Athletic Physical Packet

In the enclosed packet, there are several forms that need to be filled out to completion prior to your athlete’s participation in extra-curricular activities

1. The Indiana State Medical Associations Committee on Sports Medicine, requires that the PPE form be signed by a physician, a nurse practitioner (NP) or a physician assistant (PA).

2. In order for the Athlete to be eligible for practices and games the following must be completed in the physical packet
   a. Parents and athletes must sign on bottom of page 1.
   b. Physicians must sign on bottom of page 2.
   c. Please read and review page 3.
   d. Parent and Athletes must sign pages 4.
   e. Parent and athlete must sign pages 5-9
   f. Please read and review pages 10-13 for your records.

All Physical completed after April 1st are valid for the next school year.
Preparticipation Physical Evaluation
HISTORY FORM
(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam

Name ___________________________ Date of birth ___________________________

Sex ______ Age ______ Grade ______ School ______ Sport(s) ______

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below:
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?

2. Do you have any ongoing medical conditions? If so, please identify below:
☐ Asthma ☐ Allergies ☐ Diabetes ☐ Infections
☐ Other:

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out during exercise?

6. Have you ever had chest discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats (irregular beats) during exercise?

8. Has a doctor ever told you that you have had any heart problems? If so, check all that apply:
☐ High blood pressure ☐ A heart murmur
☐ High cholesterol ☐ A heart infection
☐ Kawasaki disease ☐ Other:

9. Has a doctor ever ordered a test for your heart? (For example, EKG, echocardiogram)

10. Do you get light-headed or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 including drowning, unexplained car accident, or sudden infant death syndrome?

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

18. Have you ever had any broken or fractured bones or dislocated joints?

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

20. Have you ever had a stress fracture?

21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or spondylolisthesis)

22. Do you regularly use a brace, orthotics, or other assistive device?

23. Do you have a bone, muscle, or joint injury that bothers you?

24. Do any of your joints become painful, swollen, feel warm, or look red?

25. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

27. Have you ever used an inhaler or taken asthma medicine?

28. Is there anyone in your family who has asthma?

29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?

30. Do you have groin pain or a painful bulge or hernia in the groin area?

31. Have you had infectious mononucleosis (mono) within the last 3 months?

32. Do you have any rashes, pressure sores, or other skin problems?

33. Have you had a herpes or MRSA skin infection?

34. Have you ever had a head injury or concussion?

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

36. Do you have a history of seizure disorder?

37. Do you have headaches with exercise?

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

39. Have you ever been unable to move your arms or legs after being hit or falling?

40. Have you ever become ill while exercising in the heat?

41. Do you get frequent muscle cramps when exercising?

42. Do you or someone in your family have sickle cell trait or disease?

43. Have you had any problems with your eyes or vision?

44. Have you had any eye injuries?

45. Do you wear glasses or contact lenses?

46. Do you wear protective eyewear, such as goggles or a face shield?

47. Do you worry about your weight?

48. Are you trying to lose weight or gain weight?

49. Are you on a special diet or do you avoid certain types of foods?

50. Have you ever had an eating disorder?

51. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

52. Have you ever had a menstrual period?

53. How old were you when you had your first menstrual period?

54. How many periods have you had in the last 12 months?

Explain “yes” answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete ___________________________ Signature of parent/guardian ___________________________ Date ___________________________

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgement. This form has been modified by the Indiana High School Athletic Association (IHSSAA).
Preparticipation Physical Evaluation
Physical Examination Form

(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) — IHSAA By-Law 3-10

Name __________________________ Date of birth __________________________

Physician Reminders

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you have a habit of smoking, drinking, or using drugs?
   - Have you ever tried to quit smoking, drinking, or using drugs?
   - During the past 30 days, did you use tobacco, alcohol, or drugs?
   - Have you ever used any other substances to help you focus or relax?
   - Have you ever taken any supplements to improve your performance?
   - Do you wear a seat belt, use a helmet, or use sunscreen?

