

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION
 PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM
 UPDATED APRIL 2021



PLEASE PRINT

NAME: _____ GENDER _____ AGE _____ DATE OF BIRTH _____

GRADE _____ SCHOOL _____ ACTIVITIES _____

ADDRESS _____

PHYSICIAN'S NAME _____ PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE OF EMERGENCY CONTACT _____
 PLEASE EXPLAIN ALL YES ANSWERS ON A SEPARATE SHEET

| | YES | NO |
|--|-----|----|
| 1. Have you had a medical illness or injury since your last check up or physical? | | |
| 2. Have you ever been hospitalized overnight? | | |
| 3. Have you ever had surgery? | | |
| 4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | | |
| 5. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | | |
| 6. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | | |
| 7. Have you ever had a rash or hives develop during or after exercise? | | |
| 8. Have you ever passed out during or after exercise? | | |
| 9. Have you ever been dizzy during or after exercise? | | |
| 10. Have you ever had chest pain during or after exercise? | | |
| 11. Do you get tired more quickly than your friends do during exercise? | | |
| 12. Have you ever had racing of your heart or skipped heartbeats? | | |
| 13. Have you had high blood pressure or high cholesterol? | | |
| 14. Have you ever been told you have a heart murmur? | | |
| 15. Has any family member or relative died of heart problems or of sudden death before age 50? | | |
| 16. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | | |
| 17. Has a physician ever denied or restricted your participation in activities for any heart problems? | | |
| 18. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | | |
| 19. Have you ever had a head injury or concussion? | | |
| 20. Have you ever been knocked out, become unconscious, or lost your memory? | | |
| 21. Have you ever had a seizure? | | |
| 22. Do you have frequent or severe headaches? | | |

| | YES | NO |
|---|-----|----|
| 23. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | | |
| 24. Have you ever become ill from exercising in the heat? | | |
| 25. Have you ever tested positive for COVID? | | |
| 26. Do you cough, wheeze, or have trouble breathing during or after activity? | | |
| 27. Do you have asthma? | | |
| 28. Do you have seasonal allergies that require medical treatment? | | |
| 29. Do you or does someone in your family have sickle cell trait or disease? | | |
| 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | | |
| 31. Have you had any problems with your eyes or vision? | | |
| 32. Do you wear glasses, contacts, or protective eyewear? | | |
| 33. Have you ever had a sprain, strain, or swelling after injury? | | |
| 34. Have you broken or fractured any bones or dislocated any joints? | | |
| 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | | |
| 36. If yes, circle appropriate affected area and explain below: | | |
| 37. Do you want to weigh more or less than you do now? | | |
| 38. Do you lose weight regularly to meet weight requirements for your activity? | | |
| 39. Do you feel stressed? | | |
| 40. Record the dates of your most recent immunizations for: Tetanus _____ Measles _____ Hepatitis _____ Chickenpox _____ | | |

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 with 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 and/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 GUARDIAN _____ SIGNATURE OF STUDENT _____

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: _____

Printed name of Examiner _____

Address: _____ Phone: _____

Date: _____ Signature: _____



the
Chickasaw
Nation

Department of Health

Bill Anoatubby
Governor

Public Health Outreach Parent/Legal Guardian Consent Form

Child's name: _____
First Middle Last Suffix

Birth date: _____ Sex: Male Female

Mailing address: _____
Street City County State ZIP

Same as mailing

Physical address: _____
Street City County State ZIP

Home phone number: (____) _____ Cell phone number: (____) _____

Please check the services you would like your child to receive: (check all that apply)

- Health history Lead testing Hearing screening Dental screening/exam
 Vision acuity screening Fluoride varnish application (see attached handout for risks/benefits) Sealants
 Developmental hematocrit/hemoglobin Head lice checks Sports physical

Would you like to be present during your child's screenings?

- Yes, I would like to be present during the screenings of my child.
 No, my child may receive this screening service without my presence.
 I understand if my child is not cooperative, the screening will not be performed.

I, parent/legal guardian of _____ hereby give permission to the Chickasaw Nation Department of Health for the following school year _____.

To participate in several types of **preventive** screenings/services regarding their general health and development (you will be notified of the results of the screenings and of any follow-up treatment that may be needed). Parents/legal guardians will not need to be present at time services are rendered. (Sometimes this hinders the child from receiving screenings). A handout will be given explaining risks/benefits of fluoride varnish applications.

 Patient / legal guardian signature Date/time

 Site location

For questions or concerns, please contact the following:
 Dental outreach: (580) 222-2849 extension 83809
 Public Health Nursing: (580) 436-3980 extension 88290

Patient Identification

**TISHOMINGO PUBLIC SCHOOLS
STUDENT DRUG TESTING CONSENT**

Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities at the Tishomingo School District is a privilege. Students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Illegal drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Tishomingo Public School. For the safety, health, and well being of the students of Tishomingo Public School, the Tishomingo Public School has adopted the attached Student Drug Testing Policy for use by all the participating students at the high school level.

Participation in Extra Curricular Activities

Each student shall be provided with a copy of the Student Drug Test Policy which shall be read, signed, and dated by the student, parent, or custodial guardian and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activity. The consent shall be to provide a urine sample: a.)when the student is chosen by a random selection. A random selection of a least 10% of the total number of students participating in extra-curricular activities will be made 3 times during the school year, b.)at any time requested based on reasonable suspicion to be tested for illegal or performance enhancing drugs. No students shall be allowed to practice or participate in any extra-curricular activity unless the student has returned the properly signed "Student Drug Test Consent Form."

| | | |
|-------------------|------------|----|
| Student Last Name | First Name | MI |
|-------------------|------------|----|

I understand after having read the "Student Drug Testing Policy" and Student Drug Testing Consent" that, out of care for my safety and health, the Tishomingo Public School enforces the rules applying to consumption or possession of illegal and performance-enhancing drugs. As a member of a Tishomingo High School extra-curricular activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of the violation I will be subject to restrictions of my participation as outline in the policy.

| | |
|----------------------|------|
| Signature of Student | Date |
|----------------------|------|

We have read and understand the Tishomingo Public School "Tishomingo Drug Testing Policy.: We desire that the student named above participate in extra-curricular activities provided by the Tishomingo Public School, and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing, and analysis of such specimens, and all other aspect of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

| | |
|---|------|
| Signature of Parent of Custodial Guardian | Date |
|---|------|

| | |
|----------------------------|----------|
| Signature of Coach/Sponsor | Activity |
|----------------------------|----------|

MEDICATION LIST

I, _____, am currently taking or have taken the following drugs, substances, or medications in the last 96 hours (4 days):

Additional Information _____

TISHOMINGO PUBLIC SCHOOLS
1300 East Main
Tishomingo, OK 73460

CONCUSSION AND HEAD INJURY ACKNOWLEDEMENT

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

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

Tishomingo Public School athletics and I, _____ as the parent/legal
(PLEASE PRINT PARENT/GUARDIAN'S NAME)

guardian, have read the information material provided to us by Tishomingo Public School related to concussion and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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

CONCUSSION/HEAD INJURY FACT SHEET 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

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

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system**: Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life**: Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic**: Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***



Oklahoma State Department of Health
Creating a State of Health



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

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 student 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.