

# 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 Shelby County Schools 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 \_\_\_\_\_  
Name of Student-athlete

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

Limitations and Special Instructions to the Coach: \_\_\_\_\_

<b>Physician's Name</b> _____ <small>Print or Type</small>	<b>Date</b> _____
<b>Address</b> _____	<b>Phone</b> _____
<b>Physician's Signature</b> _____ <small>No Stamps, Please!</small>	

## Emergency Information

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Athlete \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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 an adult prospective student-athlete (sometimes referred to herein as "student") or 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** \_\_\_\_\_ **Date** \_\_\_\_\_

(if student is under the age of 18)

## 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.

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

# 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 <i>health care provider*</i> 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

## **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form**

### **What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### **How common is sudden cardiac arrest in the United States?**

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

### **Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act**

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
  - (i) Unexplained shortness of breath;
  - (ii) Chest pains;
  - (iii) Dizziness
  - (iv) Racing heart rate; or
  - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

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

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Signature of Student-Athlete

Print Student-Athlete's Name Date

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Signature of Parent/Guardian

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Print Parent/Guardian's Name Date