

Cocoa High School Athletic Participation Packet

Grade: _____ 2021-2022

_____, _____
 Last Name First Name

Address: _____

DOB: _____

Email: _____

Parent Cell # for Emergency Contact: _____

Sports: _____

Type of Form	Form Name	Complete
Parent/Player	EL 2 (Page 1)	
Physical	EL 2 (Page 2,3)	
Liability	EL 3 (Page 1)	
Concussion	EL 3 (Page 2)	
Heat	EL 3 (Page 3)	
Eligibility	EL 3 (Page 4)	
Insurance	Copy	
Health Insurance	Information sheet	
Student signature	All Forms	
Parent Permission	Brevard County	
Birth Certificate	verified (new students)	
Recruitment	GA 4 (Transfer, nontraditional only)	
Code of Conduct	Cocoa High School	
GPA	Verified:	
Cardiac Screening	Verified:	

Packet Completed:

check

 AD Initials

SCHOOL BOARD OF BREVARD COUNTY, FLORIDA
**PARENT PERMISSION AND RESPONSIBILITY STATEMENT FOR OFF-CAMPUS
EXTRA-CURRICULAR ATHLETICS**

School Name	Date
Student's Name (please print)	Name of Sport(s)

Activity / Event: _____
(List the extra-curricular sport(s), anticipated contest dates and off-campus practice locations or attach the schedule for both to this form)

School Athletic Director	() _____ - _____ Phone Number
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TRANSPORTATION BEING PROVIDED (check all that apply)

- Walking - School Bus - Commercial Carrier (bus) - Privately Owned Vehicle
- Leased Vehicle - County Vehicle - None - Other _____
(Describe)

DRIVERS OF PRIVATE OR LEASED VEHICLES (check all that apply)

- Listed Volunteer - Registered Volunteer - Teacher or Staff Member - Other _____
(Describe)

TYPE OF ACTIVITY (Check all that apply)

- Interscholastic game or competition - Interscholastic practice(s) - Other _____

Parents should direct questions concerning the athletic activity to the school Athletic Director or the following Coach:

Name _____ Coach or Sponsor in Charge	Telephone: () _____ - _____ (School Number)	() _____ - _____ (Mobile Phone)
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ALL THE ABOVE TO BE COMPLETED BY THE SCHOOL

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS:

1. I understand that participation in athletics' is voluntary, that it is not required, and that it exposes my child to some risk(s).
2. When the school does not provide transportation, the parent or guardian and student are responsible for transportation to and from the off-campus athletic activity.
3. The parent or guardian and student understand that the school district, its officers, agents or employees are not responsible for the student during the time he/she is traveling to or from the off-campus activity, unless the school is providing transportation.
4. The parent or guardian, and student will assume the liability for the student's participation in the off-campus activity and will indemnify and hold the Florida High School Athletic Association and the School Board of Brevard County harmless for any injury or accident or property loss involving the student during the entire course of the extra-curricular athletic activity.
5. Parent or guardian permission for the student to participate in the above activity (ies) may be withdrawn by written notification to the principal or by a change in the student's schedule approved by the principal or designee.
6. I understand that my child will be involved in athletics' off school property: therefore, neither the School Board of Brevard County, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.
7. I certify that my child is in good health and may participate, but in the event of medical emergency, I/We authorize the coach in charge of the off-campus athletic activity to seek emergency medical treatment for my child at my expense.
8. Some trips may include or have the potential for participation in swimming or other water based activities. Risks and dangers in water may arise from foreseeable or unforeseeable causes. Your signature signifies permission for your child to participate in these activities when supervised by a sponsor(s) and that you will indemnify/hold the School Board of Brevard County harmless for any accident or injury, and hereby assume all risks and dangers and all responsibility for any injury, loss, and/or damage that may occur while your child is engaged in the water related activity (ies).