2. Consider reviewing questions on cardiovascular symptoms (questions 1-14).

<table>
<thead>
<tr>
<th>Examination</th>
<th>Height</th>
<th>Weight</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP R 20/10</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Pulse</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
</tr>
<tr>
<td>Vision</td>
<td>20/20</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Medical

- Appears to be normal
- Pulse: 80 bpm
- Respiration: 20 breaths per minute
- Temperature: 37.2°C

Examination

- Cervical spine: no tenderness
- Lumbar spine: no tenderness
- Neurological: no abnormalities

Musculoskeletal

- Neck: no tenderness
- Shoulder/arm: no tenderness
- Elbow/forearm: no tenderness
- Wrist/hand/fingers: no tenderness
- Hip/thigh: no tenderness
- Knee: no tenderness
- Leg/ankle: no tenderness
- Foot/feet: no tenderness
- Functional: no disabilities

Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are fully explained to the athlete and parents/guardians. (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) — IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) __________________________ Date __________________________
Address __________________________ Phone __________________________
Signature of physician (MD, DO, NP, or PA) __________________________ License # __________________________
INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
   ... unless you are entering the ninth grade for the first time.
   ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
   ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIEP program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.
I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. I have read the IHSSA Eligibility Rules (next page or on back) and know of no reason why I am not eligible to represent my school in athletic competition.
B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSSA.
C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSSA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSSA because of any accident or mishap involving my athletic participation.
D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSSA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
E. I give the IHSSA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: ___________________________ Student Signature: (X)

Printed: ____________________________________________________________

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:


B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student's school, to the IHSSA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSSA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSSA or the schools involved because of any accident or mishap involving the student's athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSSA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.

F. Undersigned gives the IHSSA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the appropriate space:

   - The student has school student accident insurance.
   - The student has football insurance through school.
   - The student has adequate family insurance coverage.
   - The student does not have insurance.

Company: ___________________________ Policy Number: ___________________________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: ___________________________ Parent/Guardian/Emancipated Student Signature: (X)

Printed: ___________________________

Date: ___________________________ Parent/Guardian Signature: (X)

Printed: ___________________________

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File In Office of the Principal
Separate Form Required for Each School Year
NORTH CENTRAL HIGH SCHOOL
ATHLETIC DEPARTMENT

Student Application for Athletic Participation

I hereby certify that I have read the North Central High School Student Athlete Handbook and understand eligibility and conduct guidelines as printed and make application for permission to participate in the interscholastic athletic program which is sponsored by the Northeast School Corporation and the Indiana High School Athletic Association (IHSAA).

I acknowledge that student-athletes at North Central High School are role models to their peers and to younger students in our community and accept that awesome responsibility. I understand that participation in high school sports is a privilege, not a right; and in order to be eligible for participation I must comply with all requirements as stated in the North Central High School Student-Athlete Handbook.

Please complete the following:

Athlete's First Name: ___________________________  Last Name: ___________________________

Date of Birth: ___________________________  Home Phone: ___________________________

Street Address: ___________________________

City: ___________________________  Zip Code: ___________________________

X Student Signature: ___________________________  Date: ___________________________

X Parent/Guardian Signature: ___________________________  Date: ___________________________

Notice of Disclosure

In compliance with membership requirements of the IHSAA, Inc., and as a condition to your child's athletic participation in an IHSAA recognized sport, this school shall make available to the IHSAA, in the event of an investigation, complete detailed financial (athletic or otherwise), scholastic and attendance records of this school. Records which are available to the IHSAA include those which related to or concern your child/ward, and include information which has been provided in the course of your application for student aid. Reasonable steps will be taken by the IHSAA to maintain the confidentiality of the records provided.

I HEREBY CONSENT TO THE DISCLOSURE OF FINANCIAL (ATHLETIC AND OTHERWISE), SCHOLASTIC AND ATTENDANCE RECORDS OF THE SCHOOL, INCLUDING THOSE RECORDS WHICH MAY RELATE TO OR CONCERN MY CHILD.

