

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

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.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐	13. Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
2. Have you been hospitalized overnight in the past year?	☐	☐	Do you have asthma?	☐	☐
Have you ever had surgery?	☐	☐	Do you have seasonal allergies that require medical treatment?	☐	☐
3. Have you ever had prior testing for the heart ordered by a physician?	☐	☐	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)?	☐	☐
Have you ever passed out during or after exercise?	☐	☐	15. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐	Have you broken or fractured any bones or dislocated any joints?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	☐	☐	☐ Head	☐ Elbow	☐ Hip
Have you ever been told you have a heart murmur?	☐	☐	☐ Neck	☐ Forearm	☐ Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐	☐ Back	☐ Wrist	☐ Knee
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?	☐	☐	☐ Chest	☐ Hand	☐ Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐	☐ Shoulder	☐ Finger	☐ Ankle
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐	☐ Upper Arm	☐ Foot	
4. Have you ever had a head injury or concussion?	☐	☐	16. Do you want to weigh more or less than you do now?	☐	☐
Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐	17. Do you feel stressed out?	☐	☐
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	☐	☐	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	☐	☐	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	☐	☐	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	☐	☐	<i>Males Only</i>		
6. Are you under a doctor's care?	☐	☐	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐			
9. Have you ever been dizzy during or after exercise?	☐	☐			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐			
11. Have you ever become ill from exercising in the heat?	☐	☐			
12. Have you had any problems with your eyes or vision?	☐	☐			

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.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

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: _____

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. **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.

**Athletic Pre-Participation Screen Form
2019-2020**



WOCCISD
Department of Athletics
1400 Newton Street
Orange, Texas 77630
409-882-5607 Phone
409-882-5451 Fax

Cornel Thompson
Athletic Director

Please complete the following:
(To be completed by Student and Parent/Guardian)

Student's Name: _____
Last First Middle

Year of High School Graduation: _____ Social Security Number: _____

Date of Birth _____ Sex _____ Student ID # _____

Parent/ Guardian: Mother: _____ Father: _____

List Which Guardian Contact Information: _____

Phone (H) _____ (W) _____ (C) _____

Address: _____
Street City State Zip

List all sports that the student will play: _____

Personal Physician: _____ Office Phone: _____

Insurance Company Name: _____ Policy/ ID Number: _____

Insurance Group Number _____ Insurance Phone Number _____

In case of emergency contact the following (NOT A PARENT/GUARDIAN):

Name _____ Relationship _____

Phone (H) _____ (W) _____ (C) _____

The contents below are enclosed in this form:

- Form Guidelines
- Student Athlete Insurance
- Medical History Form
- Physical Examination Form
- UIL Steroid Use Letter
- Acknowledgement of Rules
- General Information
- Eligibility Rules
- Concussion Protocols

Form Guidelines: (To be signed by Parent/Guardian)

Parent / Guardian:

This form consists of information and materials needed for your child to be medically eligible/ released to participate in West Orange Cove Consolidated ISD / UIL sponsored activities. This form is designed to determine if the student has developed any condition, which could make it hazardous to participate in an athletic event. The following are important points concerning this form:

- This form must be completed annually. Student athletes entering grades 7-12 and others indicated by the medical history must take a physical exam by a licensed physician, board certified physician assistant / nurse practitioner, or Doctor of Chiropractic.
- This form must be completed in full with all required signatures, by all student athletes and parents (or guardian).
- Students may not participate in any practice (including athletic periods), scrimmage, tryouts, or competition until this form is on file in the athletic trainer's office.

If you have any questions concerning this form or other medical questions pertaining to the welfare of your child, please contact the athletic trainer at the following number:

West Orange Stark High School Training Room 409-882-5607

Student Athlete Insurance Policy:

Parent / Guardian:

The WOCCISD has purchased a limited benefit insurance/ accident insurance policy that covers all student athletes while participating in UIL activities.

The insurance coverage is "SECONDARY" or "SUPPLEMENTAL" which is designed to pay those expenses not paid or payable by any other insurance. This means that you will be required to file **first** with **your personal insurance** and then after benefits are paid the school insurance company will pay on the remaining balance.

If you want additional coverage for your child, a limited benefit plan may be purchased through the school plan that will provide limited benefits for the student when he / she is not participating in athletic / UIL events. The athletic insurance is not 24-hour accident insurance.

