

Lamar Consolidated ISD
ATHLETIC DEPARTMENT

Sports: _____, _____, _____

EMERGENCY INFORMATION FORM

PLEASE PRINT CLEARLY AND COMPLETE EVERY SECTION

STUDENT INFORMATION

* Grade for the 2014-2015 School Year

Name of Athlete: _____
Last First MI * Grade: _____ Age: _____

Home Address: _____
Street Campus: _____

City State Zip Code Student ID#: _____

Home Telephone: () _____ Date of Birth: _____ * SS #: _____
* Social Security # is REQUIRED for Student Athletic Insurance Claims

Family Physician: _____ Physician Telephone: () _____

Please circle YES or NO and explain as needed.

Do you take any medications regularly? YES NO If "YES", explain: _____

Are you allergic to any medications? YES NO If "YES", explain: _____

Do you have any other known allergies? YES NO If "YES", explain: _____

EMERGENCY CONTACT INFORMATION

PARENT / GUARDIAN #1 INFORMATION

PARENT / GUARDIAN #2 INFORMATION

Name: _____

Name: _____

Relationship: _____

Relationship: _____

(Father, Step-Father, Mother, Step-Mother, Grandparent, Aunt, Uncle, etc.)

(Father, Step-Father, Mother, Step-Mother, Grandparent, Aunt, Uncle, etc.)

Employer: _____

Employer: _____

Work Telephone: () _____

Work Telephone: () _____

Cell Telephone: () _____

Cell Telephone: () _____

Other Telephone: () _____

Other Telephone: () _____

E-Mail Address: _____

E-Mail Address: _____

INSURANCE INFORMATION

Lamar CISD purchases a blanket Athletic Insurance plan that covers all student-athletes (grades 7-12) while they are participating in school sponsored and supervised UIL athletic events such as athletic periods, practices, team travel, games and competitions. This blanket Athletic Insurance plan is structured ONLY as an EXCESS (SECONDARY) or SUPPLEMENTAL insurance policy and neither is designed nor implied to replace any major medical insurance plan coverage.

Lamar CISD Athletic policy requires the disclosure of any and all major medical insurance plans that the student-athlete is covered by and such plans must be filed as a primary plan regardless of the nature or circumstances of an athletic related injury. In the event of an athletic related injury, any medical costs incurred must be filed with any major medical insurance plan as the primary making the blanket Athletic Insurance plan a secondary plan. If the student-athlete is not covered under any major medical insurance plan, the blanket Athletic Insurance plan purchased by Lamar CISD may be filed as the primary plan. Again, Lamar CISD's blanket Athletic Insurance plan is ONLY an EXCESS (SECONDARY) or SUPPLEMENTAL policy and neither is designed nor implied to replace any major medical insurance coverage and will not pay 100% of the medical costs that may be incurred as a result of an athletic related injury.

Please refer to the UIL ATHLETICS ACCIDENTAL INSURANCE PLAN INFORMATION section on the reverse side of this form for more information.

Is the student covered by any MAJOR MEDICAL insurance plan? YES NO If "YES", what type of plan? HMO PPO POS OTHER
(includes Medicaid/Medicare and CHIPS) (Please circle YES or NO) (Please circle TYPE of insurance plan)

Insurance Provider: _____ Telephone: () _____
Name of Insurance Carrier Customer Service

Claims Address: _____ Policy #: _____
P.O. Box or Street Address

City State Zip Code Group #: _____

Name of Insured: _____ Date of Birth of Insured: _____
Parent / Guardian

PARENT / GUARDIAN PERMIT WAIVER

If, in the judgment of any representatives of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, Athletic Trainer, nurse, hospital, or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

Your signature below gives authorization that is necessary for the school district, its Athletic Trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

SIGNATURE OF PARENT / GUARDIAN _____ **DATE** _____

Lamar Consolidated ISD
ATHLETIC DEPARTMENT

UIL ATHLETIC
ACCIDENT INSURANCE PLAN INFORMATION

Lamar CISD purchases a blanket Athletic Insurance plan that covers all student-athletes (grades 7-12) while they are participating in school sponsored and supervised UIL athletic events such as athletic periods, practices, team travel, games and competitions. This blanket Athletic Insurance plan is structured ONLY as an EXCESS (SECONDARY) or SUPPLEMENTAL insurance policy and neither is designed nor implied to replace any major medical insurance plan coverage.

