

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

Updated February 2015

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below. | | |
| 14. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 15. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for: | | |
| | | | Tetanus _____ Measles _____ | | |
| | | | Hepatitis _____ Chickenpox _____ | | |

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____ Corrected Y/N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____

Activity or Sport _____

Grade _____

Male Female
(circle one)

STUDENT DRUG TESTING CONSENT FORM

Statement of Purpose and Intent

Participation in school sponsored extracurricular activities at the Elk City Public School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of possession of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Elk City Public School District. For the safety, health, and well being of the student of Elk City Public School District, the district has adopted the attached student drug testing program policy and this consent form for use by all participating students at the middle/junior high school and high school levels.

Participation in Extracurricular Activities

Each activity student shall be provided with a copy of the drug testing program policy and consent form, which shall be read, signed, and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample (a) as part of the annual physical or for eligibility for participation; (b) as chosen by the random selection basis; and (c) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent form.

Student's Last Name _____ First Name _____ MI _____

I understand after having read the drug testing program policy and this student drug testing consent form that, out of care for my safety and health, the Elk City Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Elk City extracurricular interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

Signature of Student _____ Date _____

We have read and understood the Elk City Public School District student drug testing program policy and this student drug testing consent form. We desire that the student named above participate in the extracurricular interscholastic programs of the Elk City Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent of the disclosure of the sampling, testing, and results as provided in this program.

Signature of Parent or Custodial Guardian _____ Date _____

Signature of Coach _____ Team _____

**OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)**

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____
 Student's Current Address _____
 Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Before September 1 will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation? (Rule 1) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you currently failing any class? (Rule 3) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you completed all 12 th grade requirements for high school graduation? (Rule 6) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7 th grade and the five school years that follow consecutively after that school year- Rule 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Since entering 7 th grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you live with someone now other than whom you lived with last school year? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you live with someone other than your parents? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you live with only one parent? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you live outside this school district? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Have you ever attended school outside the district where your parents reside? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Are there other family members in grades K-12 attending a different school district other than the district you are now attending? |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8) |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9) |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20) |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X) |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Have you participated in a foreign exchange program for more than 365 days? (Hardship Waiver Manual-X) |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Were you suspended, expelled, or under discipline at the previous school attended, or were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Rule 4 and 8) |

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

_____ (Student)	_____ (Date)	_____ (Coach)	_____ (Date)
_____ (Parent/Guardian)	_____ (Date)		

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination and an annual parent consent form. (Rule 1)
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____ is eligible is not eligible

to participate at (school) _____ for the school year 20__ 20__.

(School Administrator Name and Title)

(Date)

CONCUSSIONS AND HEAD INJURIES

The Elk City Board of Education recognizes that concussions and head injuries are commonly reported injuries in contact sports.

On an annual basis, a concussion and head injury information sheet shall be completed and returned to the school by the youth athlete and the youth athlete's parent or guardian prior to the youth's participation in practice or competition. The athletic director shall provide written instructions to all coaches to insure that no youth athletes are allowed to participate in practice or competition prior to the receipt of a signed concussion and head injury form information sheet. Any coach or staff allowing a youth athlete to participate in practice or competition prior to the receipt of a signed concussion and head injury information sheet shall be disciplined and may be terminated from employment in the extra duty assignment. On an Annual basis coaches are required to undergo concussion training provided by the CDC, NFHS, or a comparable training and a record of such training kept on file with the school district.

A youth athlete who is suspected of sustaining a concussion or head injury during a practice or competition shall be removed from participation at that time. Any youth athlete removed from participation shall not be allowed to participate until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussions and receives written clearance from that health care provider to return to participation.

After being evaluated by a licensed health care provider, a meeting of the youth athlete's building principal, teachers, and school nurse shall be convened to address the youth athlete's class room needs based upon the diagnosed severity of concussion. Modifications to the youth athlete's learning plan will be implemented and adjusted based upon that diagnosis and progress towards the recovery of the youth athlete.

REFERENCE: 70 O.S/24-155 AND HB1164

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS**WHAT IS A CONCUSSION?**

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up immediately after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

Headache or "pressure" in the head.
Nausea or vomiting.
Balance problems or dizziness.
Sensitivity to light or noise.
Feeling sluggish, hazy, foggy, or groggy
Concentration or memory problems
Confusion
Does not "feel right"

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS

Appears dazed or confused
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly).
Shows behavior or personality changes.
Cannot recall events prior to hit or fall.
Cannot recall events after hit or fall.

RETURN TO LEARN

Return to normal school schedule and course load.
Attends only core courses, no more than 1 test per day.
Receives extra/unlimited time for completion of work.
Receives tutorial help.
Attends ½ day school, breaks when needed.
Less than 1 hour of screen time. Avoid loud areas, wear sunglasses if needed.
No screen time. Avoids computers, cell phones, lighting.
Limited homework to necessary assignments only.
No school, 60-90min of light school work.
No school, homework. Avoids reading/studying.

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

Ensure they follow the coach's rules for safety and the rules of the sport.
Make sure they use the proper equipment, including personal protective equipment (such as Helmets, padding, shin guards, and mouth guards – IN ORDER FOR THE EQUIPMENT TO PROTECT YOU, it must be the correct equipment for the game, position and activity; the equipment must be worn correctly, fit properly, and used every time you play.
Learn the signs of a concussion.

FOR MORE INFORMATION VISIT:

WWW.CDC.GOV/TRAUMATIC BRAIN INJURY/
www.oata.net
www.ossaa.com
www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

**CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT AND
INFORMATION SHEET**

In compliance with Oklahoma Statute Section 24-155 of Title 70 and HB1164, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by the Elk City School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Elk City School

Districts athletic programs and I, _____ as the parent/legal

Guardian have read the information material provided to us by the Elk City School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT ATHLETE

GRADE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pains; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Can you screen for cardiac abnormalities?

