



Kremlin-Hillsdale Public Schools

Athletic Information Packet

2018-19

You will find included in this packet the forms and information which are important to the student athlete, parents/guardians, and school personnel. It is our intent to make this process as easy as possible for everyone, and still obtain and disperse as much information as necessary. If you have any questions or concerns about this packet, please feel free to contact the coach, principal/athletic director.

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One man practicing sportsmanship is far better than a hundred teaching it.

Kremlin-Hillsdale Public Schools

Concussion/Head Injury Guidelines and Procedures

In compliance with Oklahoma State Statute 24-155 of Title 70 (Senate Bill 1700)

1. PARENTS/GUARDIANS shall annually review, sign, and return to the coach the Concussion and Head Injury Fact Sheet. The signed Fact Sheet must be on file with the school prior to the athlete participating in practice or competition. A copy of the Fact Sheet will be provided by the coach, and copies will also be available at the school office.
2. ATHLETES shall annually review, sign and return to the coach the Concussion and Head Injury Fact Sheet. The Fact Sheet must be on file with the school prior to the athlete participating in practice or competition. A copy of the Fact Sheet will be provided by the coach, and copies will also be available at the school office.
3. COACHES are trained in the "Care and Prevention of Athletic Injuries". Coaches will be provided with information on concussion and head injuries and will be required to view the video "Concussion in Sports: What you Need to Know" at the National Federation Website www.nffislearn.com. Documentation of viewing the video will be kept on file in the school office.
4. COACHES shall immediately remove from practice or competition and athlete who is suspected of sustaining a concussion or head injury. An athlete removed from play must be evaluated and receive written clearance from a Medical Doctor (MD) or Doctor of Osteopathy (DO) before being allowed to return to practice or competition. The coach will document each incident in which an athlete has been suspected of sustaining a concussion or head injury and removed from practice or competition. This report will be kept on file in the athletic director's office for use in facilitating the studentathlete's safe return to practice and/or participation in competitive events.
5. ATHLETES are encouraged to notify a coach if they or a teammate exhibit signs or symptoms of a concussion/head injury.

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.
- Get 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

IT IS BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

CONCUSSION AND HEAD INJURY ACKNOWLEDGMENT

KREMLIN-HILLSALE PUBLIC SCHOOLS
2018 - 2019

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

I, _____ as a student — athlete who participates in KREMLIN-
(print student athlete's name) HILLSDALE PUBLIC SCHOOLS athletics and I as the parent/legal
guardian, have _____

(print parent/legal guardian's name) read the information material
provided to us by KREMLIN-HILLSDALE 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

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).



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

Kremlin-Hillsdale Public Schools

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.

Emergency Medical Authorization

Student Name _____

Telephone _____

Address _____

Purpose: To enable parent/legal guardian to authorize emergency treatment for children who become ill or injured while under Kremlin-Hillsdale Public School's authority, when parents cannot be reached. Part I or Part II MUST be completed
Part III Must be completed

Part I (To Grant Request)

In the event reasonable attempts to contact me at _____ (phone Number) or _____ (other parent name) at _____ (phone number) have been unsuccessful. I hereby give my consent for (I) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by any other licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonable accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed. Facts concerning the child's medical history include allergies, medications being taken, and any physical impairments to which a physician should be alerted.

Signature of Parent/Legal Guardian _____

Date _____

Address _____

Do not complete Part II if you completed Part I

Part II (Refusal to Consent)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

Signature of Parent/Legal Guardian _____

Date _____

Address _____

Part III (Release of Information) HIPPA Form

Should my son/daughter sustain an athletic injury or become ill during the course of normal activities, I hereby consent for physicians and other properly trained medical personnel to provide any consultation assessment, and basic treatment including first aid which may be deemed medically necessary and advisable. Furthermore, I authorize the release of medical and health information related to said injuries to the team physicals, athletic trainers and administrators from the school for the purpose of treatment and determination of fitness to participate.

Release of information is valid for one calendar year.

