

DEWEY PUBLIC SCHOOLS 2020 - 2021

Updated February 2015

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.

- | | <u>YES</u> | <u>NO</u> | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 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 _____

DEWEY PUBLIC SCHOOLS 2019-2020

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 _____

DEWEY SCHOOLS
2020-2021

M / F

Circle Male or Female

(Print Clearly)

Student's Name

Grade in 2020-2021

To the parent or guardian of Dewey athletes,

Each student athlete must have this form signed, dated and returned to his/her coach.

I understand that Dewey Schools **does not** provide student athletic insurance.

I am aware of my child's potential insurance needs in the event of accident or injury occurring during game, practice or participation in a school sport or activity.

Additional insurance information can be found by going to the following website.
www.studentinsurance-kk.com

Parent or Guardian's signature

Date

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 OF A CONCUSSION?

- Headache or “pressure” in the 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 the hit or fall
- Cannot recall events after the 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!

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

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT

Dewey Public Schools
SY 2020 - 2021

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 Dewey Public Schools related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in
(PLEASE PRINT ATHLETE'S NAME)
Dewey Public Schools Athletics, Boys () or Girls () Grade _____

and I, _____
(PRINT PARENT/LEGAL GUARDIAN'S NAME)

As the parent/legal guardian, have read the information material provided to us by Dewey Public Schools 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.

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

7300 N. BROADWAY EXTENSION
OKLAHOMA CITY, OKLAHOMA 73116
PHONE: 405-840-1116 FACSIMILE: 405-840-9559



SUDDEN CARDIAC AWARENESS INFORMATION SHEET

The information outlined below is to serve as a guide in identifying sudden cardiac events and the importance of establishing an emergency protocol for sudden cardiac events. It is vitally important to act quickly, and appropriately when dealing with any issue dealing with cardiac arrest. All coaches, at all levels, as well as school administrators should be knowledgeable in the school's protocol for dealing with such events.

What is sudden cardiac arrest?

Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops functioning. In turn blood stops flowing to the brain and other organs, and can result in death if not treated within minutes.

What causes sudden cardiac arrest?

The heart is a complex muscle that has an electrical system that controls the rate and rhythm at which the heart beats. Problems with that electrical system can cause arrhythmias, which can cause the heart to beat too fast or too slowly. An irregular heartbeat can be problematic, and in those cases the person has generally been made aware of the problem, however it can also go unnoticed, which is what makes a cardiac event so dangerous.

Some conditions may be present at birth, or inherited while others may be an abnormality for an individual at birth but not inherited. Other conditions may not be present at birth, but developed later in life.

What are the signs and symptoms?

- Fainting/dizziness
- Unusual fatigue
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Increased heart rate beyond what is normal when exercising

What is the treatment?

Response time is critical when dealing with cardiac arrest.

Call 911 immediately

Begin CPR and or locate the nearest AED (automated external defibrillator) and begin the procedure for using the device.

Can you screen for cardiac abnormalities?

Yes, the student athlete could undergo an EKG. Below is the 12-step screening process from the American Heart Association.

American Heart Association's 12-step screening process:

Personal history

1. Chest pain/discomfort upon exertion
2. Unexplained fainting or near-fainting
3. Excessive and unexplained fatigue associated with exercise
4. Heart murmur
5. High blood pressure

Family history

6. One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50
7. Close relative under age 50 with disability from heart disease
8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy in which the heart cavity or wall becomes enlarged, long QT syndrome which affects the heart's electrical rhythm, Marfan syndrome in which the walls of the heart's major arteries are weakened, or clinically important arrhythmias or heart rhythms.

Physical examination

9. Heart murmur
10. Femoral pulses to exclude narrowing of the aorta
11. Physical appearance of Marfan syndrome
12. Brachial artery blood pressure (taken in a sitting position)

What can I do to avoid cardiac arrest?

Whether a heart condition is hereditary or not, or even with a healthy heart there are things that can be done to decrease the risks associated with a cardiac event.

A healthy diet, including fruits and vegetables, and avoiding foods high in saturated fat and sodium will help. You should also avoid drinks high in sugar, such as soda and energy drinks. There is no better fluid replacement than water to avoid or combat dehydration.

Energy drinks will increase the heart rate, so you should always avoid drinking anything that promotes an effect of increased energy.

Daily exercise is also recommended to maintain a healthy heart. There is no better way to avoid a cardiac event than to be knowledgeable in your own family history, and live a healthy lifestyle that promotes good heart health.

Develop an Emergency Plan specifically for cardiac arrest.

Each school should develop an emergency plan specifically to deal with cardiac events. The plan should include the location of the nearest AED if available, as well as who will be in charge should the plan be put into action. Example: The head coach will immediately begin CPR and ask someone to call 911.

Each school should develop a plan that will work for their respective school environment. While the plans for different schools may vary, no school should be without an emergency plan, which should be posted prominently. All school staff, including teachers, administrators, coaches, etc. should be trained in implementing the emergency plan.

SUDDEN CARDIAC ARREST ACKNOWLEDGMENT SHEET

(NAME OF SCHOOL)

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

_____ athletics and I, _____
(NAME OF SCHOOL) (PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by
_____ related cardiac awareness 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.