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The following information concerns reporting athletic related injuries as well as any insurance claims filed as result of an athletic related injury:

- The blanket Athletic Insurance plan purchased by Lamar CISD only covers student-athletes while they are participating in school sponsored and supervised UIL athletic events such as athletic periods, practices, team travel, games and competitions.
- Any medical expenses not paid by your personal major medical insurance plan and / or not paid by the blanket Athletic Insurance plan becomes the financial responsibility of the parents / guardians. Parents / Guardians are responsible for submitting any insurance claims and any subsequent medical expenses not covered by either insurance plan.
- Except in a medical emergency, ALL athletic related injuries MUST be reported to the Athletic Trainers and an Athletic Insurance claim form MUST be obtained BEFORE GOING TO ANY MEDICAL PROVIDER. If in the event that a parent / guardian decides in their best interest of their student-athlete that any athletic related injury sustained needs medical care, it is the responsibility of the parent / guardian to notify the Athletic Trainers and request that an Athletic Insurance claim form be completed and filed. In addition, it is the responsibility of the student-athlete and their parent / guardian to notify the Athletic Trainer at the earliest possible opportunity concerning any and all athletic related injuries.
- All claims filed to the blanket Athletic Insurance plan must be filed with the Athletic Trainers within 90 days form the date of any athletic related injury. If the claim is not submitted within this 90 day time frame, the claim will not be accepted nor authorized by the Athletic Trainers and the blanket Athletic Insurance plan as well as Lamar CISD will not be held liable for any medical expenses incurred as the result of an athletic related injury. It is the responsibility of the parent / guardian to file any and all insurance claims appropriately.

Bollinger is the current underwriter of the blanket Athletic Insurance plan purchased by Lamar CISD. The current authorized insurance representative is Greater East Texas Insurance Associates with primary offices located in Bryan, Texas. Texas Kids First provides various additional medical insurance coverage plans that can be purchased by the parent / guardian at an additional cost. Plans such as School Time coverage only, 24-hour coverage, as well as dental coverage are available. Please contact the Athletic Trainers for more information or contact the Alamo Insurance Company directly and request an informational brochure and application at the contact information below:

Representative:	Larry Welch	Insurance Agent:	Greater East Texas Insurance Associates	Telephone (Direct):	(800) 900-9750
	Larry@GETIA.org		4103 S. Texas Ave, Suite 207 Bryan, Texas 77802		

MEDIA PERMISSION & RELEASE INFORMATION

All Lamar CISD students and parents / guardians must sign a Lamar CISD Student Handbook acknowledgement form at the beginning of each school year or at the time of registration if entering school after the school year has begun.

The following information has been taken from the Lamar CISD Student Handbook acknowledgement form regarding the release of information to the media:

- Parental approval is *not required* when students are photographed, videotaped, or recorded by a *representative(s) of the school district* for purposes of safety, maintenance of discipline in school or on school buses, any purpose related to a co-curricular or extra-curricular activity, or any purpose related to regular classroom instruction. (Examples: include but not limited to newspaper, V-Brick [Lamar CISD's intranet broadcasting system]. If you do not want your child photographed or videotaped, you must notify the principal.

This media release information is provided with the intent that student athletes may be photographed and / or videotaped and such media may be used either by the written Publications Department (school newspaper and yearbook staffs), the Broadcast Journalism Department (V-Brick daily television announcements), and / or the athletic web pages for their respective high school or junior high sports teams.

HEALTH INFORMATION DISCLOSURE AUTHORIZATION

In the event of an athletic related injury or sickness, it is necessary for the Athletic Trainer to communicate with the team physician(s) or other treating physician(s), physician's assistant(s) or clinical staff(s), or other healthcare provider(s) and the district's Athletic Insurance carrier concerning the athletic injury. Disclosure of medical information is necessary for the Athletic Trainer to provide continued care and treatment for the athletic related injury or sickness. Medical information such as, but not limited to, the physician's diagnosis, medical imaging (X-Ray, MRI, CT Scan, etc.) or laboratory results, treatment plan or rehabilitation / physical therapy protocol, level of participation and progression plan, and prognosis.

- I hereby authorize the release or disclosure of the health information of my son / daughter listed above to the Athletic Trainer for the specific purpose of providing continued care and treatment for the athletic related injury or sickness.
- I understand that the release of such information is strictly for the continuation of care and treatment of my son / daughter's athletic related injury or sickness.
- I understand that the release of such information may be sent in writing or via telephone, fax, or other electronic means and that reasonable efforts will be made to protect confidentiality.
- This authorization is only valid during the current school year in which it is signed.
- I understand that information contained in the health record of my son / daughter listed above may include information related to sexually transmitted diseases, Acquired Immune Deficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services, and treatment for drug and alcohol abuse. I do NOT authorize the release of this type of information to the Athletic Trainer.
- I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the individual or organization releasing the information. I understand that revocation will not apply to information already released in response to this authorization. I understand that the revocation will only apply to information released to the Athletic Trainer.
- Again, I understand that authorizing the disclosure of health information related to an athletic related injury or sickness of my son / daughter listed above is strictly voluntary. I can refuse to sign this authorization.

