

**Emergency Form and Medical History**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sports: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact**-Incase a parent/guardian cannot be reached  
 Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Insurance Information**

- \_\_\_\_ 1. I have my own insurance and do not wish to purchase school insurance.  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_
- \_\_\_\_ 2. I have no insurance and I must purchase school insurance
- \_\_\_\_ 3. I have my own insurance but still wish to purchase school insurance.  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Are there any sports in which you do not want your child to participate? Please write in the sports. \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permission For Treatment**

Permission is hereby granted to Wicomico County Schools to proceed with any needed medical treatment deemed necessary in the even the parent/guardian cannot be contacted. In the event of serious illness, the need for major surgery or significant accident or injury, I understand that an attempt will be made to contact me in an expeditious manner. In the event I cannot be contacted, permission is granted to render all treatment deemed necessary in the best interest of the above named student athlete.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Records Release**

I hereby give Wicomico County Board of Education permission to obtain medical records pertaining to any injury or condition incurred while participating in high school athletics. I understand an attempt will be made to inform me of the necessity of obtaining medical records.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Acceptance of Risk**

I, \_\_\_\_\_, am aware of and accept the risk of injury associated with high school sports in which I will be participating. I will do my part to reduce rick of injury by keeping myself in the best possible physical condition and to follow the advice of the physician, athletic trainer and/or coach concerning the prevention, treatment and rehabilitation of athletic injuries.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical History Information**

	Yes	No
Have you had a medical illness or injury since your last check up or sports physical?		
Have you had surgery in the past 5 years? Explain _____		
Are you currently taking any medications?		
List Medications: _____		
Are you currently taking any supplements?		
List supplements: _____		
Are you allergic to any medications or foods?		
List allergies: _____		
Are you allergic to bee stings?		
Do you carry an epi-pen?		
Have you ever passed out during or after exercise?		
Have you ever had chest pains during or after exercise?		
Have you or a family member had high blood pressure or high cholesterol?		
Have you ever been told you have a heart murmur or heart condition?		
Explain _____		
Do you wear glasses, contacts, or other protective eyewear?		
Do you have any hearing deficits?		
Do you use any special protective equipment that isn't usually used for your sport?		
Have you ever been treated for MRSA or other skin infection?		
Have you ever had a head injury or concussion?		
How many? _____ Date of most recent _____		
Have you ever been knocked out, become unconscious or lost your memory?		
Do you have frequent or severe headaches/migraines?		
Have you ever had a neck injury?		
Have you ever had numbness or tingling in your arms, hands, legs or feet?		
Have you ever had a stinger, burner or pinched nerve?		

**Have you had or do you currently have any of the following: please circle**

- |                   |             |          |                 |
|-------------------|-------------|----------|-----------------|
| Mononucleosis     | Pneumonia   | Diabetes | Anemia          |
| Epilepsy          | Heat Stroke | Hernia   | Kidney problems |
| Sickle Cell Trait | Asthma      |          |                 |

**Have you had any problems with any of following? Please circle and explain.**

- |            |               |                   |                  |
|------------|---------------|-------------------|------------------|
| Back       | Neck          | Chest             | Shoulder         |
| Elbow      | Wrist/Hand    | Hip/Thigh         | Knee             |
| Ankle/Foot | Spinal Fusion | Joint Dislocation | Cartilage Injury |

Osgood-Schlatter's

Explain \_\_\_\_\_

Has a physician ever denied or restricted your participation in sports for any reason? YES NO

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Equipment Statements

The equipment that has been provided is designed and fitted specifically for you, to provide you with some element of protection while playing your designated sport. This waiver is to inform you that at NO time should you, the player, alter, repair, and /or change any part of your equipment.

If you, the player, believe that any part of your equipment is not working properly or is not fitting correctly immediately see your coach or athletic trainer to have it repaired or corrected.

**DO NOT ALTER OR REPAIR YOUR EQUIPMENT AT ANY TIME!**

**If you, the player, do alter, repair, and/or change any aspect of your equipment, Wicomico County Board of Education can not insure your level of protection against injury.**

**NOT ALL INJURIES CAN BE PREVENTED BY PROTECTIVE EQUIPMENT.**

I the undersigned have read and fully understand the above statements and agree to follow them to the best of my ability.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOOTBALL AND BOYS LACROSSE HELMET WARNING STATEMENT

This is an informative letter which is designed to tell you about the possible physical dangers and warning associated with playing football and/or lacrosse and wearing a helmet. The statement below is taken from the warning label on the football helmet you will be wearing.