X Parent/Guardian Signature: ___________________________  Date: ___________________________

X Parent/Guardian Signature: ___________________________  Date: ___________________________
NORTH CENTRAL HIGH SCHOOL
ATHLETIC DEPARTMENT

Parent Consent to Play

A. In accordance with the rules of the IHSAA, I hereby give consent for my son/daughter to participate in the following interscholastic sports:

Athlete's Name – please print

<table>
<thead>
<tr>
<th>Girls' Sports</th>
<th>Boys' Sports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball</td>
<td>Basketball</td>
</tr>
<tr>
<td>Cross Country</td>
<td>Cross Country</td>
</tr>
<tr>
<td>Golf</td>
<td>Golf</td>
</tr>
<tr>
<td>Volleyball</td>
<td>Football</td>
</tr>
<tr>
<td>Softball</td>
<td>Baseball</td>
</tr>
<tr>
<td>Track</td>
<td>Track</td>
</tr>
<tr>
<td>Cheerleading (Not an IHSAA sport.)</td>
<td>Cheerleading (Not an IHSAA sport.)</td>
</tr>
</tbody>
</table>

B. I understand that participation may necessitate travel and dismissal from classes.

C. I acknowledge that the participant is assuming a certain risk of being injured; that even with the best coaching, use of the most advanced protective equipment and strict observance of rules injuries are still a possibility in organized athletics. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

D. I agree to encourage and assist my/our son/daughter to abide by those training and conduct rules established by the IHSAA, by Northeast School Corporation, by North Central High School and by the coach.

E. Please check the appropriate space(s) MUST CHECK AT LEAST ONE:

- He/She has school student accident insurance.
- He/She has family insurance. Name of insurance company:

F. Parent(s)/Guardian(s) and athletes are encouraged and expected to read and become familiar with those items of information included in the North Central High School Student Athlete Handbook. A signature at the bottom of this form indicates the following:

1. Permission for your son/daughter to participate in the interscholastic sports not marked out.
2. An awareness of the school's policies relative to:
   a. injuries
   b. expenses
   c. insurance
   d. academics
   e. training and conduct rules
   f. disciplinary codes
   g. awards
   h. random drug testing program
   i. other North Central High School Student Athlete Handbook items

X Parent/Guardian Signature: ___________________________ Date: ___________________________
NORTH CENTRAL HIGH SCHOOL
ATHLETIC DEPARTMENT

Medical Emergency Form
(MUST complete this form for each sport each year.)

__________________________________________  _______________________________________
Athlete's Name                                Grade

__________________________________________  _______________________________________
Date of Birth                                 Sport

Father/Guardian

__________________________________________
Name

__________________________________________  _______________________________________
Home Phone                                    Business Phone

__________________________________________  _______________________________________
Pager                                         Cell Phone

ALTERNATE CONTACT

__________________________________________
Name

__________________________________________  _______________________________________
Home Phone                                    Business Phone

__________________________________________  _______________________________________
Pager                                         Cell Phone

Mother/Guardian

__________________________________________
Name

__________________________________________  _______________________________________
Home Phone                                    Business Phone

__________________________________________  _______________________________________
Pager                                         Cell Phone

ALTERNATE CONTACT

__________________________________________
Name

__________________________________________  _______________________________________
Home Phone                                    Business Phone

__________________________________________  _______________________________________
Pager                                         Cell Phone

We authorize the North Central High School Representative:

A) To represent us before any medical institute where it may be necessary to send our
   son/daughter while he/she is under its care.
B) To give, in our name, the necessary authorization for surgery in case of emergency, when
   medical authorities deem it indispensable.
C) To represent us while he/she is under its custody.

Does the athlete have any special medical problems or allergic reaction to medications?

