

DAVENPORT SCHOOLS ENROLLMENT FORM

STUDENT CELL NUMBER: _____ - _____ - _____ SSN _____ - _____ - _____

LEGAL FIRST NAME _____ MIDDLE NAME _____ LEGAL LAST NAME _____

RACE: Primary _____ C- Caucasian AA- African American H- Hispanic O/A- Oriental/ Asian NA- Native American
 Secondary _____ If Indian, indicate tribe & roll #: _____ Side of family: Mom () Dad ()
 Other _____

GENDER: M or F (please circle one)

DATE OF BIRTH _____ BIRTH PLACE (CITY) _____ STATE _____ COUNTRY _____

Has the student previously attended Davenport Public Schools before? _____ Yes _____ No

GRADE _____ ENTRY DATE _____ LAST SCHOOL ATTENDED _____ CITY _____ STATE _____

Do you live at least 1.5 miles from the school? _____ Yes _____ No Will your child ride the bus? _____ Yes _____ No

Directions to home: _____

MEDICAL INFORMATION

Special Medical Considerations (asthma, allergy, epipen, etc) _____

Does your child use an inhaler or take any medications that the school would need to administrate? _____ Yes _____ No

A special authorization form is REQUIRED if the answer is yes. Please see office.

SIBLINGS ATTENDING DAVENPORT PUBLIC SCHOOLS:

Siblings Full Name	Grade

EDUCATIONAL SERVICES QUESTIONNAIRE:

	YES	NO
1. Has your child ever been placed in Gifted and Talented?	_____	_____
2. Has your child ever been evaluated for Special Education?	_____	_____
3. Does your child have a disability and/or IEP?	_____	_____
4. Has your child ever received special services?	_____	_____
5. Has your child been served by 504?	_____	_____
6. Has your child ever been placed in a resource or remedial class?	_____	_____
7. Does your child receive speech services?	_____	_____
8. Does your child receive Occupational Services?	_____	_____
9. Does your child receive Physical Therapy Services?	_____	_____
10. Is there a special teacher that assists your child with homework, changes in classes or personal reasons?	_____	_____

Parent/Guardian Signature _____

Parent/ Guardian/ Emergency Contact Information

If student does not live with both parents custody papers must be on file with school.

If applicable I have all legal/custody papers on file with school. Parent/ Guardian Signature _____

Student lives with: Mother and Father Mother Father Guardian _____

Who has legal custody of student: Mother and Father Mother Father Guardian

If you checked Guardian do you have legal custody? Yes No If no please see office.

Is the Parent/Guardian physical and mailing address the same? If no mailing address is _____

List contacts in preference order for notification. Parent/Legal guardians must be listed as first contacts.

Contact 1:

Legal Last Name _____ Legal First Name _____ Parent/Guardian ___ Y ___ N

Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

What number do you prefer to be contacted on? Home Cell Work

Employer _____ Email Address _____

Relationship to student _____

Contact 2:

Legal Last Name _____ Legal First Name _____ Parent/Guardian ___ Y ___ N

Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

What number do you prefer to be contacted on? Home Cell Work

Employer _____ Email Address _____

Relationship to student _____ If not parent or guardian does this person have permission to pick-up student _____

Contact 3:

Legal Last Name _____ Legal First Name _____ Parent/Guardian ___ Y ___ N

Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

What number do you prefer to be contacted on? Home Cell Work

Employer _____ Email Address _____

Relationship to student _____ If not parent or guardian does this person have permission to pick-up student _____

Contact 4:

Legal Last Name _____ Legal First Name _____ Parent/Guardian ___ Y ___ N

Address: _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

What number do you prefer to be contacted on? Home Cell Work

Employer _____ Email Address _____

Relationship to student _____ If not parent or guardian does this person have permission to pick-up student _____

Parent Permission

Student Name: _____ **Grade:** _____ **Date formed filled out:** _____

Field Trip Permission:

I, _____ the undersigned parent / guardian do hereby give permission for my child to participate in school endorsed activities and field trips.

Signature: _____

Student Hand Book: I received a copy of the student hand book. I am aware that the student handbook can be found online at www.davenport.k12.ok.us or I can request another copy from the school office.