The following is important information concerning the athletic UIL coverage:

- This policy covers your child **only during practice (in-season or off-season), competition, and travel to and from UIL sanctioned activities.**
- This policy is a zero deductible. It is a limited benefit plan. It will not pay 100 percent of the bills. It is coordinated with any personal coverage that you may have. **Your personal insurance is the primary carrier and the school insurance is the secondary carrier.**
- Any bills not paid by your personal carrier or the school insurance will be the responsibility of the parents / guardians. Parents / Guardians will handle all bills and claims. WOCCISD is not responsible for the handling or payment of medical bills.**
- Parents / Guardians must give personal insurance information to the athletic trainer, team or family doctors and all other health care providers in regards to your child's athletic injury.**
- Parents / Guardians must notify the athletic trainer prior to doctor visits or insurance benefits may be forfeited.**

I have read the form guidelines and the insurance information cited above and I understand the contents herein.

Parent or Guardian Signature

Date



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: Headache, 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/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading 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/cheerleader 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 (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate 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 (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:
American Heart Association:
www.heart.org

Lead Author: Arnold Fenrich, MD
and Benjamin Levine, MD

Additional Reviewers: UHL Medical
Advisory Committee

Revised 2016

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?

Inherited (passed on from family) **conditions present at birth 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 present at birth 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 run in families.

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. This is 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-compactation Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolf-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 or 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.

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 and 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 14 important cardiac elements.

The UHL Pre-Participation Physical Evaluation – Medical History form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?	Are there additional options available to screen for cardiac conditions?	Can Sudden Cardiac Arrest be prevented just through proper screening?
The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.	Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.	A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.
It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.	When should a student athlete see a heart specialist?	Why have an AED on site during sporting events
The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.	If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.	The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis). Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available: ➤ An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium ➤ All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.
➤ Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest. The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.	Student & Parent/Guardian Signatures I certify that I have read and understand the above information.	Parent/Guardian Signature
Parent/Guardian Name (Print)	Date	Student Signature
Student Name (Print)	Date	

WEST ORANGE-COVE CONSOLIDATED
INDEPENDENT SCHOOL DISTRICT
P. O. BOX 1107
ORANGE, TEXAS 77630

Dear Parents:

The following information is an explanation of Insurance Coverage for the West Orange-Cove Independent School District Interscholastic Athletic Programs.

The school district has purchased an "accident" insurance policy to cover all students participating in athletic programs. This insurance is a SUPPLEMENTAL INSURANCE POLICY and will not cover any injury one hundred percent. It will not be necessary for the students to purchase the student insurance plan to be covered in athletics. However, it will be necessary for the student to purchase the student insurance plan if you desire that your son or daughter be covered for regular school attendance.

The present Insurance Policy will cover a student while participating for, competing in or traveling to and from as a representative of a member school and under the direct supervision of a full time school employee, all athletic and activity events under the regulation and jurisdiction of the school.

If injury covered by this policy requires treatment, other than by a member of the insured's family, within 30 days after the date of injury by a legally qualified person licensed as a physician and practicing within the scope of his license, or treatment in a legally constituted hospital, the reasonable and customary expenses incurred will be paid for necessary medical care within one year from the date of injury up to a maximum of \$10,000 for any one injury which are in excess of the amount collectible from all other insurance or health plans.

Sincerely,

WEST ORANGE-STARK HIGH SCHOOL



Cornel Thompson
Athletic Director

Parent Signature: _____



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 athletic 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/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child 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 student's 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 my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

School Year (to be completed annually) _____

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.

- | | | | |
|--|-----------------------------------|--|--|
| ☐ Baseball | ☐ Football | ☐ Softball | ☐ Tennis |
| ☐ Basketball | ☐ Golf | ☐ Swimming & Diving | ☐ Track & Field |
| ☐ Cross Country | ☐ Soccer | ☐ Team Tennis | ☐ Volleyball |
| ☐ 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

Sports: _____

Year: 20__ - 20__ Grade: _____

WOCCISD Athletic Emergency Card

Student's Name: _____

Last

First

Middle

DOB: ____/____/____ Sex: _____ Age: _____ Home Phone: _____

Social Security Number _____ Student ID Number _____

Father's Name: _____ Mother's Name: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Address: _____ City: _____ State: _____

