

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 \_\_\_\_\_

## 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 (gaspings). 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!***



## 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.*

# Sudden Cardiac Arrest Acknowledgement Statement

## Indianola Public 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.

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Signature of Student-Athlete

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Print Student Athlete's Name

---

Date

---

Signature of Parent/Guardian

---

Print Parent/Guardian's Name

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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.*

## 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/](http://www.cdc.gov/TraumaticBraininjury/)
- [www.oata.net](http://www.oata.net)
- [www.ossaa.com](http://www.ossaa.com)
- [www.nfhslearn.com](http://www.nfhslearn.com)

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

# Concussion and Head Injury Acknowledgement

## Indianola Public School

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 Indianola 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)

Indianola Public School athletics and I, \_\_\_\_\_  
(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by Indianola Public School related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

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SIGNATURE OF STUDENT-ATHLETE

DATE

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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.

Please sign the other side of this form for Sudden Cardiac Arrest Acknowledgment Statement



Indianola Public School District

Student Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school sponsored extracurricular activities at the Indianola Public School District is a privilege. Activity 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.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Indianola Public School District. For the safety, health, and well-being of the students of the Indianola Public School District, the Indianola Public School District has adopted the attached *Activity Student Drug Testing Policy* and the *Student Drug Testing Consent* for use by all participating students in grades 7-12.

Participation in Extracurricular Activities

Each Activity Student shall be provided with a copy of the *Activity Student Drug Testing Policy* and *Student Drug Testing Consent* 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 interscholastic activities. The consent shall be to provide a urine sample: a) as part of their annual physical or for eligibility for participation; b) as chosen by the random selection basis; and c) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed *Student Drug Testing Consent*.

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Student's Last Name	First Name	Middle Initial
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I understand after having read the *Student Activity Drug Testing Policy* and *Student Drug Testing Consent* that, out of care for my safety and health, the Indianola Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of an Indianola extracurricular interscholastic activity, I realize that the personal 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 activities. I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the policy.

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Signature of Student	Date
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We have read and understand the Indianola Public School District *Student Activity Drug Testing Policy* and *Student Drug Testing Consent*. We desire that the student named above participate in the extracurricular interscholastic programs of the Indianola Public School District 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 aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

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Signature of Parent or Custodial Guardian	Date
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We have read and understand the Indianola Public School District *Student Activity Drug Testing Policy* and *Student Drug Testing Consent*. We **DO NOT** desire that the student named above participate in the extracurricular interscholastic programs of the Indianola Public School District.

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Signature of Parent or Custodial Guardian	Date
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