<p>_____</p> <p>SIGNATURE OF PARENT / GUARDIAN</p>	<p>_____</p> <p>DATE</p>
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ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____
 Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at www.uil-texas.org/files/athletics/manuals/parent-information-manual.pdf.

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student is allowed to participate.

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | | | |

Date _____
 Signature of parent or guardian _____
 Street address _____
 City _____ State _____ Zip _____
 Home Phone _____ Business Phone _____

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read the regulations cited above and agree to follow the rules.

_____ Date

_____ Signature of student

University Interscholastic League
Parent and Student Agreement/Acknowledgement Form
Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas State law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade:(9-12) _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CONSENT FOR ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) and RELEASE OF INFORMATION

I here-by give consent for the student to have a baseline and a post-concussion ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) test administered at a LCISD High School if he/she participates in sports. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which is on file as his/her home high school. I understand there is no charge for the testing done in LCISD.

LCISD may release the ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist, and /or other treating physician. I also authorize LCISD personnel to communicate with my child's primary care physician, neurologist, and /or other treating physician regarding my child's ImPACT results.

I understand that general information about the test data may be provided to my child's guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

For more information about ImPACT please visit www.impacttest.com.

Parent Name (Print): _____ Date: _____

Parent Signature: _____



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention - Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion - The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2014

Name of Student: _____

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
 - **Inherited** (passed on from parents/relatives) **conditions of the heart muscle:**
 - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
 - **Inherited conditions of the electrical system:**
 - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
 - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but are inherited.
 - **NonInherited** (not passed on from the family, but still present at birth) **conditions:**
 - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
 - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
 - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
 - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2014

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation - Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- Check the Health & Safety page of the UIL website (<http://www.uiltexas.org/health>) or do an internet search for "Sudden Cardiac Arrest".

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

Student Signature

Date

Student Name (Print)

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:
Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	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"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. 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"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
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
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
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period?		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period?		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another?		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year?		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year?		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:
This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____/_____/_____
brachial blood pressure while sitting
 Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. ** Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

 Not cleared for: _____ Reason: _____
 Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____
 Address: _____
 Phone Number: _____
 Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.



GEORGE RANCH HIGH SCHOOL EXTRA-CURRICULAR BEHAVIOR STANDARDS 2014-2015



Student Name & ID # (Please Print)

All students are expected to adhere to the District's Discipline Management Plan and Student Code of Conduct. However, sponsors, directors and coaches of extracurricular activities may develop and enforce standards of behavior that are higher than the District's Discipline Management Plan and Student Code of Conduct and may condition membership or participation in the activity on adherence to those standards. Extracurricular standards of behavior may take into consideration conduct that occurs at any time, on or off school property. A student may be removed from participation in extracurricular activities or may be excluded from school honors for violation of organizational standards of conduct of an extracurricular activity or for violation of the Discipline Management Plan and Student Code of Conduct.

Higher standards of conduct are expected of students representing the District's extracurricular activities which are considered a privilege. Students may be asked to sign a written contract agreeing to adhere to a higher standard of conduct as outlined by each individual group. Groups that will be affected will include, but not limited to, cheerleaders, dance teams, athletes, National Honor Society, Student Council and musical and drama groups.

Electronic Media Behavior Standard

Any student member of an extracurricular organization or campus club (e.g. band/dance team/cheerleader/athlete/student council, etc.) representing themselves, or their organization, in an unfavorable, questionable or illegal manner through electronic media (i.e. websites, personal home pages, blogs, text messages, chat rooms, communication devices (i.e. camera phones, digital photos, electronic descriptions) in such a way as to bring discredit, dishonor, or disgrace on their organization or members of any other school organization including themselves will be subject to the disciplinary actions determined by appropriate school officials and/or organization sponsors/directors/coaches, including probation or dismissal from the organization.

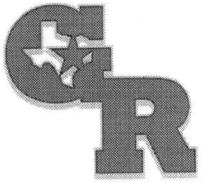
My signature below verifies that I have read, understand and agree with the George Ranch High School behavior standards that state extracurricular activities are a privilege, that a higher standard of conduct is the expectation and that I will not use any type of electronic media to represent myself or my extracurricular organization in an unfavorable, questionable or illegal manner.

Student Signature

Date

Parent Signature

Date



George Ranch High School
Athletic Expectations & Code of Conduct
Agreement Form 2014-2015

I have read and understand the 2013-2014 George Ranch Student Athletic Policies and agree that I will abide by them. Please return this form with the student's name printed, student's signature, parent/guardian signature and date to George Ranch High School.

Student's Name: _____
(Printed)

(SIGNATURE OF STUDENT)

(DATE)

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)