT** have access to the internet at home.
- My student does **NOT** have consistent access to an internet connected device at home.

**As a student** user of the computer network at a school of the LHSAGM, I have read and understand the Acceptable Use Policy. I understand that internet access and e-mail are privileges which may be revoked, temporarily or permanently, at any time if I do not follow these rules. As a user of my personal computer on campus or computers owned by the LHSAGM, I hereby agree to comply with the above stated rules and guidelines.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

**As a parent or legal guardian** of the student signing above, I have read and understand the Acceptable Use Policy. By signing this parental acknowledgment form, I accept this policy and understand that it is impossible for staff of the LHSAGM or its schools to monitor or restrict access to all controversial materials. (These materials would not likely be found accidentally while doing normal research or communication; a user would have to intentionally look for them.) Should I later become concerned about what my child is reading or viewing on the internet, I understand that I can contact the principal of the school regarding my concerns.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number



Injuries or other medical emergencies can occur at any time, whether on a playing field or inside a classroom. Should an injury to a student occur during school or at school-sponsored events, basic first aid and emergency care will be provided as needed by a representative of the school (teacher, office staff, administrator, coach, etc.). If the injury is one that appears to be serious, emergency services will be contacted, and the injured student will be transported by ambulance to a hospital for treatment if necessary. The parent(s)/guardian(s) of a student who incurs an injury will be notified as soon as possible after the injury occurs.

The Lutheran High School Association does not carry medical expense insurance for the benefit of any student who may be injured and assumes no responsibility for medical expenses. Therefore, any costs for medical care or ambulance are the responsibility of the student's family.

\*I have read and understand the procedure described above for the treatment of injured students at Martin Luther High School. I authorize emergency personnel to carry out diagnostic and emergency care as deemed necessary. I understand that costs for medical care and/or ambulance transport are my responsibility.

\*To ensure the safe care of my child, I agree that pertinent health information may be shared with appropriate school staff on a need-to-know basis. I agree to alert the main office of any change in medication or health status of my child. I will provide to the school current phone numbers and addresses in case of emergency.

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Parent/Guardian Name (Please Print) Parent/Guardian Signature

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Student Name Date

---

Preferred Hospital

---

Insurance Provider Policy Number

# Martin Luther High School

## Student Health Information

(Please Print)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grad Year \_\_\_\_\_

### Physician Information:

Physician Name: \_\_\_\_\_ Physician Phone # \_\_\_\_\_

### Dental Information:

Dentist Name: \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

### Health Concerns:

Please list any major health concerns (i.e. specific allergies, asthma, heart conditions, mental or behavioral health, etc.):

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Please list any medications your child is currently taking:

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Reason: \_\_\_\_\_

- My student will bring medication or a medical device **to keep in the main office** in case of emergency.  
-Name of medication/device (inhaler, Epi-pen, etc.): \_\_\_\_\_
- My student **does not need** additional medication kept in the office at this time.
- I understand that a parent, guardian, or other emergency contact will be immediately notified if my child is exhibiting any other concerning symptoms.
- I have read and signed the **Consent for Treatment/Student Insurance form** (reverse side) which describes emergency procedures in detail.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT IMMUNIZATION RECORD

**INSTRUCTIONS TO PARENT:** COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

**Step 1 PERSONAL DATA**

PLEASE PRINT

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Telephone Number	

**Step 2 IMMUNIZATION HISTORY**

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (√) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
<b>Polio</b>					
<b>Hepatitis B</b>					
<b>MMR</b> (Measles, Mumps, Rubella)					
<b>Varicella</b> (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)	Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)				

**Step 3 REQUIREMENTS**

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

**Step 4 COMPLIANCE DATA**

**STUDENT MEETS ALL REQUIREMENTS**  
Sign at Step 5 and return this form to school.  
\_\_\_\_\_ Or \_\_\_\_\_

**STUDENT DOES NOT MEET ALL REQUIREMENTS**  
Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has **NOT** received **ALL** the required doses of vaccine, the **FIRST DOSE(S)** has/have been received. I understand that the **SECOND DOSE(S)** must be received by the 90th school day after admission to school this year, and that the **THIRD DOSE(S)** and **FOURTH DOSE(S)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

**NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.**

**WAIVERS** (List in Step 2 above, the date(s) of any immunizations your child has already received)

**For health reasons** this student should not receive the following immunizations \_\_\_\_\_

\_\_\_\_\_ **SIGNATURE** - Physician \_\_\_\_\_ **Date Signed**

**For religious reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  
 DTaP/DTP/DT/Td  Tdap,  Polio  Hepatitis B  MMR (Measles, Mumps, Rubella)  Varicella

**For personal conviction reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  
 DTaP/DTP/DT/Td  Tdap  Polio  Hepatitis B  MMR (Measles, Mumps, Rubella)  Varicella

**Step 5 SIGNATURE**

This form is complete and accurate to the best of my knowledge. Check one: (I do  I do not ) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

\_\_\_\_\_ **SIGNATURE** - Parent/Guardian/Legal Custodian or Adult Student \_\_\_\_\_ **Date Signed**

## REGISTRO DE VACUNAS DEL ESTUDIANTE STUDENT IMMUNIZATION RECORD

**INSTRUCCIONES A LOS PADRES:** COMPLETE Y DEVUELVA A LA ESCUELA **30 DÍAS DESPUÉS DE LA ADMISIÓN**. La ley estatal requiere que todos los estudiantes de escuelas públicas y privadas presenten evidencia escrita de las vacunas contra ciertas enfermedades, **dentro de 30 días escolares de admisión**. Los requisitos específicos de edad / grado se piden en las escuelas y en el departamento de salud locales. Se puede renunciar a estos requisitos únicamente completando y firmando un formulario de renuncia en la escuela por motivos de salud, religión o personales. El propósito de este formulario es medir el cumplimiento de la ley y se usará sólo para ese propósito. Si tiene preguntas sobre las vacunas o cómo llenar este formulario, comuníquese con la escuela de su hijo o con el departamento de salud local.

### DATOS PERSONALES ESCRIBA EN LETRA DE MOLDE

<b>Paso 1</b>	Nombre del estudiante	Fecha de Nacimiento (MM/DD/AAAA)	Sexo	Escuela	Grado	Año escolar
	Nombre del padre/madre/tuto /custodio legal	Dirección (calle, ciudad, estado, código postal)			Número de teléfono ( )	

### HISTORIAL DE VACUNAS

**Paso 2** Indique el MES, DÍA Y AÑO en que su hijo recibió las siguientes vacunas. NO MARQUE (✓) O (X) excepto para responder a la pregunta sobre varicela, Tdap o Td. Si usted no tiene un registro de vacunas en su casa para este estudiante, comuníquese con el médico o departamento de salud para conseguir uno.

TIPO DE VACUNA*	1a. DOSIS Mes/día/año	2a. DOSIS Mes/día/año	3a. DOSIS Mes/día/año	4a. DOSIS Mes/día/año	5a. DOSIS Mes/día/año
DTaP/DTP/DT/Td/Tdap (Difteria, Tétano, Pertusis)					
Vacuna de refuerzo (booster) para adolescentes (Marque la casilla apropiada) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (sarampión, paperas, rubéola)					
Vacuna contra la varicela (viruelas locas) Esta vacuna se necesita solamente si su hijo no ha tenido la varicela. Vea más abajo:					
¿Ha tenido su hijo la varicela? Marque la casilla correspondiente y anote el año si lo sabe. <input type="checkbox"/> Sí _____ año (no necesita la vacuna) <input type="checkbox"/> NO o no está seguro (necesita vacuna)	¿Le han hecho un análisis de sangre (título de anticuerpos) a su hijo que muestre inmunidad (tenía la enfermedad o vacunación anterior) de cualquiera de las siguientes (marque todas que aplican)? <input type="checkbox"/> Varicela <input type="checkbox"/> Sarampión <input type="checkbox"/> Paperas <input type="checkbox"/> Rubéola <input type="checkbox"/> Hepatitis B Si contesta Sí, proporcione el reporte(s) de laboratorio				

### REQUISITOS

**Paso 3** Para determinar si este estudiante cumple con los requisitos, consulte el nivel de requisitos de acuerdo a la edad/grado del año escolar actual.

### DATOS DE CUMPLIMIENTO

**Paso 4** **EL ESTUDIANTE CUMPLE CON TODOS LOS REQUISITOS**  
Firme en el Paso 5 y devuelva este formulario a la escuela

\_\_\_\_\_ O \_\_\_\_\_

**EL ESTUDIANTE NO CUMPLE CON TODOS LOS REQUISITOS**  
Marque el cuadro que corresponda, firme en el Paso 5 y devuelva el formulario a la escuela. Tenga en cuenta que si el estudiante no tiene todas sus vacunas puede ser excluido de la escuela si aparece un brote de estas enfermedades.

