PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ **Signature of parent/guardian** _____ **Date** _____

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PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height	Weight	☐ Male ☐ Female
BP / (/) Pulse	Vision R 20/	L 20/ Corrected ☐ Y ☐ N
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hypertaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). *(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10*

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____

Address _____ Phone _____

Signature of physician (MD, DO, NP, or PA) _____ License # _____

IHSAA ELIGIBILITY RULES

INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – SeeRule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
   . . . unless you are entering the ninth grade for the first time.
   . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
   . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

PREPARTICIPATION PHYSICAL EVALUATION

CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.

B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.

C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, 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, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.

D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ **Student Signature:** (X) _____

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports ***not marked out:***
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.

B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.

F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the **appropriate space:**

- ❑ The student has school student accident insurance.
- ❑ The student has adequate family insurance coverage.
- ❑ The student has football insurance through school.
- ❑ The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.
(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ **Parent/Guardian/Emancipated Student Signature:** (X) _____

Printed: _____

Date: _____ **Parent/Guardian Signture:** (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File In Office of the Principal
Separate Form Required for Each School Year

EMERGENCY MEDICAL AND CONTACT INFORMATION

Student Athlete Information:

Last Name: _____ First Name: _____ MI: ___ Male/Female Date of Birth: _____
Grade: _____ Medical Insurance Company: _____ Policy #: _____ Group #: _____
Physician Name: _____ Physician Phone #: _____
Preferred Hospital (if any): _____ Allergies: _____
Current Medications: Name of Medication Dose Frequency Taken

_____

_____

Does the Student Athlete have any of the following conditions (indicate yes or no): asthma ____; low blood sugar ____; diabetes ____; fainting spells ____; seizures ____; sickle cell anemia ____; others _____

Parent/Guardian Information:

Parent/Guardian #1: Name: _____ Relationship to Student: _____
Street Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____
Parent/Guardian #2: Name: _____ Relationship to Student: _____
Street Address: _____ City/State: _____ Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email Address: _____

Emergency Contacts if Parent/Guardian Cannot Be Reached:

Name Phone #(s) Relationship to Student

1. _____
2. _____

STUDENT/PARENT CERTIFICATE AND CONSENT

To be read and signed by parent/guardian and student

Students may NOT participate in athletics until this form is on file in the Athletic Office

1. In accordance with the rules of the IHSAA, I hereby give consent for the named student to participate in the athletic programs at Warren Central High School School:
2. I acknowledge that the participant is assuming a certain risk of being injured and that even with the best coaching, use of protective equipment and strict observation of rules, injuries are still a possibility in organized athletics. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.
3. I consent to the disclosure by the school to the IHSAA of all required detailed financial (athletic or otherwise), scholastic and attendance records of the school, including records which may concern or be related to the student, unless the student is emancipated, in which case the student gives such consent.
4. I authorize responsible school personnel or their agents to oversee or provide emergency medical care to the student in the event of serious injury or in the event the parent/guardian cannot be reached in a timely manner.
5. I authorize the school to investigate and obtain information from police agencies, the probation department or any other source regarding events leading up to any arrest or filing of charges for an act which would be in violation of any of the athletic rules published as part of the student handbook.
6. **I have been provided with a copy of the rules and regulations regarding athletic participation or received copies of those rules and regulations in the student handbook. I understand the rules and regulations and will comply with them as stated. I understand that the rules and regulations will be in effect for all athletes as long as they are a student at** [MSD Warren Township] **and that the rules and regulations may be updated from time to time.**
7. I understand that [MSD Warren Township] Schools has in place a "reasonable suspicion" drug testing policy and that school personnel may order a drug test on the student if reasonable suspicion exists.
8. I authorize [MSD Warren Township] to post results/highlights containing my son's/daughter's name on the [MSD Warren Township] website.

Signature of parent/guardian (if student less than 18): _____ Date: _____

Signature of student (if 18 years old or older): _____ Date: _____

STUDENT CERTIFICATE (to be signed by student regardless of age): I have read the rules and regulations of the Indiana High School Athletic Association (IHSAA) and [MSD Warren Township] and believe that I am eligible to represent my school in athletics. If accepted as a representative, I agree to abide by the rules and regulations of the IHSAA and my school. To the best of my knowledge, I have suffered no injury or illness in the past that would hinder my participation in my chosen sport(s).

Student Signature: _____ Date: _____

ATHLETIC CONSENTS AND AUTHORIZATION FORMS

DATE: _____

This document contains (1) a consent for Community Health Network, Inc. (Community) to initiate and provide medical treatment to your student athlete in the event of an injury or illness; (2) an acknowledgement of receipt of Community's Notice of Privacy Practices; (3) a HIPAA Authorization Form; (4) an acknowledgement of your and the student's receipt of written information about concussions and head injuries in student athletes; (5) an acknowledgement of your and the student's receipt of written information about sudden cardiac arrest in student athletes; (6) an Emergency Medical and Contact Information form and (7) a Student/Parent Certificate and Consent form. It is very important that you read and complete all of these sections and forms thoroughly and **sign all sections/forms separately**. If the student athlete is 18 years old or older, he or she must sign for him/herself, except for parent/guardian acknowledgement of receipt of concussion information. **Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in exclusion of your child from athletic programs**.

