

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.

	YES	NO		YES	NO
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight?	<input type="checkbox"/>	<input type="checkbox"/>	Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you or does someone in your family have sickle cell trait or disease?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	10. 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"/>
Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>			
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
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"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you had a severe viral infection (for example, myocarditis or mono-nucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/calf
6. 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"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper arm		<input type="checkbox"/> Foot
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
			15. 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, 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 an/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 _____ / _____

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		
MUSCULOSKETAL		
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 _____

CANEY VALLEY SCHOOL

P.O. Box 410 • Ramona, Oklahoma 74061 • (918) 536-2500

Dear Parent or Guardian,

"No student shall be eligible to represent his/her school in athletics until there is on file with the principal a physical examination and parental consent certificate. The form used shall contain the information on the standard OSSAA form. Other forms may be utilized, by the physician, physician's assistant, or the advanced practice nurse, if the information contained is compliant with the information on the OSSAA form. Any other information, depicting the athlete's previous history, can be added to this form for the purpose of clearance for athletic participation. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations. If you have questions concerning the qualifications or the insurance coverage of a healthcare practitioner offering to give examinations, it is suggested that you check with your school district attorney for an opinion. Physical examinations are required for students each year. All physicals given for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular sport. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation." (O.S.S.A.A. Rule 1, Section 2)

Also, the school system is NOT financially responsible for the cost of any accidental injury occurring as a result of participation in school athletics or during other school activities.

A special accident insurance policy is made available should you wish to purchase it. The insurance policy is offered for your convenience. Neither the school nor any school official is compensated in any way by the insurance company.

This insurance will help to pay for charges received due to treatment in a doctor's office, emergency room, or hospital. Chiropractors and dentists also qualify for specified benefits.

If you are interested in school insurance, contact a school administrator. If you have no insurance, this should be seriously considered.

_____ We have adequate health insurance. Name of policy _____

_____ Policy No. _____

_____ We wish to purchase the accident insurance policy

_____ We realize the school is not financially responsible for the cost of any accidental injury occurring as a result of athletics, but prefer not to participate in any insurance protection plan at this time.

Student Name _____

Parent Signature _____

Date _____

Athletics

Concussion and Head Injury Acknowledgement

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

I, _____, as a student-athlete who participates in Caney
(PLEASE PRINT STUDENT ATHLETE'S NAME)

Valley athletics and I, _____, as the parent/legal
(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

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

SIGNATURE OF STUDENT ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Sudden Cardiac Arrest Acknowledgement

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

Caney Valley athletics, and I, _____ as the
(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

parent/legal guardian, have read the information material provided to us by Caney Valley School related to **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 principals, office or the office designated by the principal.*

CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

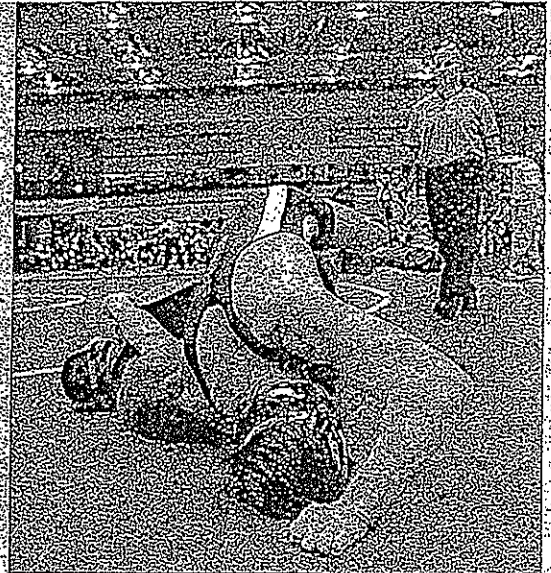
Don't hide it. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

Report it. Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

Get checked out. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play.

A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

Take time to recover. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.NCAA.org/health-safety and www.CDC.gov/Concussion.



Justia › US Law › US Codes and Statutes › Oklahoma Statutes › 2014 Oklahoma Statutes › Title 70. Schools
› §70-24-155. Concussion information - Removal from practice or game - Reinstatement.

[View the 2015 Oklahoma Statutes](#) | [View Previous Versions of the Oklahoma Statutes](#)

2014 Oklahoma Statutes

Title 70. Schools

§70-24-155. Concussion information - Removal from practice or game - Reinstatement.

A. Each school district board of education shall work in cooperation with the Oklahoma Secondary School Activities Association to develop the guidelines and other pertinent information and forms to inform and educate coaches, youth athletes, and their parents or guardians of the nature and risk of concussion and head injury, including continuing to play after concussion or head injury. On an annual basis, a concussion and head injury information sheet shall be completed and returned to the school district by the youth athlete and the athlete's parent or guardian prior to the youth athlete's participation in practice or competition.

B. A youth athlete who is suspected of sustaining a concussion or head injury during a practice or game shall be removed from participation at that time.

C. A youth athlete who has been removed from participation as provided in subsection B of this section may not participate until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to participation from that health care provider. The health care provider may be a volunteer. ~~A volunteer who authorizes a youth athlete to return to participation~~ shall not be liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

Added by Laws 2010, c. 264, § 1, eff. July 1, 2010.

Disclaimer: These codes may not be the most recent version. Oklahoma may have more current or accurate information. We make no warranties or guarantees about the accuracy, completeness, or

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.

American Heart Association's 12-step screening process:

Personal history

1. Chest pain/discomfort upon exertion
2. Unexplained fainting or near-fainting
3. Excessive and unexplained fatigue associated with exercise
4. Heart murmur
5. High blood pressure

Family history

6. One or more relatives who died of heart disease (sudden/unexpected or otherwise) before age 50
7. Close relative under age 50 with disability from heart disease
8. Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy in which the cavity or wall becomes enlarged, long QT syndrome which affects the heart's electrical rhythm, Marfan syndrome in which walls of the heart's major arteries are weakened, or clinically important arrhythmias or heart rhythms.

Physical examination

9. Heart murmur
10. Femoral pulses to exclude narrowing of the aorta
11. Physical appearance of Marfan syndrome
12. Brachial artery blood pressure (taken in a sitting position)

What can I do to avoid cardiac arrest?

Whether a heart condition is hereditary or not, or even with a healthy heart there are things that can be done to decrease the risks associated with a cardiac event.

A healthy diet, including fruits and vegetables, and avoiding foods high in saturated fat and sodium will help. You should also avoid drinks high in sugar, such as soda and energy drinks. There is no better fluid replacement than water to avoid or combat dehydration.

Energy drinks will increase the heart rate, so you should always avoid drinking anything that promotes an effect of increased energy.

Daily exercise is also recommended to maintain a healthy heart. There is no better way to avoid a cardiac event than to be knowledgeable in your own family history, and live a healthy lifestyle that promotes good heart health.

Develop an Emergency Plan specifically for cardiac arrest.

Each school should develop an emergency plan specifically to deal with cardiac events. The plan should include the location of the nearest AED if available, as well as who will be in charge should the plan be put into action. Example: The head coach will immediately begin CPR and ask someone to call 911.

Each school should develop a plan that will work for their respective school environment. While the plans for different schools may vary, no school should be without an emergency plan, which should be posted prominently. School staff, including teachers, administrators, coaches, etc. should be trained in implementing the emergency plan.