Aunque mi hijo NO ha recibido todas las dosis de las vacunas, ha recibido LA PRIMERA DOSIS. Entiendo que la SEGUNDA DOSIS debe recibirla este año antes de cumplir 90 días de entrar a la escuela y la TERCERA Y CUARTA DOSIS si las requiere debe recibirlas antes de los 30 días de este año escolar. También entiendo que es mi responsabilidad notificar por escrito a la escuela cada vez que mi hijo recibe una dosis de las vacunas requeridas.

**NOTA: La falta a permanecer al día con las vacunas puede ocasionar la exclusión de la escuela, acción judicial y/o pena de caducidad.**

**EXENCIONES (WAIVERS)** (Indique en el Paso 2 las vacunas que ya haya recibido)

**Por razones de salud** este estudiante no debe recibir las siguientes vacunas: \_\_\_\_\_

\_\_\_\_\_ FIRMA del médico \_\_\_\_\_ Fecha de la firma

**Por razones religiosas**, he decidido no vacunar a este estudiante con las siguientes inmunizaciones (marque todas las que apliquen)  
 DTaP/DTP/DT/Td  Tdap  Polio  Hepatitis B  MMR (sarampión, paperas, rubéola)  varicela

**Por razones de convicción personal**, he decidido no vacunar a este estudiante con las siguientes inmunizaciones (marque todas las que apliquen)  
 DTaP/DTP/DT/Td  Tdap  Polio  Hepatitis B  MMR (sarampión, paperas, rubéola)  varicela

### FIRMA

**Paso 5** Este formulario está completo y exacto de acuerdo a lo mejor de mi conocimiento. Marque uno: ( Yo doy  Yo no doy) mi consentimiento para que se compartan los registros de vacunas actuales de mi hijo en la medida en que se actualicen en un futuro con el Registro de Vacunas de Wisconsin (*Wisconsin Immunization Registry - WIR*). Entiendo que puedo revocar este consentimiento en cualquier momento enviando una notificación por escrito al distrito escolar. Después de la fecha de revocación, el distrito escolar no proporcionará nuevos registros ni actualizaciones a la WIR.

\_\_\_\_\_ FIRMA - del padre/madre/tuto /custodio legal o estudiante adulto \_\_\_\_\_ Fecha de la firma



# MARTIN LUTHER HIGH SCHOOL PARTICIPATION AND PHYSICAL FORM



Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Parents/Guardians Name(s) \_\_\_\_\_

**SIGN HERE**

**PERMISSIONS:**

I hereby give my permission for the above-named student to practice, compete, travel with, and represent Martin Luther High School in WIAA-approved interscholastic sports excepting those restricted on this form by a licensed physician, (MD or DO) / APNP\*.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL YEAR 20\_\_ - 20\_\_

<b>ALTERNATE YEAR</b>	<input type="checkbox"/> Check this box if this is an alternate physical year. Parents/Student can check this box if: <ul style="list-style-type: none"> <li>• Student has a current physical card on file in the Athletic Department office.</li> </ul> <p><i>NOTE: Physicals dated AFTER April 1<sup>st</sup> are good for the following TWO SCHOOL YEARS. Physicals dated BEFORE April 1<sup>st</sup> are good for the remainder of that SCHOOL YEAR and the following SCHOOL YEAR.</i></p>
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<b>PHYSICIAN</b>	<p><b>PHYSICAL CARD</b></p> <p><b>WIAA ATHLETIC PERMIT CARD – [Physician's Use Only]</b>          All students participating in Interscholastic Athletics must have this card on file at their school <u>prior to practice or participation</u>. The above-named student has been examined and may participate in interscholastic athletic activities except as follows (if none, write "none" or explain restrictions): _____</p> <p>Allergies/Other Medication Information: _____</p> <p>Hospital/Clinic Affiliation: _____ Phone _____</p> <p>Address/City/State: _____</p> <p>Signature of Licensed Physician (MD or DO)/APNP _____</p> <p>Date of Exam: _____</p> <p><small>*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature or the name of the clinic the physician is affiliated with.</small></p>	<p><b>PHYSICIAN: PLEASE ADD CLINIC STAMP</b></p> <p>← Please remember to sign and date.</p>
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# Concussion Information and Acknowledgement

Please read the information below in its entirety. Signature of acknowledgement is required for the enrollment process.