I/We have read and understand the information above and accept the designated responsibilities. I hereby grant participation in all aspects of this trip - Granted Denied Granted with the following exceptions: _____
(Describe)

Students Signature (Required for All) - Date	Parent/Guardian Signature (Required for all) - Date
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Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: ____ Age: ____ Date of Birth: ____/____/____
 School: _____ Grade in School: ____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze or have trouble breathing during or after activity?	___	___
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	___	___	32. Do you wear glasses, contacts or protective eyewear?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain or swelling after injury?	___	___
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	___	___
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	36. Do you want to weigh more or less than you do now?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
20. Have you ever had a head injury or concussion?	___	___	38. Do you feel stressed out?	___	___
21. Have you ever been knocked out, become unconscious or lost your memory?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ___/___/___
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ___/___ (___/___, ___/___)
Temperature: _____ Hearing: right: P ___ F ___ left: P ___ F ___
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation
___ Disability: _____ Diagnosis: _____
___ Precautions: _____
___ Not cleared for: _____ Reason: _____
___ Cleared after completing evaluation/rehabilitation for: _____
___ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ___/___/___

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.



Consent and Release from Liability Certificate (Page 1 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.
This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on Page 4 of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.

Company: _____ Policy Number: _____

My child/ward is covered by his/her school's activities medical base insurance plan.

I have purchased supplemental football insurance through my child's/ward's school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

Name of Parent/Guardian (printed) _____ Signature of Parent/Guardian _____ Date ____/____/____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student must sign)

Name of Student (printed) _____ Signature of Student _____ Date ____/____/____



Florida High School Athletic Association
**Consent and Release from Liability Certificate for
 Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)	Signature of Student-Athlete	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date / /

ELECTROCARDIOGRAM SCREEN (ECG) CONSENT FORM AND RELEASE OF LIABILITY/OPT OUT

An ECG screen (also referred to as an EKG) can help identify young athletes who are at risk for sudden cardiac death, a condition where death results from an abrupt loss of heart function. An ECG screening may assist in diagnosing several different heart conditions that may contribute to sudden cardiac death.

By signing below, I elect to have representatives and volunteers from "Who We Play For" perform an ECG screen for my child. By electing to receive an ECG screen, I acknowledge the limitations of an ECG screen and that sudden cardiac death or other cardiac events may still occur, despite this screening. I further acknowledge that students with an abnormal ECG screen will be required to undergo further testing (e.g. an echo or ultrasound) and/or a medical consultation release prior to being allowed to resume participation in school athletics. By signing below, I hereby indemnify, release, and forever discharge, and waive, any and all claims against The School Board of Brevard County, Florida and "Who We Play For," including each entity's employees, sponsors, trustees, consultants, volunteers, and contractors for all actions related to this ECG screen. In addition, I authorize medical personnel with "Who We Play For" to review the ECG results, and interpret, and use the same for diagnostic and aggregated statistical purposes in accordance with the Family Education Rights and Privacy Act and Health Insurance Portability and Accountability Act of 1996.

I DO HEREBY CONSENT to participation in the ECG. I understand there is a \$20 fee for this service, payable to Who We Play For.

I DO HEREBY CONSENT to participation in the ECG and our family qualifies for free or reduced lunch status. Families in this category are eligible for free screening thanks to the sponsorship of Health First, Parrish Hospital, the Space Coast Health Foundation, and to the friends and family of Tim McGahey.

I DECLINE participation in the ECG screen on behalf of my child.

Child's Name Printed

Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Parent/ Guardian Email address

Parent/ Guardian Phone #

Participant Information

Ethnicity: Afro American/ Black ____ Asian ____ Caucasian/ White ____ Hispanic ____ Other ____
(Mark all that apply)

Age: ____ Gender: Male ____ Female ____ Birth date ____/____/____ Height: ____ Weight: ____

Previous Cardiac Issues (if any): _____

Family Cardiac History (if any): _____

Do you currently take any of the following medications? (circle any that apply):
ADD/ADHD Beta Blockers Asthma medication/inhaler Cardiac Medications

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