The Wicomico County Board of Education would like you to ready this statement and sign below to acknowledge that you have read and fully understand the warning statement and agree to follow the statement while participating in football and/or lacrosse

### WARNING!

Do not strike and opponent with any part of this helmet or facemask. This is in violation of the football rules and may cause you to suffer a severe brain or neck injury including paralysis r death. Sever brain or neck injury may also occur accidentally while playing football.

**NO HELMET CAN PREVENT SUCH INJURIES. YOU USE THIS HELMET AT YOUR OWN RISK.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Student Acknowledgement Statement

### Parent/Guardian

**I acknowledge that I have read and understand the following:**

- **Sudden Cardiac Arrest (SCA) Information Sheet**
- **Concussion Awareness Information Sheet**

\_\_\_\_\_ Parent/Guardian Printed Name

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

### Student Athlete

**I acknowledge that I have read and understand the following:**

- **Sudden Cardiac Arrest (SCA) Information Sheet**
- **Concussion Awareness Information Sheet**

\_\_\_\_\_ Student Athlete Printed Name

\_\_\_\_\_ Student Athlete Signature \_\_\_\_\_ Date

The undersigned, being the parents and/or legal guardians of \_\_\_\_\_ a student attending one of the public schools of Wicomico County, Maryland, do hereby acknowledge that we understand that if the said student is insured while participating in any extracurricular school activity, including but not limited to soccer, football, basketball, softball etc., and is without the benefit of insurance made available by the Board of Education of Wicomico County, that we will have to bear all costs of his hospitalization and his medical and doctor's bills. With knowledge of these facts and by signing this Consent and Waiver and Release, we do hereby evidence our wish not to purchase such insurance, but do grant our consent to the student's participation in all extracurricular activities and release the Board of Education of Wicomico County from all liability to us on account of injuries sustained by him while participating and even if we purchase insurance we still agree to release the Board of Education of Wicomico County from liability

NOW, THEREFORE, THIS CONSENT, WAIVER AND RELEASE WITNESSETH: That for and in consideration of \_\_\_\_\_ participating in extracurricular school activities with or without the benefit of the school offered and parent/guardian purchased accident insurance above referred to, the undersigned, parents and/or legal guardians of the said student, do hereby consent to said student's participation in said extracurricular activities and do hereby release and discharge the Board of Education of Wicomico County, its successors and assigns, and its agents, servants and employees, from all claims, losses and damages in any way arising from the student's participation in any and all school controlled and supervised extracurricular activities, and do hereby agree to save harmless and indemnify the Board of Education of Wicomico County of and from any and all claims, expenses and damages arising because of any claim or expense which we or said students may have by reason of any loss, damage or injury to said student arising out of his participation in any extracurricular school activity

Whenever used, any gender shall be applied to all genders and the use of the singular shall include the plural.

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Wicomico County Conduct Policy**

I have received, read, signed, and returned the Wicomico County Fight Policy (see page 2)

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**By evidence of the signature below you are testifying that you:**

- **Have read the Wicomico County Athletic Packet**
- **Have ready the provisions of the Authorization for Participation in Interscholastic Athletic Form**
- **Have understood the eligibility standards**

**Failure to complete, sign and return this packet to your child's coach or athletic trainer will result in his/her exclusion from participation in the interscholastic athletic programs of Wicomico County Public Schools.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Residency Verification**

Students must be legally enrolled at a high school designated by the school system based on their legal address. Please respond to the following residency questions:

I reside at:

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

This residence is within the boundaries of \_\_\_\_\_ high school.

I reside at this residence with a parent or guardian  YES  NO

My current address is the same as last year  YES  NO

I have only played at my current high school  YES  NO

I agree to notify the coach/school of any changes in residence  YES  NO

# WICOMICO COUNTY PUBLIC SCHOOLS PHYSICAL EXAMINATION FORM

TO BE COMPLETED BY A BOARD CERTIFIED PHYSICIAN, PHYSICIANS ASSISTANT OR NURSE PRACTITIONER

Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ Corrected Y N Corrected Lenses \_\_\_\_\_ Pupils \_\_\_\_\_

## PHYSICAL REVIEW

Head & Scalp _____	Genitalia _____
Ears _____	Hernia _____
Nose & Sinus _____	Paired & Functioning Organs _____
Throat, Tonsils, Adenoids _____	Musculoskeletal _____
Thyroid _____	Injuries or Defects _____
Teeth & Gums _____	Spine: Posture _____
Chest/Lungs _____	Shoulders _____
Respirations _____	Lower Arm, Hand & Fingers _____
Breast & Nodes _____	Torso: Posture _____
Cardiovascular _____	Lower Body: Knees, Ankles & Feet _____
Heart Rate & Rhythm _____	Skin _____
Murmurs _____	Central Nervous System _____
Other _____	Pupil Response _____
Abdomen _____	Reflexes _____
Scars, Tenderness or Nausea _____	Coordination _____
Buttocks _____	Immunizations _____
Hemorrhoids _____	Tetanus _____ Date _____
Pilonidal Cyst _____	Pertinent History _____
Recommendations for Lifestyle Modification (i.e., Weight Loss) _____	_____
_____	General Summary of Physical Examination _____
_____	_____