## **What is a Concussion and How Does It Occur?**

A concussion is a brain injury which interferes with normal brain function. This affects the way an individual thinks, acts, behaves, and the physical skills needed to function on a daily basis. Each concussion is unique to each person, but there are some common signs and symptoms to be aware of to determine if an individual has a concussion.

A concussion can be caused a bump, blot, jolt or fall to the head or body. When the head or body is bumped, hit, etc. the force of that movement causes the brain to hit the sides of the skull or move and/or twist while inside the skull. These movements change the way the physiology of the brain normally works. Even a mild blow to the head of body can cause the brain to shift or move in the skull, thus injuring the brain.

## **What are the Signs and Symptoms of a Concussion?**

Once a concussion is sustained, more signs and symptoms can develop in the next 24 hours, even in the next week. The severity and side effects of this brain injury will vary depending on the individual. Concussion symptoms may appear mild, but can lead to lifelong problems mentally, physically and psychologically if not managed correctly. A person can have signs and symptoms of a concussion without the loss of consciousness. Symptoms of a concussion can last for less than 1 day or up to 3 weeks or more. Most of the time, images taken with a CT, MRI or CAT scan appear normal and do not show the physiologic changes that occur to the brain with a concussion. Image studies are done to rule out other head injuries, such as skull fractures.

## **Signs and Symptoms of a Concussion**

Difficulty Thinking Clearly

Headache

Irritability

Sleeping more than usual

Feeling Slowed Down or Foggy

Fuzzy or Blurred Vision

Sadness or More Emotional

Sleeping Less than usual

Difficulty Concentrating or Focusing

Nausea or Vomiting

Nervousness

Trouble Falling Sleep

Amnesia

Dizziness

Anxiety

Can't Stay Asleep

Difficulty Remembering New or Old Information

Sensitivity to Light or Noise

Slow to Respond or Easily Confused

Feeling Tired, Having No Energy

Dazed or Stunned in appearance

Decreased Balance and/or Coordination

## **What to do if Someone has a Concussion**

If the concussion occurs during an athletic activity, then the individual should be immediately pulled out of play. Staying in the activity with a concussion will make it worse. The rule of thumb if a concussion is suspected is "When in doubt, sit them out". Staying in an activity with a concussion will prolong symptoms and recovery time and set the individual up for a more serious brain injury such as death, second impact syndrome or post-concussive syndrome.

If it is suspected that an individual has a concussion, he/she should be removed from any and all activity and evaluated by a medical professional trained in concussion management. Early evaluation and detection of a concussion can speed the recovery process by ensuring proper management of a concussion. WI State Law Act 172, Midwest Orthopedic Specialty Hospital and Martin Luther High School require an immediate removal from activity and medical evaluation by a Credentialed Health Care Provider trained in evaluating and managing pediatric concussions of an individual suspected of having a head injury.

### **Return to Play from Concussions**

WI State Law Act 172, Midwest Orthopedic Specialty Hospital and Martin Luther High School require medical clearance by a Credentialed Health Care Provider trained in concussion management before an individual can return to play. Midwest Orthopedic Specialty Hospital and Martin Luther High School also require an individual complete a Gradual Return to Play Progression (as outlined below) before the individual may return to play. This is a standard of care for concussions and other head injuries in the medical field.

Once an individual is sign and symptoms free for at least 24 hours and a medical professional trained in concussion management has evaluated and cleared the person, a stepwise return to play progression can be started. Similar to recovering from a bad ankle sprain, gradually introducing activity which increases heart rate to the brain ensure that the brain is able to tolerate the increased activity. If at any point in time during the stepwise progression the person has a return of symptoms, the person should stop the activity and contact the medical professional. It has been shown that by completing a stepwise, gradual return to play progression the likelihood of sustaining another concussion decreases. By performing a gradual return to play progression, the person is preventing further injury to his/her brain.