Signature: _____

Attendance Policy: I am aware that school starts at 8:00 a.m. and that my child needs to check into the office if he/she arrives after this time. It is my responsibility to call the school to inform them for my student's absence. I understand that I need to provide doctor notes and any other documentation that the school asks for to excuse my child's absence.

Signature: _____

Permission to Use Student's Photograph

During the course of the academic year, Davenport Public School may wish to use photographs of Davenport Students on the school bulletin boards, in educational publications general media releases, or on the school web site. Any such photographs would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.

Student's Name: _____

Student's Grade: _____

____ I/We consent to the use of my child's image; such use may include all Davenport School Publications (print, online, video, etc.). Such photographs would highlight the students either demonstrating learning techniques, participating in approved school activities or involvement in school activities.

____ I/We DO NOT consent to the use of my child's image ever; this use includes all Davenport School Publications (print, online, video, etc.), with the exception of Davenport School Yearbook photographs and individual classroom website pictures.

Signature: _____

Internet Usage Permission:

I understand the "Policy and Guidelines for Use of Computing and Network Resources" policy for internet usage at Davenport Public Schools can be located on the school's website or I can request a copy.

____ Yes I give my student permission to use the Internet according to Davenport Public Schools policy.

____ No I do not give my student permission to use the internet

Signature _____

Davenport Public Schools

PO BOX 849 * 417 BROADWAY * DAVENPORT, OK 74026
PHONE 918.377.2277 - FAX 918.377.2553

Danny Acord
Superintendent

Misty Emmons
HS Principal

Misty Emmons
JH/Elementary Principal

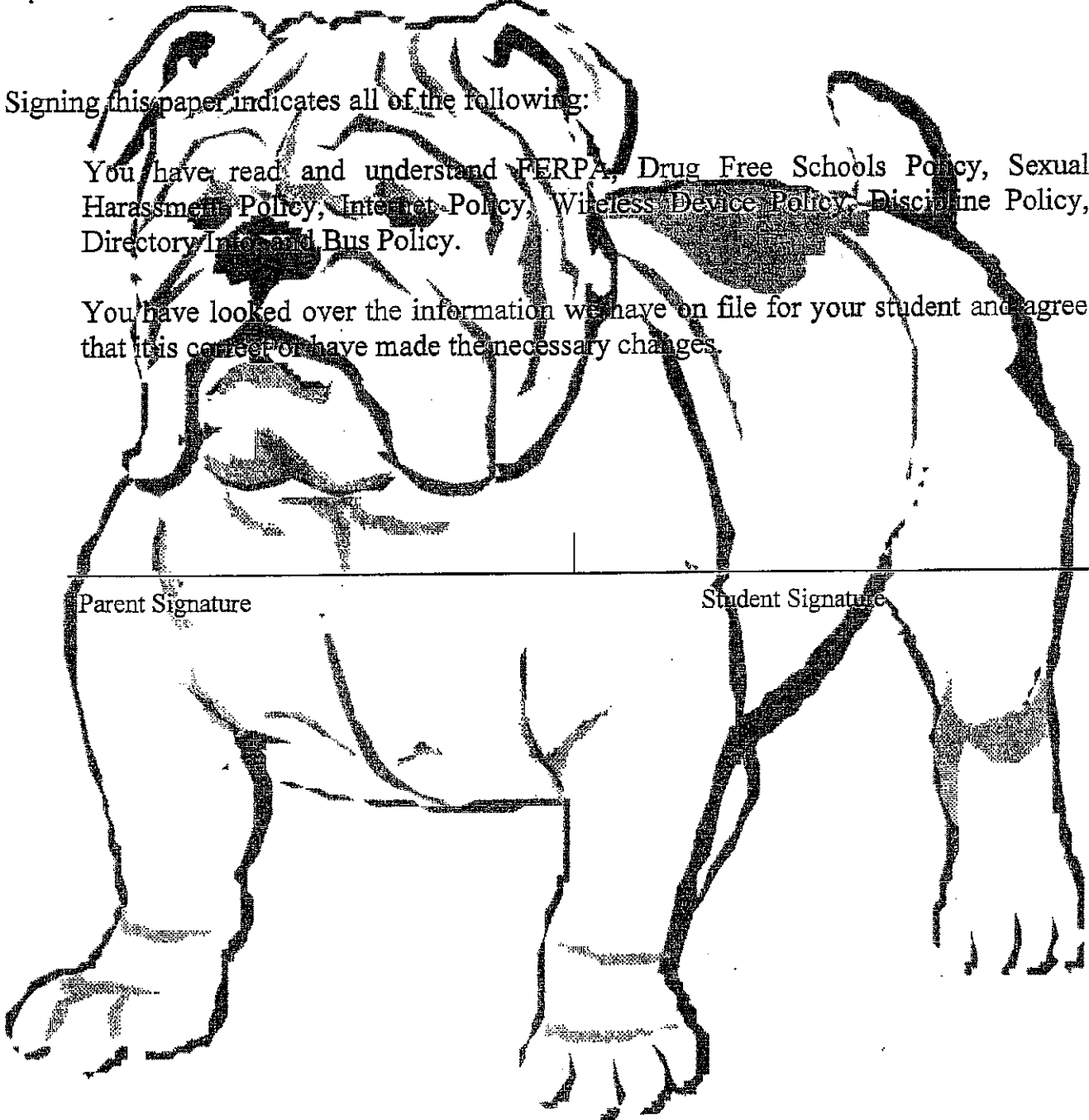
Signing this paper indicates all of the following:

You have read and understand FERPA, Drug Free Schools Policy, Sexual Harassment Policy, Internet Policy, Wireless Device Policy, Discipline Policy, Directory Info, and Bus Policy.

You have looked over the information we have on file for your student and agree that it is correct or have made the necessary changes.

Parent Signature

Student Signature



**Davenport Public Schools
Student Enrollment Questionnaire**

Student Name: _____ **Date:** _____
Date of Birth: _____ **Grade:** _____ **School:** _____

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

Section A

<input type="checkbox"/>	Rent/own my own home or apartment.
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Section B

<input type="checkbox"/>	Temporarily with another family member or friend until we can locate affordable housing.
<input type="checkbox"/>	In an emergency or transitional shelter
<input type="checkbox"/>	In a vehicle, park, campground, or on the streets
<input type="checkbox"/>	In a house, building, or trailer WITHOUT running water or electricity
<input type="checkbox"/>	In a hotel or motel
<input type="checkbox"/>	With an adult that is not a parent or legal guardian
<input type="checkbox"/>	Alone or in different locations, without an adult serving as a caregiver
<input type="checkbox"/>	Wherever I can find a place to stay the night
<input type="checkbox"/>	Other Please Explain: _____

If you check a box in section B, in the space below please list all children currently living with you who attend Davenport Public Schools.

First & Last Name of Student	M/F	DOB	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? **YES** **NO**

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to the Student: _____

Signature: _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____ **Email address** _____

**DAVENPORT PUBLIC SCHOOLS 2019-2020
AUTHORIZATION FOR MEDICAL CARE OF A MINOR CHILD**

I, _____ THE PARENT OR LEGAL GUARDIAN, OR PERSON HAVING LEGAL CUSTODY OF _____, DO HEREBY AUTHORIZE THE **DAVENPORT SCHOOL PERSONNEL/ACTIVITY SPONSOR** TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL, SURGICAL, OR DENTAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE TO BE RENDERED TO THE ABOVE NAMED MINOR CHILD UNDER GENERAL OR ON SPECIAL SUPERVISION AND UPON THE ADVICE OF A PHYSICIAN, SURGEON, OR DENTIST LICENSES UNDER THE LAWS OF THE STATE OF OKLAHOMA.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND THAT IN SITUATIONS WHERE THE ABOVE NAMED MINOR CHILD REQUIRES IMMEDIATE MEDICAL OR HOSPITAL CARE IT MAY NOT BE POSSIBLE TO CONTACT ME, AND THAT IN SUCH SITUATIONS I WILL NOT BE ABLE TO KNOWLEDGEABLY EVALUATE THE RISKS ATTENDANT UPON EACH AND THE RISK ATTENDANT TO FOREGOING ALL TREATMENT, IN SUCH SITUATIONS, I AUTHORIZE A PHYSICIAN, SURGEON, OR DENTIST TO EXERCISE HIS PROFESSIONAL JUDGEMENT AND ASSESS THE RISKS INCIDENT TO CHOOSE THE NECESSARY TREATMENT FROM ANY AVAILABLE ALTERNATIVE AND TO RENDER SUCH CARE AND PERFORM SUCH TREATMENT AS HE IN HIS PROFESSIONAL JUDGEMENT DETERMINES TO BE NECESSARY FOR THE HEALTH OR SAFETY OF THE ABOVE NAMED MINOR CHILD.