The annual sports preparticipation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA.

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the preparticipation examination reveals an indication for these tests.

Senate Bill 239 – The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

Removal from play/return to play

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

Elk City High School
(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.



Bill Weatherly
Athletic Director

Elk City High School Athletic Dept

222 W. Broadway • Elk City, Oklahoma 73644
Phone: 580-225-8562 • Fax: 580-225-1359

IMPACT PARENT INFORMATION LETTER

Dear Parent/Guardian,

Elk City Public Schools is implementing an innovative program for the safety of our student athletes. This program will assist our team physician/athletic trainers/family physicians in evaluating/treating concussions. In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called IMPACT(Immediate Post Concussion Assessment and Cognitive Testing). ImPact is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPact is used to help determine the severity of the head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning sport practices or competitions. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPact test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is NOT an IQ test!

If a concussion is suspected, the athlete will be required to re-take the test within 24-72 hours. Both the preseason and post-injury test data is given to the team doctor to help evaluate the injury. The information gathered can also be given to your family doctor. The test data will enable these health professionals to determine when return-to-play is safe and appropriate for the athlete. If an injury of this nature occurs to your student, you will be promptly contacted with all the details.

I wish to stress that the ImPact testing procedures are non-invasive, and they pose NO risks to your student. ECHS is excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The Elk City Schools Administration, coaches, and training staffs are striving to keep your student's health and safety at the forefront of the student's athletic career. Please return the attached testing permission slip with the appropriate signatures. If you have any questions regarding this program please feel free to contact me at 225-0105.

Sincerely,

Bill Weatherly, CAA, Elk City High School

IMPACT PERMISSION SLIP

For the use of the Immediate Post-Concussion assessment and Cognitive Testing (ImPact).

I have read the attached information and understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPact Concussion Management Program.

Athletes Signature _____ Grade _____

Sport/sports participating in; _____

Athletes Signature _____ Date _____

Parents Signature _____ Date _____

HEADS+UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

What are the symptoms of a concussion?

You can't see a concussion, but you might notice *one or more* of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- **Get a medical check-up.** A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- **Give yourself time to get better.** If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
 - The right equipment for the game, position, or activity
 - Worn correctly and the correct size and fit
 - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports *one or more* symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall 	<ul style="list-style-type: none"> • Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not "feeling right" or is "feeling down"

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine."
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





Elk City High School

Athletic Dept

222 W. Broadway • Elk City, Oklahoma 73644

Phone: 580-225-8562 • Fax: 580-225-1359

Bill Weatherly
Athletic Director

RETAINING AMATURE STATUS/HB 2615

In accordance with HB 2615, at the beginning of each sports season the school whether public or private shall advise each student athlete who participates in any school sponsored athletic program of the effects of receiving money or items of value on their future eligibility to participate in Intercollegiate athletics. Examples of violations include but are not limited to; Signing a professional contract, Receiving Salary for participating, Trying out for a professional team, Receiving benefits from an agent, Signing with a professional agent, Receiving pay for playing in the sport you are participating in (basketball players shooting for cash at half times, golfers receiving money from tnmts).

I understand the possible ramifications of my son/daughter receiving benefits described in HB 2615.

Student Signature

Parent/Guardian Signature

Date

Medical release for athletics

medical release form

Student's Name: _____

School: _____ Grade: _____

I certify that _____ is physically capable and able to fulfill requirements needed to be in athletics. I understand that this from legally releases obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any squad related activity when either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, the school requires a doctor's release. Furthermore, the school is not liable for any injury incurred during an athletic contest.

Parent(s) Signature: _____ Date: _____

Medical treatment permission form

In the event of an emergency occurring while my son/daughter is on a school sponsored practice, or trip, I grant my permission to the school and its employees to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the school and/or its employees to give consent for my son/daughter,

_____ to receive medical treatment.

Home Phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to be notified other than parent or guardian in an emergency

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

If you do not grant permission or authorization for medical treatment, what procedure should be followed?

Insurance Company: _____ Policy # _____

Parent(s) Signature: _____ Date: _____

Medical information:

	Circle One		Circle One
Heart condition or disease	Yes No	Asthma	Yes No
Diabetes	Yes No	Allergic to medication	Yes No
Convulsions disorder	Yes No	Allergic to insect stings	Yes No

State allergies: _____ Date of last tetanus shot: _____

Additional medical information that may be helpful _____

Any medications currently receiving: _____

Insurance Waiver

Purpose: Every student athlete must present a completed Insurance Waiver or verification of school insurance in order to practice or take part in interscholastic athletics. This form is a statement from parents indicating they do not have school insurance.

_____ IS NOT COVERED BY SCHOOL INSURANCE. [Please print athlete's name.]

IT IS OUR UNDERSTANDING THAT _____ HIGH SCHOOL, ITS ATHLETIC DEPARTMENT, AND ITS BOARD OF EDUCATION WILL NOT ASSUME THE RESPONSIBILITY OR OBLIGATION FOR ANY MEDICAL BILLS OR DEBTS RESULTING FROM ANY INJURY TO THE ABOVE NAMED PLAYER WHILE PRACTICING OR PLAYING IN ANY PRACTICE SESSION, SCRIMMAGE, OR CONTEST.

Please check the appropriate space below:

_____ We do have private insurance for this athlete.

_____ We do **not** have private insurance for this athlete.

_____ Name of Insurance Company

_____ Policy Number

_____ Date _____
Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Street Address

City, State, Zip

Telephone

Athletic Department