

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

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

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

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____ Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____



Oklahoma State Department of Health
Creating a State of Health



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pain with exercise; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Can you screen for cardiac abnormalities?

The annual sports preparticipation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA.

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the preparticipation examination reveals an indication for these tests.

Senate Bill 239 – The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

Removal from play/return to play

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).



Oklahoma State Department of Health
 Creating a State of Health



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

(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

 Signature of Student-Athlete

 Print Student-Athlete's Name

 Date

 Signature of Parent/Guardian

 Print Parent/Guardian's Name

 Date

This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

WHAT IS A CONCUSSION?

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

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

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

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

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards—IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com
- www.SportsConcussions.org

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

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

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

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach's rules for safety and the rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards----IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com
- www.SportsConcussions.org

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

Concussion and Head Injury Acknowledgement

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

I, _____, as a student-athlete who participates in Vanoss Public School athletics and I, _____ as the parent/legal guardian, have read the information material provided to us by Vanoss Public School related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

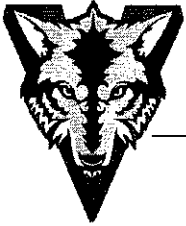
Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.



Vanoss Public School

Many Cultures: One "Wolf Pack"

Communication Plan for Parents:

The goal of the Vanoss Athletic Department is that all student-athletes enrolled in athletics will develop in both athletics and society. We hope that they will have a positive experience through the opportunities provided by athletics.

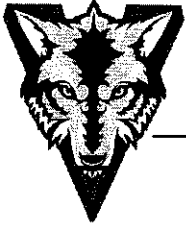
- 1) Open communication is critical between coaches, parents and student-athletes.
- 2) Vanoss coaches are hardworking and dedicated to their teams and student-athletes. They must make decisions that are based on what is best for the team as a whole. Some of their decisions are extremely difficult and may be based on factors unknown to parents and student-athletes. It is important that these decisions are respected by both parents and student-athletes.
- 3) If there is an issue or problem, student-athletes are encouraged to meet with the coach to address the situation. This is the most productive means for working out the issue or problem. It is also a valuable method of teaching young people responsibility. If a parent still feels like there is a need to meet with a coach, they should call the Athletic Director to set up an appointment with the coach and Athletic Director.

As a Parent of a Vanoss Student-Athlete:

- 1) I will encourage but not force my son/daughter to participate in athletics.
- 2) I will refrain from coaching my son/daughter or other players during practices and games.
- 3) I will refrain from speaking negatively about any coach in front of my son/daughter.
- 4) Coaches should not be approached by parents after games when emotions often run high. If there is an issue, please contact the Athletic Director to set up an appointment.
- 5) If they choose to participate, I will be supportive and understanding to both my child and his/her coaches.

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Vanoss Public School

Many Cultures: One "Wolf Pack"

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

THE UNDERSIGNED PARENT OR GUARDIAN HAS LEGAL CUSTODY OF THE CHILD NAMED BELOW. AS SUCH, HE/SHE GRANTS TO THE LISTED CUSTODIAN—INTO WHOSE CARE THE CHILD HAS BEEN ENTRUSTED—PERMISSION TO AUTHORIZE THE FOLLOWING: X-RAY EXAMINATION, ANESTHETIC, MEDICAL/SURGICAL/DENTAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE OF THE CHILD. ALL PROCEDURES MUST BE RECOMMENDED BY A PHYSICIAN, SURGEON OR DENTIST LICENSED BY THE STATE OF OKLAHOMA.

This consent—given in advance of a specific event—encourages the custodian to seek needed treatment for the child in the absence of a parent or guardian. It is effective until withdrawn in writing.

Student Name: _____ D.O.B.: _____

Name of Custodian(s): (Vanoss School activity sponsor(s) employed by Vanoss Public Schools)

Parent/Legal Guardian name(s): _____

Phone numbers (including emergency numbers):
 Home: _____ Cell: _____
 Work: _____ Emergency name and number: _____

Parent/Guardian Signature: _____ Date: _____

Signature of witness: _____ Date: _____

Special medical information regarding child (allergies, current medication, medical condition: i.e. asthma, epilepsy, diabetes, heart problems, etc...): _____

THIS CONSENT FORM IS A LEGAL AUTHORIZATION FOR MEDICAL AND/OR DENTAL TREATMENT AND INSURES THAT YOUR CHILD WILL RECEIVE TREATMENT WITHOUT DELAY.