Emergency Contact (NOT A GUARDIAN): _____

	Name	Relationship
Home # _____	Work # _____	Cell # _____

Known Allergies: _____

Known Medical Conditions: _____

Medications Taken Daily: _____

Asthma: Yes or No Inhaler: Yes or No Type: _____

X _____
Parent's or Guardian's Signature

____/____/____
Date

Insurance Information

Is your child covered under any healthcare insurance policy? YES or NO

CHIPS: _____ MEDICAID: _____ Type: Texas Star Program, Traditional Other: _____

Name of Insurance Company: _____ Guardian's Name the Policy is under: _____

Is your insurance policy a HMO or PPO? _____

List your Primary Care Physician: _____

Name: _____ Number: _____

Insurance Company Claims Address: _____

P.O. Box City State

Insurance Phone Number: _____

Policy/ ID Number: _____ Group Number: _____

ALL THIS INFORMATION IS LISTED ON THE INSURANCE CARD/ MEDICAID PAPERS

If, in the judgment 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, 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. Your signature on the front gives the 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 child.

Parent/Guardian: Please check the following medications that your child can be given by the Licensed Athletic Trainer. This gives them permission to dispense this over the counter medications to your child if needed.

Ibuprofen: ____ Acetaminophen (ex. Tylenol): ____ Pepto Bismol (Upset Stomach): ____ Imodium (Diarrhea): ____
Antacid (ex. TUMS) ____ Cough Suppressant (Cough Drops or Syrup) ____

OVER THE COUNTER MEDICINES

Parent/ Guardian:

Please check YES or NO to the following medications that your child may or may not take. Checking YES will give the Licensed Athletic Trainer permission to dispense those over the counter medications to your child if need.

Anti-Inflammatory: (ex. Ibuprofen, Aleve, Advil).....	☐ YES	☐ NO
ACETAMINOPHEN (ex. Tylenol).....	☐ YES	☐ NO
PEPTO BISMOL (Upset Stomach).....	☐ YES	☐ NO
IMODIUM (Diarrhea).....	☐ YES	☐ NO
ANTACID (ex. TUMS).....	☐ YES	☐ NO
COUGH SUPPRESSANT (ex. Cough Drops or Syrup)....	☐ YES	☐ NO

Concussion Management Protocols

Parental Consent

By signing this form, I understand the risks and dangers of a concussion or MTBI from sports activity. I understand the signs and symptoms of a concussion(MTBI) furthermore, in the event that my son/daughter is diagnosed with a concussion, I give my consent for my son/daughter to participate in and comply with the West Orange Cove Consolidated ISD return to play protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission.

Athlete's Name (print) _____

Parent's or Guardian's Name (print) _____

Parent's or Guardian's Signature _____

Date _____



PARENT(S) COPY

West Orange-Stark Athletic Department Concussion Management Protocols

PHILOSOPHY

The Athletic Department at WOS believes that the safety of student-athletes is of the utmost importance. Concussions or mild traumatic brain injuries (MTBI's) are more widely recognized in sports for the danger they can be to the student-athlete. The management of a concussed student-athlete depends on the severity of the concussion. The Athletic Trainer must be able to recognize signs and symptoms during head injury assessment and follow-up care. There is a risk of serious traumatic brain injury (TBI) in athletes which, if not recognized and treated in a timely manner, could become life threatening. Because of the possibility of serious brain injury, compliance with this policy is mandatory for the safety of WOS's student-athletes.

WOS Athletic Training will follow the guidelines set by the University Interscholastic League and compliance of the House Bill 2038 (Natasha's Law). A student removed from an athletic practice or competition with complaints of head pain will be evaluated immediately and appropriate action will be taken. If a concussion is suspected, the athlete will not be allowed to return to any activity until he/she has been evaluated and cleared to participate by the student's physician. Then the Return to Play Protocols will be started.

DEFINITIONS

Concussion or Mild Traumatic Brain Injury (MTBI)

A concussion or MTBI is the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head.

- Results in one or more of the following signs or symptoms:

Headache	Feeling Sluggish
Nausea	Feeling foggy or groggy
Balance problems or dizziness	Concentration or memory problems
Double or fuzzy (blurry) vision	Confusion
Sensitivity to light or noise	

- Parents, friends, teachers, and Coaches may observe the following symptoms:

Appears dazed and stunned	Forgets plays
Is confused about what to do	Is unsure of game, score, or opponent
Moves clumsily	Shows behavior or personality changes
Answers questions slowly	Can't recall events prior to a hit
Loses consciousness	Can't recall events after a hit



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Second Impact Syndrome

Second Impact Syndrome (SIS) refers to catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom free from the previous concussion.

