

Packet for 5th – 8th grade sports participation

The following items are included in this packet:

1. Sports Physical form to be completed by parents and signed by a physician
2. Concussion information form to be completed by athlete and parent
3. Sudden Cardiac Arrest information form to be completed by athlete and parent

All forms included in this packet must be filled out completely and turned in to Karen Baird, SFA Director of Athletics.

This form is required in order to participate in any SFA sports for 5th through 8th grade athletes.

Please complete both front and back.

EMERGENCY TREATMENT/SPORTS MEDICAL FORM

To all Parents/Guardians

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below. In the event your child requires a visit to the hospital while under the supervision of this school/church, this will allow the hospital to treat the injury.

EMERGENCY TREATMENT INFORMATION

Participant's Name: _____ Sport (s) _____

Sex: _____ Grade: _____ Age: _____ Date of Birth: ____ / ____ / ____

Parent/Guardian Names: _____

Street Address: _____ City, State, ZIP _____

Home Phone # : _____ Work Phone # : _____

Cell Phone # (father) _____ Cell Phone # (mother) _____

Primary Place of Employment: _____

Insurance Name: _____ Policy/Group Numbers: _____

Person to contact in case of emergency (other than parents): _____

Phone # of emergency contact person: _____ Relationship: _____

CONSENT STATEMENT: Authorizing Treatment

Parent/Guardian Signatures: _____

PHYSICIAN RELEASE (EXAMINATION **MUST** TAKE PLACE AFTER **4/15/18**)

_____ has been examined by me on _____
(name of participant) (date)

and my examination has found no medical reason to preclude this person's participation in competitive sports.

Signature of Physician

Date

This form must be kept on file with the athletic director and a copy given to each coach of the sport that the student participates in. Coaches should have a copy with them at all practices, games and tournaments.

PERMISSION FORM FOR PARTICIPATION IN SPORTS

PARTICIPANT'S NAME (please print) _____

I hereby give my consent for the above named participant to represent St Francis in sports events.

I give my permission for the above named to participate in Parochial Athletic Association sports, realizing that such activities involve the potential for injury. I acknowledge that even with the best coaching, use of the most advance equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I acknowledge that I have primary medical insurance on the above named participant with medical benefits.

I am aware that some sporting events will require off campus travel and I hereby give permission for my son/daughter to travel to all off campus meets by any approved means of transportation. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold the Catholic Diocese of Memphis, St. Francis of Assisi Catholic School, St Francis of Assisi Catholic Church, St. Benedict at Auburndale High School, its leaders, the coaches, or any volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject.

All student rules, regulation and guidelines as outlined in the School Student Handbook are to be observed at all times. As the parent /guardian of _____, I have reviewed the information and I request that the subject of this release be allowed to participate in all the planned activities except _____ (Insert NA if there are no exceptions).

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

SIGN AND RETURN

Student-athlete & Parent/Legan Guardian Concussion Statement

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

Student-Athlete Name: _____ Grade: _____

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 symptons 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/mychild will need written permission from a <i>health care provider*</i> to return to play or practice after a consussion	
	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, osteropathic physician or a clinical Neuropsychologist with consussion traing

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC “Heads Up Concussion in Youth Sports”)

**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, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

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 if 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 THEIR 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 brain. *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, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

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.

Signature of Student-Athlete

Print Student-Athlete's Name

DATE

Signature of Parent/Guardian

Print Parent/Guardian's Name

DATE