

Athlete's Health Records

Pre-participation Physical Exam

The Shelby County Board of Education requires every student participating in sports to receive a pre-participation physical exam, including a general exam and an orthopedic exam, before being allowed to participate in sports programs. The general exam should include checks on the student's height, weight, blood pressure, pulse, respiratory health, vision, ears, nose, chest and abdomen. The orthopedic exam should focus on joint flexibility, joint range of motion, and re-examination of past bone and joint injuries.

After completing a pre-activity physical evaluation on

my recommendations are as follows: **Athletic participation approved:** **Yes** **No**

Limitations and Special Instructions to the Coach:

Physician's Name

Date

Address

Phone

Physician's Signature

No Stamps, Please!

Emergency Information

Student's Name

Grade

Date of Birth

Sex at Birth

Home Address

Parent or Guardian's Name

Home Phone

Address

Work Phone

Emergency Contact's Name

Home Phone

Address

Work Phone

Relationship to Athlete

Physician's Name

Phone

Are you allergic to any drugs?

If so, what?

Do you have any allergies? (i.e. bee sting, dust)

Do you suffer from?

Asthma Diabetes Epilepsy Heart Condition(s) Sickle Cell Trait Chronic Kidney or Lung Disease
 Liver Disease Immune Deficiencies

Are you on any medication?

If so, what?

Do you wear contacts?

Other illness:

Informed Consent and Assumption of Risk Form

NOTE: This form must be completed by all students, regardless of grade, intending to participate in any sport. All minor students must sign and have a parent or legal guardian also sign. **All forms are to be completed and returned to the appropriate sport representative prior to tryout.** Failure of a school to provide a duly executed form will cause the student-athlete to be declared ineligible. The undersigned, being prospective student-athlete (sometimes referred to herein as "student"), parent/legal guardian of the undersigned minor prospective student-athlete, hereby acknowledges that said student-athlete seeks to participate in a student sports program during the _____ academic school year.

The undersigned releases and waives any legal right to any claim and agrees to indemnify and hold harmless the Shelby County Board of Education, its agents, and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from the student's participation in athletic activity. This release of liability applies to all risks of the activity and any negligence of Shelby County Board of Education and/or its agents or employees, including claims for negligent hiring, supervision, instruction, or training. The undersigned hereby authorizes the release of information and reports concerning the academic standing, medical condition, financial aid, attendance, residency, and disciplinary record of the undersigned student to Tennessee Secondary School Athletic Association ("TSSAA") for the purpose of rule and regulations enforcement. I further authorize the school (or its designee) to provide and perform emergency treatment of any injury or illness the student-athlete may experience if qualified medical personnel consider treatment necessary. I understand that authorization is granted only if I cannot be reached, or the undersigned is under an immediate and imminent threat of permanent debilitation or death.

By providing my initials here, the undersigned acknowledges that s/he has read and understands the following **WARNING: Do not use any helmet to butt, ram or spear an opposing player. This can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear. NO HELMET CAN PREVENT ALL SUCH INJURIES.**

(Initials Here)

The undersigned further acknowledges that s/he is aware that participating in sports is a potentially hazardous activity, and that s/he, therefore, assumes all risks associated with participation in the sport in which s/he has selected to participate, including, but not limited to falls, physical and potentially injurious or fatal contact with other participants, the effects that weather may have on the playing conditions of the sport, traffic, and other reasonable risk conditions associated with the sport. The undersigned acknowledges, appreciates and understands all such risks, and agrees to the conditions set forth in this form.

Student's Signature _____	Date _____
Parent's Signature _____ <small>(if student is under the age of 18)</small>	Date _____

COVID-19 Informed Consent and Risk Acknowledgement Statement

NOTE: This form must be completed by all students, regardless of grade, intending to participate in any sport. All minor students must sign and have a parent or legal guardian also sign. **All forms are to be completed and returned to the appropriate sport representative prior to tryout.** Failure of a school to provide a duly executed form will cause the student -athlete to be declared ineligible.

The undersigned specifically asserts that the student will comply with all rules and regulations and with all guidance and recommendations from the Centers for Disease Control and Prevention ("CDC") and state and local health officials related to COVID-19; that s/he is aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk of serious injury and even death is involved in sports participation.

Further, the undersigned acknowledges s/he is familiar with the current status of the COVID-19 outbreak in the community and is familiar with the CDC's guidance regarding Considerations for Youth Sports, including relevant risks and recommended precautions. The undersigned further acknowledges s/he is aware of the increased risk of serious illness from COVID-19 to certain individuals, as identified by the CDC, including without limitation people with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease undergoing dialysis, liver disease, and people who are immunocompromised.

The undersigned releases and waives any legal right to any claim and agrees to indemnify and hold harmless the Shelby County Board of Education, its agents, and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from the student's participation in athletic activity. This release of liability applies to all risks of the activity and any negligence of Shelby County Board of Education and/or its agents or employees, including claims for negligent hiring, supervision, instruction, or training.

Student's Signature _____

Date _____

Parent's Signature _____

(if student is under
the age of 18)

Date _____

Sudden Cardiac Arrest Symptoms and Warning Signs

What is Sudden Cardiac Arrest (SCA)?