Guardian _____

Date _____

Name of
Parent/
Legal
Guardian

Signature of Parent/Legal Guardian _____

Date _____

Emergency Information Form

(Please print all information)

Student Name

Date of Birth

Home Address

City

State

Zip

Student's Social Security Number

Mother/ Legal Guardian Name

Phone Number

E-Mail address

Place of Employment and Work Phone Number

Father/Legal Guardian's Name

Phone Number

E-Mail Address

Place of Employment and Work Phone Number

Insurance Information

Insurance Company and Phone Number

Policy Holder

Employee

Plan Number

ID Number

List the name and phone numbers of at least two (2) neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Release of Information

Student Name (Please Print)

Date of Birth

Should my son/daughter sustain an athletic injury or become ill during the course of normal athletic participation, I hereby consent for physicians, certified athletic trainers, coaches and other properly trained medical personnel to provide any consultation, assessment, and basic treatment including first aid which may be deemed medically necessary and advisable. Furthermore, I authorize the release of medical and health information related to said injuries to KREMLIN-HILLSDALE Public Schools and their coaches and administrators for the purpose of treatment and determination of fitness to participate.

Release of information form is valid for one calendar year.

Name of Parent/ Legal Guardian (Print)

Date _____

Signature of Parent/Legal Guardian

Date _____

Consent to Participate

WARNING: By their nature, participation in interscholastic athletics and some other extra-curricular activities includes a risk of injury, which may range in severity from minor to long term catastrophic including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised school athletic programs, it is possible to only minimize, NOT eliminate these risks.

Participants can help and have the responsibility to help reduce this chance of injury.

PLAYERS MUST: obtain and updated physical, obey all safety rules, report all physical problems and ailments to their coaches, follow a proper conditioning program, inspect their equipment daily, report problems with equipment to their coach.

By signing this form, we acknowledge that we have read and understand this warning.

Parents/Legal Guardians or Students who do not wish to accept the risks describe in this warning should not sign this permission form.

I have read and understand the **CONSTENT TO PARTICIPATE** information and I hereby give my permission for:

Athlete's name

To compete for the Kremlin-Hillsdale Public Schools in the following activities including but not limited to OSSAA approved sports:

(Parent/Guardian please initial the appropriate blanks)

_____ Football 5-12

_____ Softball 7-12

_____ Cheer 5-12

_____ Baseball 5-12

_____ Basketball 5-12

_____ Track & Field 5-12

_____ Weightlifting 9-12

_____ Cross-Country 9-12

Parent/Legal Guardian Name (Print)

Date

Parent/Legal Guardian Signature

Date

Athlete Signature

Date



Parent Code of Conduct

I understand and endorse the purpose of our program: to help boys become men and girls become women of empathy and integrity who will lead, be responsible, and change the world for good.

I support the coaches by applauding behaviors in my child and teammates that demonstrate characteristics of integrity, empathy, sacrifice, and responsibility. I acknowledge and appreciate every player's growth towards maturity and efforts toward establishing stronger relationships with teammates, coaches, and themselves.

I affirm my child and teammates when good character, healthy sportsmanship, and other-centered behaviors are displayed. I will not only affirm athletic performance or victory.

I serve as a role model for our players talking politely and acting courteously towards coaches, officials, other parents, visiting team parents, and spectators at practices, games, and meetings.

I model good sportsmanship. Acknowledge and applaud the efforts of team members and opponents. Accept defeat graciously by congratulating the members of the opposing team on a game well played. Support the team regardless of how much or how little my child plays or what the win-loss record is.

I encourage my child and teammates with positive statements, even when they make mistakes. At every practice they are growing physically and emotionally. At every practice they are learning moral and ethical lessons. At every practice they are developing character.

I refrain from boasting about my child's accomplishments. When problems arise or questions arise, I have my child present the problem to the coach. This develops self-advocacy. After meeting with their coach, if the issue requires more clarity, I will contact the coach.

Because I am a parent with power, position, and platform to make a positive difference in the lives of all players, I commit to this code of conduct. When failing to live up to these standards, I will allow for accountability and take responsibility for my actions.

Signature_____ Date_____