

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 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 parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____ Corrected Y/N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____



CONCUSSION ACKNOWLEDGEMENT REQUIREMENTS FOR STUDENT ATHLETES

All Washington student athletes must complete, and have on file, a "Concussion and Head Injury Acknowledgement".

The "Concussion and Head Injury Acknowledgement" must be completed ANNUALLY, along with the athletic physical.

The Athletic Director will maintain a copy and record of each student athlete with respect to their concussion and head injury status.

If a copy is not on file with the Athletic Director, the student-athlete WILL NOT BE ELIGIBLE TO PARTICIPATE.

If an athlete is removed from a game or practice due to a head injury, the athlete must receive WRITTEN clearance from a "licensed health care provider" BEFORE they can participate again.

Student athletes with a record of previous concussions will not be allowed to participate until cleared by the Washington Athletic Director.

According to Washington School, a "licensed health care provider" is identified as a M.D., D.O., or Certified Athletic Trainer.

The Washington Athletics Office must be notified of any head injury so it can be documented by the Coordinator of Sports Medicine.

If a Certified Athletic Trainer makes the recommendation that an athlete NOT RETURN to participation, then the athlete MUST get in writing, clearance from a M.D. or D.O. before they can participate again.

The medical opinion recommended to Washington Public Schools is the final authority as to whether or not an athlete is withheld from participation.

No one (coach, parent/guardian) can override the recommendation of medical personnel to re-enter an injured athlete.

REFERENCE: 70 O.S. 24-155

BUILDING A FOUNDATION

David Crabbe | H.S. Principal | 405/288-2354 • Stuart McPherson | M.S. Principal / A.D. | 405/288-2428

Rocky Clarke | Elementary Principal | 405/288-2353

CONCUSSION AND HEAD INJURY ACKNOWLEDGEMENT SHEET

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the written information provided to you by the School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in athletics
(please print student-athlete's name)

and I, _____, as the parent/legal guardian,
(please print parent/guardian's name)

have read the information material provided to us by the School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

Please indicate if you have been diagnosed with a concussion or head injury, or withheld from any type of athletic participation over the last three years due to a head injury.

_____ No, I have not had a concussion over the past three years.

_____ Yes, I have had one or more concussions in the past three years

If yes, please indicate date, or dates, of each concussion from the last 3 years:

Were you cleared by a doctor to resume participation?

An athlete who has been removed from participation may not participate until they have been evaluated by a licensed health care provider (M.D. or D.O.) trained in the evaluation and management of concussion and receives written clearance to return to participation from that health care provider.

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 Athletic Director's office.

WASHINGTON PUBLIC SCHOOLS



Phone: 405/288-6190
Main Fax: 405/288-6214
H.S. Fax: 405/288-0776
PO Box 98
Washington, OK 73093-0098

McClain County District I-5 • A.J. Brewer - Superintendent

I have read House Bill No. 2615, a new section of law to be codified in the Oklahoma Statutes as Section 822.1 of Title 70, and understand the provisions of Section 2.E. which states:

E. Each public and private high school in this state shall at the beginning of each sports season advise in writing each student who participates in any athletic program sponsored by the school of the provisions of this section and shall provide each student with information concerning the effect of receiving money or other things of value on the future eligibility of the student to participate in intercollegiate athletics. The provisions of this subsection shall not apply to intramural athletic programs sponsored by the school.

I also acknowledge that I have been provided with information regarding NCAA amateurism and understand the effect of receiving money or other things of value on the future eligibility of my child to participate in intercollegiate athletics.

Parent signature

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.

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H.B. 2615

RE: H.B. 2615

SUBJECT: Student-athletes

House Bill 2615 becomes effective November 1, 2016. This bill prohibits a person from offering anything of value to a student-athlete that could cause them to lose their collegiate eligibility, and puts in place fines and a right of action for any violation.

- Section 1: Defines the terms "immediate family," "person," "student-athlete" and "transaction."
- Section 2(A): Prohibits any person from giving, offering, promising or attempting to give any money or other thing of value to a student-athlete or member of their immediate family in order to entice them to attend a certain postsecondary institution in order to participate in intercollegiate sports or contests or as a reward for their participation.
- Section 2(B): Prohibits any person either indirectly or through an agent from conducting a transaction with a student-athlete that could cause them to either permanently or temporarily lose their athletic scholarship eligibility or ability to participate in sporting competitions sanctioned by a national association, athletic conference or other sanctioning body, or the institution itself.
- Section 2(C): Clarifies that Section 2(B) does not apply to officers and employees of the institutions when they are acting in accordance with official written policy which is in compliance with the rules of the National Collegiate Athletic Association (NCAA), any athletic award approved or administered by the institution, grants in aid or other full or partial scholarships, members of the immediate family of the student-athlete, and money or things of value given to a student-athlete or immediate family that do not exceed \$100 in aggregate value annually.
- Section 2(D): Any violation is deemed to be a misdemeanor carrying a fine of not less than \$1,000 and not more than \$5,000, or imprisonment for not more than one year.
- Section 2(E): Each public and private high school must advise each participating student athlete in writing of these provisions and the effect of receiving money or other things of value at the beginning of each sports season. These provisions do not apply to intramural athletic programs sponsored by the school.
- Section 3: Gives each public and private postsecondary institution a right of action against any person who engages in an activity that results in penalties or disqualification against the institution or causes the student-athlete to permanently or temporarily lose scholarship eligibility and the ability to participate in sporting competitions. Allows the institution to recover damages including scholarships, television revenue, bowl revenue or other fees associated with an investigation, among other things. Should you have any questions related to this bill, please contact Ms. Lynn Jones, Executive Director of Accreditation, at (405) 521-6638, Ms. Shelly Ellis, Executive Director of Counseling, at (405) 521-3549 or Ms. Carolyn Thompson, Chief of Government Affairs, at (405) 522-3520. New Law at: 70 O.S. 822.1, 822.2, 822.3

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.

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.