SCA is a life-threatening emergency that occurs when the heart suddenly and unexpectedly stops beating. This causes blood and oxygen to stop flowing to the rest of the body. The individual will not have a pulse. It can happen without warning and can lead to death within minutes if the person does not receive immediate help. Only 1 in 10 survives SCA. If Cardiopulmonary Resuscitation (CPR) is given and an Automatic External Defibrillator (AED) is administered early, 5 in 10 could survive.



SCA is NOT a heart attack, which is caused by reduced or blocked blood flow to the heart. However, a heart attack can increase the risk for SCA.

Watch for Warning Signs

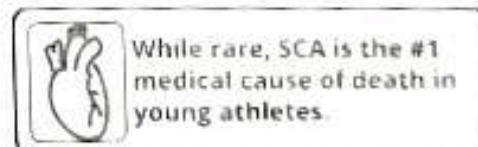
SCA usually happens without warning. SCA can happen in young people who don't know they have a heart problem, and it may be the first sign of a heart problem. When there are warning signs, the person may experience:



If any of these warning signs are present, it's important to talk with a health care provider. There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops due to SCA, blood stops flowing to the brain and other body organs. Death or permanent brain damage can occur in minutes.

Electrocardiogram (EKG) Testing

EKG is a noninvasive, quick, and painless test that looks at the heart's electrical activity. Small electrodes attached to the skin of the arms, legs, and chest capture the heartbeat as it moves through the heart. An EKG can detect some heart problems that may lead to an increased risk of SCA. Routine EKG testing is not currently recommended by national medical organizations, such as the American Academy of Pediatrics and the American College of Cardiology, unless the pre-participation physical exam reveals an indication for this test. The student or parent may request, from the student's health care provider, an EKG be administered in addition to the student's pre-participation physical exam, at a cost to be incurred by the student or the student's parent.



Limitations of EKG Testing

- An EKG may be expensive and cannot detect all conditions that predispose an individual to SCA.



- False positives (abnormalities identified during EKG testing that turn out to have no medical significance) may lead to unnecessary stress, additional testing, and unnecessary restriction from athletic participation.
- Accurate EKG interpretation requires adequate training.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.

Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name _____

Parent/Legal Guardian Name(s) _____

After reading the information sheet, I am aware of the following information.

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen". Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a health care provider* to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date

Student-Athlete & Parents Code of Conduct Conditions of Interscholastic Athletic Participation

Purpose: 1) To establish criteria for student-athletes and parents in collaboration with the Shelby County School District's Student Code of Conduct, to model and put into practice while participating in school related athletic activities. 2) To emphasize that participation in interscholastic athletics is a privilege afforded to student-athletes by the Shelby County School District. 3) Recognizing that under state law all students possess the right to due process appeals procedures, however, in the event that disciplinary actions are warranted of student-athlete(s) and/or parent(s) participation in athletic practices and contests would be null and void. 4) Student-athletes and parents participating in athletic activities are expected to represent the Shelby County School District and the SCIAA by adhering to high standards of personal conduct and ethical behavior. 5) Realizing that inappropriate behavior will not be tolerated during school periods, out of school periods or during non-school hours. 6) Finally, student-athletes and/or parents will be subject to disciplinary actions and possibly dismissal from participation in athletic activities if inappropriate behavior is exhibited.

Responsibility: It is the responsibility of the student-athletes and/or parents to be knowledgeable of the Shelby County Schools and SCIAA policies, procedures, standards and codes of conduct. Failure to do so will result in dire consequences.

Student-Athlete Code of Conduct:

- I will conduct good citizenship and sportsmanship principles on/off the court and/or field at all times
- I will comply with the school district's academic and athletic eligibility policies
- I will respect and comply with the decision(s) of my coach, game officials and athletic personnel
- I will not violate team rules
- I will not display inappropriate verbal/physical accusations to others at any time
- I will not participate in unauthorized or inappropriate use of internet, computer/software
- I will not bully, intimidate or sexually, racially or religiously harass any individual(s)
- I will not gamble, steal, fight, assault or possess any weapons
- I will not possess/distribute tobacco products or medications without approval from school officials
- I will not involve myself with criminal trespassers or trespass using a motor vehicle on commercial property
- I will not vandalize, deface or write graffiti on commercial property

Parent(s) Code of Conduct:

- I will support the school district's code of conduct and interscholastic athletic policies
- I will ensure that my child(ren) comply with all school district athletic and academic policies
- I will set the example by conducting good citizenship and sportsmanship principles at all times, and encourage others to comply with these standards
- I will attend the pre-season parent/student-athlete meeting at my children's school
- I will respect the decision of the coach, game officials and athletic personnel
- I will consult with the appropriate athletic representative(s) to resolve any problems that may occur

The student-athlete and parent, acknowledge that we have read and understand the terms of this code of conduct. We agree to conduct ourselves according to the terms of this code of conduct. We further understand and agree that if we violate the terms within this code of conduct, our participation in athletics may be limited or terminated as a result of the penalties imposed for violating this contract under Shelby County School District policies, civil or criminal laws. For specific details about the student code of conduct and interscholastic athletic rules please refer to the Shelby County School District Policies on Athletics and the SCIAA Student/Parent Handbook.

Student-athlete Signature

Print Name

Date

Parent Signature

Print Name

Date