

Kremlin-Hillsdale Public Schools

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The Bronc Way Every Day

Dear Parent or Guardian:

Enclosed is your student's 2021-2022 athletic physical packet. In order to keep each student's physical organized and easy to scan, it is important to adhere to the following:

- All pages of the packet must be turned in together.
- Please submit in a 9x12 envelope – **no folding or staples.**
- Physicals and forms for 2021-2022 must be dated May 1, 2021 or after. This is an OSSAA rule, so no exceptions can be made.

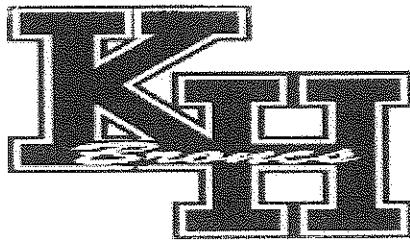
Packets will need to be turned into the elementary office by Friday, July 9th. This will include all athletes that participated this year and any who want to or think they might participate next year. Managers will also be included due to traveling with the teams. Having them in by July 9th will allow me ample time to have checked and scanned all physicals prior to the teams beginning practice for the upcoming season. In addition, by having them by July 9th, coaches are able to be more efficient in tracking physicals for the coming year. **Athletes will not be allowed to participate until their physical is completed.** It is my goal to have all athlete physicals completed so no one has to miss any practice or game time.

Thank you for assisting me in this. Following these guidelines will make it a lot easier in processing and preparing the documents needed for the upcoming athletic season.

Respectfully,

A handwritten signature in black ink, appearing to read 'Brad Hawkins', written over a white background.

Brad Hawkins
Elementary Principal/Athletic Director



Kremlin-Hillsdale Public Schools Athletic Information Packet 2021-2022

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.

**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: _____

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-HILLSDALE PUBLIC SCHOOLS
2021 - 2022

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 (1) 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.

Name of Parent/ Legal Guardian _____

Date _____

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 CONSENT 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 7-12

_____ Basketball 5-12

_____ Track & Field 5-12

_____ Weightlifting 9-12

_____ Cross-Country 9-12

Parent/Legal Guardian Name (Print)

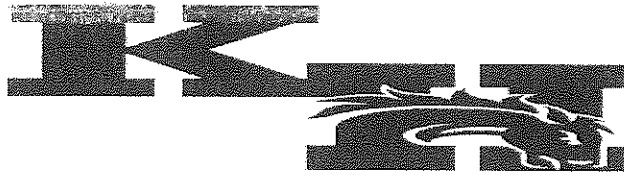
Date

Parent/Legal Guardian Signature

Date

Athlete Signature

Date



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

Communication Plan for Parents

- Open communication is critical between coaches, players, and parents.

- Kremlin-Hillsdale coaches are hardworking and dedicated to their teams and players. 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 players and parents. It is important that these decisions are respected by both athlete and parents.

- If there is an issue or problem, players 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 contact the school office to set up an appointment with the coach.

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

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____