__ Yes    __ No

If yes, please explain below (use back of page if necessary):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

X Parent/Guardian Signature:__________________________    Date:__________________________
CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete’s Name (Please Print): ________________________________

Sport Participating In (Current and Potential): __________________________

School: ___________________________ Grade: __________

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete’s parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete’s coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete) ___________________________ (Date) __________

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian) ___________________________ (Date) __________

Updated April 2016
North Central High School

Athletic Emergency Information

Student Name: ___________________________ Birth Date: ___________ Age: ___ Grade: ___
Address: ___________________________ Home Phone: ___________________________
Parent/Guardian Name: ___________________________ Cell Phone: ___________________________
Place of Employment: ___________________________ Business Phone: ___________________________

In Case of Emergency, if parent cannot be contacted

Notify: ___________________________ Phone: ___________________________
Family Physician: ___________________________ Physician Phone: ___________________________
Preferred Hospital: ___________________________
Known allergies: (including medication allergies) ___________________________
Current medications: ___________________________
Date of last Tetanus shot: ___________________________
Significant Medical Conditions: (Diabetes, Asthma, etc.) ___________________________
Insurance Company: ___________________________ Policy Number: ___________________________

I give my consent for the athletic trainers/coaches and staff to provide emergency care, follow-up care, including therapeutic modalities, and rehabilitation of injuries sustained during North Central High School athletics. Modalities may include but not limited to electrical stimulation, ultrasound, light therapy, Graston technique performed by athletic trainers.

Parent Signature: ___________________________ Date: ___________________________

North Central High School Medical Information Release

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA), I ___________________________,
as the legal guardian/parent of ___________________________,
do hereby give my consent to the North Central High School Athletic Training staff to exchange pertinent medical information with the appropriate personnel (i.e. physicians, coaches, athletic trainers, and school administrators). This information is only exchanged on a need to know basis and may include injury condition, illness, and/or return to play status.

Parent Signature: ___________________________ Date: ___________________________

UNION
Center for Sports Medicine
SUDDEN CARDIAC ARREST
A Fact Sheet for Student Athletes

FACTS
Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS
There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:
• Chest Discomfort
• Unusual Shortness of Breath
• Racing or Irregular Heartbeat
• Fainting or Passing Out

EMERGENCY SIGNS — Call EMS (911)
If a person experiences any of the following signs, call EMS (911) immediately:
• If an athlete collapses suddenly during competition
• If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
• If an athlete does not look or feel right and you are just not sure

How can I help prevent a sudden cardiac arrest?
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, you can assist by:
• Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
• Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
• Taking only prescription drugs that are prescribed to you by your health care provider
• Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
• Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?
1. Tell an adult — your parent or guardian, your coach, your athletic trainer or your school nurse
2. Get checked out by your health care provider
3. Take care of your heart
4. Remember that the most dangerous thing you can do is to do nothing

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board (1-7-15)
SUDDEN CARDIAC ARREST  
A Fact Sheet for Parents

FACTS  
Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

WARNING SIGNS  
There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:
- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)  
If a person experiences any of the following signs, call EMS (911) immediately:
- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, puck or another player precedes an athlete’s complaints of any of the warning signs of sudden cardiac arrest
- If an athlete does not look or feel right and you are just not sure

How can I help my child prevent a sudden cardiac arrest?  
Daily physical activity, proper nutrition, and adequate sleep are all important aspects of lifelong health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:
- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?  
1. Tell your child’s coach about any previous events or family history  
2. Keep your child out of play  
3. Seek medical attention right away

Developed and Reviewed by the Indiana Department of Education’s Sudden Cardiac Arrest Advisory Board  
(1-7-15)
CONCUSSION FACT SHEET FOR PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic 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 can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

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 mood, behavior, or personality changes
DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY
   A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.
   Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.
   Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child’s teachers, school nurse, coach, speech-language pathologist, or counselor about your child’s concussion and symptoms. As your child’s symptoms decrease, the extra help or support can be removed gradually.

JOIN THE CONVERSATION ▶️ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> www.cdc.gov/concussion

Content Source: CDC’s Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).