DATE **SIGNATURE OF PARENT OR LEGAL GUARDIAN**

ADDRESS **TELEPHONE**

CITY **STATE** **ZIP**

TREATMENT INFORMATION: (USE BACK OF FORM IF NECESSARY)

CHILD'S DATE OF BIRTH **DATE OF LAST TETANUS SHOT**

CHILD'S ALLERGIES

MEDICATION CHILD IS TAKING

NAME/TELEPHONE OF CHILD'S DOCTOR

NAME OF INSURANCE CARRIER & POLICY NUMBER

OTHER IMPORTANT MEDICAL INFORMATION

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY

SWORN AND SUBSCRIBED THIS _____ **DAY OF** _____, **20** _____.

MY COMMISSION EXPIRES: _____ **COMMISSION #:** _____

NOTARY PUBLIC _____

SEAL

2019-2020
STUDENT INSURANCE INFORMATION AND WAIVER
Davenport Public Schools

DEAR PARENT:

DAVENPORT PUBLIC SCHOOL IS **NOT** FINANCIALLY RESPONSIBLE FOR THE COST OF ANY ACCIDENTAL INJURY OCCURRING AS A RESULT OF PARTICIPATION IN ATHLETICS OR OTHER SCHOOL ACTIVITIES.

A SPECIAL ACCIDENT POLICY IS MADE AVAILABLE TO YOU SHOULD YOU WISH TO PURCHASE IT. THIS INSURANCE IS OFFERED FOR YOUR CONVENIENCE AND THE INSURANCE COMPANY COMPENSATES NEITHER THE SCHOOL NOR ANY SCHOOL OFFICIAL IN ANY WAY.

ANY STUDENT PARTICIPATING IN CHEERLEADING, VOCATION-RELATED CLASSES OR ATHLETICS MUST HAVE INSURANCE COVERAGE. IF A PARENT DOES NOT CHOOSE TO PURCHASE INSURANCE THROUGH THE SCHOOL, THEY MAY SIGN THIS WAIVER STATING THEY ALREADY HAVE INSURANCE COVERAGE, OR THEY WILL TAKE RESPONSIBILITY FOR ALL EXPENSES INCURRED IN CONNECTION WITH TREATMENT OF ANY ACCIDENTAL INJURY. THE WAIVER MAY BE NOTARIED EITHER BY A NOTARY OF YOUR CHOICE OR A SCHOOL NOTARY, WHO MAKE NO CHARGE FOR THIS SERVICE.

PLEASE SEE A BROCHURE FOR A DETAILED EXPLANATION OF WHAT WILL BE PAID. COVERAGE WILL BE EFFECTIVE ON THE DATE THE APPLICATION IS RECEIVED BY THE COMPANY. KEEP THE BROCHURE, AS IT IS YOUR COPY OF THE POLICY.

STUDENT'S NAME

GRADE

PLEASE CIRCLE THE OPTION BELOW, 1 OR 2, WHICH APPLIES TO THE ABOVE NAMED STUDENT.