CONSENT FOR TREATMENT

I consent to Community initiating any medical or first aid treatment for _____ (name of student athlete) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student athlete. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

Signature of Parent/Guardian: _____ *Printed:* _____

Relationship to student: _____

NOTICE OF PRIVACY PRACTICES

Community has prepared a detailed NOTICE OF PRIVACY PRACTICES (NPP) to help you better understand its policies in regard to the student's personal health information. You have the right to receive the NPP prior to signing this consent. The current NPP will be posted in the school's health clinic and in the Athletic Director's office, on Community's website, and copies are available upon request by asking the staff of the school health clinic or the athletic trainer.

Signature of Parent/Guardian: _____ *Printed:* _____

Relationship to student: _____

HIPAA AUTHORIZATION

I hereby authorize Community and its personnel and/or agents, to disclose the protected health information (PHI) of _____ (student's name) (Student) as follows: The PHI of the Student that may be disclosed under this Authorization includes the records of physical examinations performed by Community to determine the Student's eligibility to participate in classroom or other school sponsored activities; records of the evaluation; records and reports regarding the diagnosis and treatment of injuries which the Student incurred while engaged in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The Student's PHI may be disclosed to (1) the [MSD Warren Township] School principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the school's administrative staff or their designees, and (2) emergency medical personnel, hospitals or any other health care professional or provider who evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student while participating in a school sponsored activity, as necessary to:

- Evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by Community and evaluate program outcomes;
- Resolve grievances; and
- Evaluate treatment alternatives.

I understand that Community has requested this Authorization to disclose PHI so that the school, together with Community, can make certain decisions about the Student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student's participation in certain

school sponsored activities is conditioned upon my signing this Authorization. I understand that I may revoke this Authorization in writing at any time prior to its expiration date, except to the extent that action has been taken by Community in reliance on this Authorization, by sending a written revocation to the athletic trainer or his/her designee. I understand that the PHI released may be subject to re-disclosure by any recipient and no longer protected by federal and/or state privacy laws. **Expiration of Authorization:** 1 year from date signed.

Signature of Parent/Guardian: _____ *Printed:* _____

Relationship to student: _____

NOTE: IF STUDENT IS 18 YEARS OR OLDER, HE/SHE MUST SIGN THIS AUTHORIZATION. IF YOUNGER THAN 18, A PARENT OR GUARDIAN MUST SIGN FOR THIS AUTHORIZATION TO BE EFFECTIVE. A STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN CERTAIN SCHOOL SPONSORED ACTIVITIES (INCLUDING BUT NOT LIMITED TO SPORTS PROGRAMS) IF THIS AUTHORIZATION IS NOT SIGNED OR IF IT IS REVOKED.

ACKNOWLEDGMENT OF CONCUSSION INFORMATION

Prior to participating in interscholastic or intramural sports, a high school student and his/her parent or guardian must be given an information sheet regarding the nature and risk of concussions and head injuries to student athletes, including the risks of continuing to play after concussion or head injury.

I acknowledge that I have received and read the attached information entitled "Heads Up--Concussion in High School Sports—A Fact Sheet for Parents"

Signature of Parent/Guardian (regardless of student age): _____

I acknowledge that I have received and read the attached information entitled "Heads Up--Concussion in High School Sports—A Fact Sheet for Athletes".

Signature of Student Athlete (regardless of age:) _____

ACKNOWLEDGMENT OF CARDIAC INFORMATION

Prior to participating in interscholastic or intramural sports, a high school student and his/her parent or guardian must be given an information sheet regarding the nature and risk of sudden cardiac arrest to student athletes.

I acknowledge that I have received and read the information sheet on risks associated with sudden cardiac arrest in athletics.

Signature of Parent/Guardian (regardless of student age): _____

I acknowledge that I have received and read the information sheet on risks associated with sudden cardiac arrest in athletics.

Signature of Student Athlete (regardless of age:) _____

HEADS-UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a type of traumatic 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 can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
• Headache or "pressure" in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just "not feeling right" or "feeling down"	• 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 mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit **www.cdc.gov/Concussion.**

CDC

April 2013

HEADS-UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:
Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit **www.cdc.gov/Concussion**.

CDC

April 2013

SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

FACTS

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help my child prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board
(1-7-15)

SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

FACTS

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

Developed and Reviewed by the Indiana Department of Education's Sudden Cardiac Arrest Advisory Board
(1-7-15)