Baseline Testing

- Concussion assessment measures administered to a student-athlete prior to athletics participation to determine a “normal” result, or baseline
- Post-concussion testing will be compared to the baseline to help determine when it is safe to return student-athlete to participation

Concussion Assessment Tools

- Objectives measures used to evaluate a student-athlete for signs of MTBI
- Standardized Assessment of Concussion (SAC) assesses memory and orientation
- Balance Error Scoring System (BESS) assesses postural control

POLICIES

It is the policy of WOS Athletic Training Department to conduct pre-season baseline screening with all High School level student-athletes prior to participation in their sport.

Recovery and safe Return-To-Play

It is crucial to allow enough healing time following a concussion to prevent further damage. Research suggests that the effects of repeated concussions are cumulative over time.

Most athletes who experience an initial concussion can recover as long as they do not return to contact sports too soon. Following a concussion, there is a period of change in the brain function that may last anywhere from 24 hours to 10 days. During this time, the brain may be vulnerable to more severe or permanent injury. If the athlete sustains a second concussion during this time period, the risk of permanent brain injury increases.



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West Orange-Stark Athletic Department Concussion Management Protocols

Equipment

Helmets, headgear, and mouth guards do not prevent all concussions.

1. All headgear must be NOCSAE certified
2. Make sure all headgear fits the individual
3. For all sports that require headgear, a coach or appropriate designate should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.
4. Make sure helmets are secured properly at all times
5. Mouth guards should fit and be used at all times. The athlete should form the mouth guard so that it fits properly and they should never chew on the mouthpieces.

Evaluation for Concussion/MTBI

1. At time of injury administer one of the assessment tests:
 - a. Sports Concussion Assessment Tool SCAT)
 - b. Graded Symptom Checklist (GSC)
2. Observe athlete 15 to 20 minutes and re-evaluate.
3. Athlete does not return to a game or practice if he/she has any signs or symptoms of a Mild Traumatic Brain Injury (Concussion).
4. Doctor Referral
5. Home Instructions
6. Return to play guidelines for parents
7. **Note - IF IN DOUBT, ATHLETE WILL BE REFERED TO PHYSICIAN AND DOES NOT RETURN TO PLAY**

Concussion Management

1. Recommend school modifications as needed.
 - a. Notify Assistant Principal and Counselor of the student that he/she has MTBI
 - b. Notify Assistant Principal and Counselor of concussion symptoms
 - c. Student may need special accommodations such as limited computer work, reading activities, testing, assistance to class, etc. until all symptoms subside
 - d. Student may only be able to attend school for half days or may need daily rest periods until symptoms subside, with physician authorization
2. Student must have no signs of post-concussion symptoms before return to play protocol begin.
3. Student will not return to full practice or competition for a minimum of 7 days
4. The treating physician must provide a written statement to the parent and athletic department indicating that, in the physician's professional judgment, it is safe for the student to return to play.



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West Orange-Stark Athletic Department Concussion Management Protocols

5. The student-athlete and parent/guardian have signed the form acknowledging the completion of the return to play guidelines which includes the understanding of the risks associated with the student-athlete's return to play. (This would be after the physician has cleared them)

Return to Play Guidelines

Athlete must show no signs of post-concussion symptoms and have a Physician clearance to begin return to play protocols.

1. Physician clearance
2. Athlete activity progressions
 - a. Light aerobic exercise with no resistance training
 - b. Moderate aerobic activity with no resistance training
 - c. Sport specific activity and non-contact training drills with light resistance training
 - d. Full contact training drills can begin a minimum 7 days
 - e. Return to full participation (pending physician clearance)
 - f. NOTE – Athlete activity progression continues as long as athlete is asymptomatic at current level. If the athlete experiences any post-concussion symptoms, stop physical activity until symptom free for 24-48 hours. Resume phase or level which they were previously asymptomatic.
3. Athletic Trainer clearance
4. UIL Concussion Management Protocol Return to Play Form signed by parent/guardian of student-athlete

What should the athlete know about playing with a concussion?

Teach athletes it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

What are the risks of returning to activity too soon after sustaining concussion?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's alright to return to play. A repeat concussion that occurs before the brain recovers from the first, usually within a short time period (hours, days, weeks), can slow recovery or increase the chances for long-term problems.

What can happen if any child keeps on playing with a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that



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West Orange-Stark Athletic Department Concussion Management Protocols

concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

Liability Provisions

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands this policy does not:

1. Waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. Create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code.
4. Create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.