1. **I HAVE INSURANCE COVERAGE ON THE ABOVE NAMED STUDENT UNDER MY FAMILY POLICY WITH _____ I, BY SIGNING THIS WAIVER HEREBY AGREE TO SAVE AND HOLD HARMLESS THE DAVENPORT SCHOOL DISTRICT FOR ANY OR ALL CLAIMS, EXPENSES OR OTHER DISBURSEMENTS FOR INJURIES MADE BY SAID SCHOOL DISTRICT ON BEHALF OF MY CHILD, ARISING OUT OF OR RESULTING FROM MY CHILD'S PARTICIPATION IN ANY VOCATIONAL CLASS OR ACTIVITY WHICH REQUIRES INSURANCE COVERAGE.**
 2. **I DO NOT CHOOSE TO BUY SCHOOL INSURANCE FOR THE ABOVE NAMED STUDENT. I, BY SIGNING THIS WAIVER HEREBY AGREE TO SAVE AND HOLD HARMLESS THE DAVENPORT SCHOOL DISTRICT FOR ANY OR ALL CLAIM'S EXPENSES OR OTHER DISBURSEMENT FOR INJURIES MADE BY SAID SCHOOL DISTRICT ON BEHALF OF MY CHILD, ARISING OUT OF OR RESULTING FROM MY CHILD'S PARTICIPATION IN ANY VOCATIONAL CLASS OR ACTIVITY WHICH REQUIRES INSURANCE COVERAGE. BELOW THIS LINE IS TO BE FILLED OUT IN FRONT OF A NOTARY.**
-

SIGNATURE OF PARENT/GUARDIAN

DATE

SWORN AND SUBSCRIBED TO ME THIS _____ DAY OF _____, 20_____.

MY COMMISSIONS EXPIRES _____

COMMISSION # _____

SEAL

SIGNATURE OF NOTARY PUBLIC

OSSAA ELIGIBILITY RECORD FORM FOR NEW 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 _____

Last School attended _____ Address _____ Zip _____

YES NO

- 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 before September 1? (Rule 1)
- 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
- 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
- 4. Are you currently failing any class? (Rule 3)
- 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
- 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
- 7. Have you completed requirements for high school graduation? (Rule 6)
- 8. Have you attended school 8 or more semesters since the time you entered the ninth grade? (15 days membership or attendance counts as one semester.) (Rule 7)
- 9. Are you now or have you ever repeated any grade since entering the 7th grade? (Jr. High Rule 7)
- 10. Do you live with someone now other than whom you lived with last school year? (Rule 8)
- 11. Do you live with someone other than your parents? (Rule 8)
- 12. Do you live with only one parent? (Rule 8)
- 13. Do you live outside this school district? (Rule 8)
- 14. Will you be attending or are you attending the school in this district as a transfer student? (Rule 8)
- 15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
- 16. Did you attend school during the previous or current 18-week grading period other than the district where your parents reside? (Rule 8)
- 17. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
- 18. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
- 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 8)
- 20. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 19)
- 21. Were you on an approved foreign exchange program last year? (OSSAA policy)
- 22. Have you participated in a foreign exchange program for more than 365 days? (OSSAA policy)
- 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?

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

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__.

Student's Address _____ Student's Telephone _____

Is above address in your school district? Yes _____ No _____

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) (School Administrator) (Date)

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____

Demographic/Client ID #: _____

(For School/Day Care receiving PHI to fill out)

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] _____

Signature of Student or Legal Representative

Date

Description of Legal Representative's Authority

STUDENT EXTRACURRICULAR ACTIVITIES CONTRACT

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities at the Davenport school district is a privilege and not a right. Such privilege is governed by the district policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD). Alcohol and illegal drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Davenport Public Schools. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, student participants in extracurricular activities 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 or possession of alcohol or illegal drugs.

Participation in Extracurricular Activities

For the safety, health, and well-being of the students of the Davenport Public Schools district, the district has adopted the attached policy on Student Possession or Use of alcohol and Illegal Drugs and Participation in Extracurricular Activities (policy FNCFD) and this Student Extracurricular Activities Contract, which shall be read, signed, and dated by the student participant, parent or custodial guardian, and coach/sponsor before such participant shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Student Extracurricular Activities Contract.

