COTTONWOOD PUBLIC SCHOOL

SPORTS MEDICAL INFORMATION AND RELEASE FORM

Player's Name _____

D.O.B_____

Father's Name_____**Home Phone**_____

Work Phone_____**Cell Phone**_____**Email**_____

Mother's Name_____**Home Phone**_____

Work Phone_____**Cell Phone**_____**Email**_____

Emergency Contact_____**Phone** _____

MEDICAL INFORMATION:

Family Physician's Name_____

Phone_____**Address**_____

_____

Allergies and/or Medical Conditions (list): _____

_____

Medications (list): _____

_____

Date of Last Tetanus booster _____

Person Responsible for Charges (if different then from above)_____

Insurance Company_____ **Policy #** _____

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent Signature_____**Date**_____

Parent Signature_____**Date**_____

NOTE: This release is to be carried by head/assistant coach to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.

COTTONWOOD PUBLIC SCHOOL
CONCUSSION/HEAD INJURY FACT SHEET FOR 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 right 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 SYSMPTOMS REPORTED BY ATHLETES?

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 ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

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 behavior or personality changes
Cannot recall events prior to hit or fall
Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

Ensure they follow their 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 eye and mouth 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.)
Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

www.cdc.gov/TraumaticBraininjury/
www.oata.net
www.ossaa.com

COTTONWOOD PUBLIC SCHOOL
CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

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 Cottonwood Public School related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Cottonwood Public School athletics and

I, _____as the parent/guardian,

have read the information material provided to us by Cottonwood Public School 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
FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion 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 SYMPTOMS OF A CONCUSSION?

Headache or "pressure" in head
Nausea or vomiting
Balance problems or dizziness
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 you r 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 mouth 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 SEAS

Oklahoma State Department of Health
Creating a State of Health

EDUCATION

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).

Oklahoma State Department of Health
Creating a State of Health

EDUCATION

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

_____
(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.

Updated April 2017

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

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
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Do you have an ongoing or chronic illness?	☐	☐
3.	Have you ever been hospitalized overnight?	☐	☐
4.	Have you ever had surgery?	☐	☐
5.	Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	☐	☐
6.	Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	☐	☐
7.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
8.	Have you ever had a rash or hives develop during or after exercise?	☐	☐
9.	Have you ever passed out during or after exercise?	☐	☐
10.	Have you ever been dizzy during or after exercise?	☐	☐
11.	Have you ever had chest pain during or after exercise?	☐	☐
12.	Do you get tired more quickly than your friends do during exercise?	☐	☐
13.	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
14.	Have you had high blood pressure or high cholesterol?	☐	☐
15.	Have you ever been told you have a heart murmur?	☐	☐
16.	Has any family member or relative died of heart problems or of sudden death before age 50?	☐	☐
17.	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
18.	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
19.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
20.	Have you ever had a head injury or concussion?	☐	☐
21.	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
22.	Have you ever had a seizure?	☐	☐
23.	Do you have frequent or severe headaches?	☐	☐

		YES	NO
24.	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
25.	Have you ever become ill from exercising in the heat?	☐	☐
26.	Do you cough, wheeze, or have trouble breathing during or after activity?	☐	☐
27.	Do you have asthma?	☐	☐
28.	Do you have seasonal allergies that require medical treatment?	☐	☐
29.	Do you or does someone in your family have sickle cell trait or disease?	☐	☐
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)?	☐	☐
31.	Have you had any problems with your eyes or vision?	☐	☐
32.	Do you wear glasses, contacts, or protective eyewear?	☐	☐
33.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
34.	Have you broken or fractured any bones or dislocated any joints?	☐	☐
35.	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐

36. If yes, check appropriate box and explain below.

☐ Head	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper arm		☐ Foot

37.	Do you want to weigh more or less than you do now?	☐	☐
38.	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
39.	Do you feel stressed out?	☐	☐

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 an/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_____

Updated April 2017

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 _____