### **Below is the Return to Play Progression to be completed under the supervision of a medical professional.**

- STEP 1. Sign and Symptom free for at least 24 hours.
- STEP 2. 15-30 minutes of light stationary biking, elliptical or treadmill jogging.
- STEP 3. 45-60 minutes of strenuous activity such as sport specific drills with cones or ladders.
- STEP 4. Non-Contact drills in uniform. Ok to try weight lifting if appropriate.
- STEP 5. Full practice with contact. (Before individual starts the practice educate him/her on proper technique, mechanics, concussion signs and symptoms, and what to do if signs and symptoms come back.)
- STEP 6. Full Game

Returning to play before an individual is sign and symptom free can result in Post-Concussive Syndrome, 2nd Impact Syndrome, or possibly Death. Returning too soon from a concussion can also leave an individual more susceptible to further concussions. Please make sure the return to play progression is performed under the direction of a medical provider trained in concussion management.

### **Wisconsin's Sidelined for Safety Act 172**

Under this act, at the beginning of the season individuals and parents/guardians of individuals participating in a youth activity or organized athletic activity need to be provided with concussion and head injury information if they wish to participate in that youth athletic activity. "No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian." Also covered in this act; "An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury." If an individual is removed from the activity, he/she "may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider."

For the entire Act 172, please visit the Wisconsin Legislature site at <https://docs.legis.wisconsin.gov/2011/related/acts/172>

**Information from this handout was taken from the following sites:**

Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/sports/index.html>)

WI Sports Concussion Collaborative (<http://www.wisportsconcussion.org/>)

WI Interscholastic Athletic Association (<http://wiaawi.org/index.php?id=430>)

National Federation of State High School Associations (<http://www.nfhslearn.com/>)

Milwaukee Journal Sentinel - Dr. Walters Interview

(<http://www.jsonline.com/multimedia/video/?bctid=1465030068001>)

I, the undersigned parent/guardian hereby acknowledge that I have read the information below regarding the signs, symptoms, and risks of a concussion.

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Parent/Guardian Name (Please Print)

Parent/Guardian Signature

---

Student Name

Date

**\*PLEASE DETACH THIS PAGE AND RETURN IT TO THE SCHOOL OFFICE. THANK YOU!**



# MARTIN LUTHER HIGH SCHOOL

5201 South 76th Street  
Greendale, WI 53129  
414.421.4000  
Fax: 414.421.4071  
www.MartinLutherHS.org

## STUDENT CAR REGISTRATION FORM

I agree to meet the following conditions in return for the privilege of being allowed to bring my car to school. I will forfeit the privilege at any time I fail to meet any of the following requirements:

1. Transport only students who have their parent's permission to ride with me
2. Adhere to safe speed while on the school grounds
3. Observe and follow all reserved parking areas
4. Park properly in marked spaces

\_\_\_\_\_  
Student Signature  
(Please Sign Neatly)

\_\_\_\_\_  
Grade

We, the parent(s) of \_\_\_\_\_, hereby give permission to our son/daughter to drive his/her car to school regularly/occasionally. We are aware of the riders who will accompany him/her daily.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### 1ST CAR INFORMATION

### 2nd CAR INFORMATION

Make of Car \_\_\_\_\_

Make of Car \_\_\_\_\_

Model \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

Year \_\_\_\_\_

Color \_\_\_\_\_

Color \_\_\_\_\_

License # \_\_\_\_\_

License # \_\_\_\_\_

**\*\*SEE PARKING REGULATIONS ON OTHER SIDE\*\***

TAG # _____
DATE ISSUED _____
PAID _____ (\$15 Fee)

## **STUDENT PARKING PRIVILEGES AND DRIVING REGULATIONS**

Students who desire parking privileges must fill out a registration form and properly display the Martin Luther hang tag when using the student parking lot. All cars are to be registered even if driven occasionally. The cost of the hang tag is \$15.00. It is transferable to any vehicle the student drives and is valid as long as the student is at Martin Luther. Replacement hang tags are available in the office for \$15.00. The following parking lot regulations must be followed:

1. A student not registering his/her car will be fined \$25.00.
2. A \$10.00 fine will be assessed students who do not follow parking lot regulations—
  - 2.1 Student parking is permitted only in the far north lot.
  - 2.2 Speed limit is 15 mph.
  - 2.3 Park only in designated parking spaces.
  - 2.4 No careless or reckless driving.
  - 2.5 The registration hang tag must be properly hung from the inside rear view mirror.
3. Students may not go out to the parking lot at any time during the day without a pass from the main office.
4. Students who continue to demonstrate a lack of responsibility will not be allowed to have a car on campus and will forfeit their parking pass.