### CLEARANCE: THIS SECTION MUST BE COMPLETED, SIGNED AND STAMPED BY THE ATTENDING PRACTITIONER

- A. Cleared for Full Activity in ALL Sport Competition YES \_\_\_\_\_ NO \_\_\_\_\_
- B. Cleared After Completing Evaluation/Rehabilitation for \_\_\_\_\_
- C. CLEARED FOR: YES \_\_\_\_\_ NO \_\_\_\_\_
- YES \_\_\_\_\_ NO \_\_\_\_\_ Collision (Football, Lacrosse, Rugby)
- YES \_\_\_\_\_ NO \_\_\_\_\_ Contact (Basketball, Baseball, Softball, Hockey, Soccer)
- YES \_\_\_\_\_ NO \_\_\_\_\_ Noncontact (Track, Cross County, Swimming, Golf)

Due to \_\_\_\_\_

Recommendations:

Name of Practitioner (Print or Stamp) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Practitioner \_\_\_\_\_

**WICOMICO COUNTY ATHLETIC PACKET**

# HEADS+UP CONCUSSION IN HIGH SCHOOL SPORTS

## A FACT SHEET FOR PARENTS

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

### What are the signs and symptoms?

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 after the injury. If your teen reports **one or more** symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness (<i>even briefly</i>)</li> <li>• Shows mood, behavior, or personality changes</li> <li>• Can’t recall events <i>prior</i> to hit or fall</li> <li>• Can’t recall events <i>after</i> hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or “pressure” in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light or noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just not “feeling right” or is “feeling down”</li> </ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

- 1. Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- 2. Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
- 3. Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

#### If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).





## Sudden Cardiac Arrest (SCA) Information for Parents and Student Athletes

**Definition:** Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs.

SCA in student athletes is rare; the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes' risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

**Causes:** SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

<b>Warning Signs of SCA</b>	<b>Emergency Response to SCA</b>
<ul style="list-style-type: none"> <li>• SCA strikes immediately.</li> <li>• SCA should be suspected in any athlete who has collapsed and is unresponsive.               <ul style="list-style-type: none"> <li>○ No response to tapping on shoulders</li> <li>○ Does nothing when asked if he/she is OK</li> </ul> </li> <li>• No pulse</li> </ul>	<ul style="list-style-type: none"> <li>• Act immediately; time is most critical to increase survival rates.</li> <li>• Recognize SCA.</li> <li>• Call 911 immediately and activate EMS.</li> <li>• Administer CPR.</li> <li>• Use Automatic External Defibrillator (AED).</li> </ul>

**Warning signs of potential heart issues:** The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

**Risk of Inaction:** Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Information used in this document was obtained from the American Heart Association ([www.heart.org](http://www.heart.org)), Parent Heart Watch ([www.parentheartwatch.org](http://www.parentheartwatch.org)), and the Sudden Cardiac Arrest Foundation ([www.sca-aware.org](http://www.sca-aware.org)). Visit these sites for more information.

## Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

### What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?

SCA is caused by several **structural** and **electrical** diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are **inherited**, which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

1. *Hypertrophic cardiomyopathy (HCM)*: HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
2. Coronary artery anomalies: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
3. Other possible causes of SCA are:
  - a. *Myocarditis*: an acute inflammation of the heart muscle (usually due to a virus).
  - b. Disorders of heart electrical activity such as:
    - i. *Long QT syndrome*.
    - ii. *Wolff-Parkinson-White (WPW) syndrome*.
    - iii. *Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)*.
  - c. *Marfan syndrome*: a condition that affects heart valves, walls of major arteries, eyes, and the skeleton.
  - d. Congenital aortic valve abnormalities.
4. *Commotio Cordis*: concussion of the heart from **sudden blunt non-penetrating blow** to the chest
5. Use of recreational, **performance-enhancing** drugs, and **energy drinks** can also bring on SCA.

### How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

1. It is very important that you **carefully and accurately complete the personal history and family history section** of the "Pre-Participation Physical Evaluation Form" available at <http://www.mpssaa.org/HealthandSafety/Forms.asp>.
2. Since the majority of these conditions are inherited, **be aware of your family history**, especially if any close family member:
  - a. had sudden unexplained and unexpected death before the age of 50.
  - b. was diagnosed with any of the heart conditions listed above.
  - c. died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.
3. **Take seriously the warning signs and symptoms of SCA**. Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.
4. Schools in Maryland have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.
5. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.