Student's Last Name	First Name	Middle Initial
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I understand, after having read the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activity Contract, that, out of care for my safety and health, the Davenport school district enforces the rules applying to the consumption or possession of alcohol and/or illegal drugs. As a member of a Davenport Public Schools organization, I realize that the personal decisions that I make daily in regard to the consumption or possession of alcohol and/or illegal 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 alcohol and/or illegal drugs any time during the school year, I understand, upon determination of that violation, I will be subject to the restriction of my participation as outlined in the policy.

Signature of Student	Date
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We have read and understand the policy on Student Possession or Use of Alcohol and Illegal Drugs and Participation in Extracurricular Activities and this Student Extracurricular Activities Contract. We desire that the student named above participate in the extracurricular activity programs of the Davenport Public Schools and we hereby agree to abide by all provisions of the policy.

Signature of Parent or Custodial Guardian	Date
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**CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT
AND INFORMATION SHEET**

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Davenport Public Schools related to potential concussion and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates
(Please print student athlete's name)

in Davenport Public Schools athletics and I, _____
(Please print parent/legal guardian's name)

as the parent/legal guardian, have read the information material provided to us by Davenport Public School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

Signature of Student Athlete

Date

Signature of Parent/Legal Guardian

Date

This form should 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.

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES**WHAT IS A CONCUSSION:**

- A Concussions is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been "dinged"

WHAT ARE THE SYMPTONS OF A CONCUSSION?

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

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION/

Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.

Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Follow your coach's rules for safety and the rules of the sport.

Practice good sportsmanship

Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and moth guards---IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

FOR MORE INFORMATION VISIT:

www.cdc.gov/TraumaticBraininjury/

www.oata.net

www.ossaa.com

www.nfhslearn.com

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

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system**: Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life**: Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic**: Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

➤ RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

➤ CALL 9-1-1

- Call for help and for an AED

➤ CPR

- Begin chest compressions
- Push hard/fast (100/min)

➤ AED

- Use an AED as soon as possible

➤ CONTINUE CARE

- Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

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

Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

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 student 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.

**Davenport Public Schools
Infinite Campus Parent/Guardian
Access Request Form**

Davenport Public Schools can provide access to student records via the Internet. In order to protect the confidentiality of student records, all parent/guardians who want to use this new service are required to fill out this form and return it in person to any one of your students' schools. Please bring a photo ID with you when you return the form.

Please Print

Parent/Guardian Name (one name per form) (First name, Middle name, Last name)

Parent/Guardian Home Address Street City State Zip

Parent/Guardian Home Phone Work Phone

Parent/Guardian Email Address

Please list all students currently enrolled in Davenport Public Schools	Your Relation to Student (e.g., mother, father)	Reside with Student? (Yes or No)	School	Grade Level

I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.

Signature & ID must be that of the Parent/Guardian shown on 1st line Date

IMPORTANT – Once the information provided above is verified and processed, you will receive your Infinite Campus Activation Key. Once you receive the Activation Key, you will be able to access the Campus Portal via the Davenport Public Schools Infinite Campus Portal web site <https://emp.infinitecampus.org:8443/campus/portal/davenport.isp> and create your User Name and Password.

For technical assistance with the Campus Portal, please e-mail Paula Sporleder at psporleder@davenport.k12.ok.us

For Office Use Only:			
Date Returned: _____	<input type="checkbox"/> ID Verified	Form & ID Checked by: _____	
<input type="checkbox"/> Verify E-Mail	<input type="checkbox"/> Activation Key Provided	Date Key Provided: _____	Initials: _____

ACKNOWLEDGMENT STUDENT PARKING AREA

I acknowledge and understand that:

1. Students are permitted to park on school premises as a matter of privilege, not of right;
2. The school district retains authority to conduct routine patrols of student parking lots and inspection of the exteriors of student automobiles on school property;
3. The school district may inspect the interiors of student automobiles whenever a school authority has reasonable suspicion to believe illegal or unauthorized materials are contained inside the automobiles;
4. Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant; and
5. If I fail to provide access to the interior of my car upon request by a school official, I will be subject to school disciplinary action
6. Students: In order to receive a reserved parking space you must register your car.

Car Registration:

Parking Space: _____

Name

Type of Vehicle

Year/Color

Tag Number

Student Signature

Date