DAVIDSON COUNTY SCHOOLS
STUDENT ATHLETIC PARTICIPATION FORM

STUDENT INFORMATION

School Name _____ Date _____

Name _____
LAST FIRST MIDDLE

Address _____ Phone # ( ) _____ - _____
ADDRESS LINE 1 AREA

_____ Date of Birth _____
ADDRESS LINE 2 MONTH/DAY/YEAR

_____ Grade _____ Gender **M** **F**
CITY, STATE, ZIP CODE (circle)

Has the student ever been convicted of a felony? (circle) YES NO

Father's Name _____

Daytime Phone ( ) _____ - _____
AREA

Home Phone ( ) _____ - _____
AREA

Cell Phone ( ) _____ - _____
AREA

Mother's Name _____

Daytime Phone ( ) _____ - _____
AREA

Home Phone ( ) _____ - _____
AREA

Cell Phone ( ) _____ - _____
AREA

EMERGENCY CONTACT INFORMATION

Contact Name _____

Daytime Phone ( ) _____ - _____
AREA

Home Phone ( ) _____ - _____
AREA

Cell Phone ( ) _____ - _____
AREA

PHYSICIAN INFORMATION

Family Physician Name:

_____

Phone # ( ) _____ - _____
AREA

Hospital Preferred:

_____

INSURANCE

It is strongly recommended that all student athletes be enrolled in a comprehensive accident and health insurance program. This is a requirement for participation in the varsity football program; parents must either provide proof of existing coverage (for football participation) or elect to enroll in the football insurance program (information is available at the school).

Students participating in any athletic activity other than varsity football may elect to participate in the voluntary insurance program (information available at the school). This is an excellent opportunity to "cover" your child's participation in athletic activities at a reasonable cost.

INSURANCE IS REQUIRED OF ALL FOOTBALL PLAYERS

Does your child plan on playing football? (Circle) YES NO

Insurance Company Name: _____

Group # _____ Policy # _____

RISK OF INJURY

We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student athlete will be under the supervision and direction of a DCS athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce risk of injury. However, we acknowledge and understand that neither the coach nor DCS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and, in some cases, may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.

Therefore, we agree to release and hold Davidson County Board of Educaton, its coaches/employees free, harmless, and indemnified from and against any and all claims, suits, or causes of action arising out of any injury that the student athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.

_____ _____
STUDENT SIGNATURE DATE PARENT SIGNATURE DATE

CODE OF SPORTSMANSHIP:

It is recognized that public school interscholastic athletic events should be conducted in such a manner that good sportsmanship prevails at all times. Every effort should be made to promote a climate of wholesome competition. Unsportsmanlike acts will not be tolerated. A player is under the coach's control from the time he/she arrives at the athletic field until he/she leaves the field. The penalties listed in the North Carolina High School Athletic Association Handbook will be adhered to for any athletic ejected from an athletic contest.

NCHSAA Regulations Student Athlete Pledge: As a student athlete, I am a role model. I understand the spirit of fair play while playing hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, trash talking, and unnecessary physical contact. I know the behavior expectations of my school, my conference, and the NCHSAA, and hereby accept the responsibility and privilege of representing this school and community as a student athlete.

Parent Pledge: As a parent, I acknowledge that I am a role model. I will remember that school athletics is an extension of the classroom, offering learning experiences for the students. I must show respect for all players, coaches, spectators, and support groups. I will participate in cheers that support, encourage and uplift the teams involved. I understand the spirit of fair play and the good sportsmanship that comes with being the parent of a student athlete.

NCHSAA Sportsmanship/Ejection Policy: We acknowledge that we, both the student and parent whose names appear below, have read and understand the NCHSAA Sportsmanship/Ejection Policy. We understand that the following types of behavior will result in an ejection from an athletic contest: fighting, taunting or baiting, profanity directed toward an official or an opponent, obscene gestures, disrespectfully addressing an official.

1st ejection: 2-game suspension in all sports *except* one (1) game for football.
2nd ejection: Suspended for remainder of sport season.
3rd ejection: Suspended for *ALL* athletic competition for 365 days from date of 3rd ejection.

AUTHORIZATION TO PARTICIPATE

1. I have answered and reviewed the questions above and give permission for my child to participate in sports.
2. As the parent or legal guardian of this student athlete, I grant permission for treatment deemed necessary for a condition arising during or affecting participation in sports, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer/first responder.
3. We certify that the home address shown in this document file is my sole bona fide residence, and I will notify the school principals immediately of any change in residence, since such a move may alter the eligibility status of my student athlete. All other information contained in this form is accurate and correct.
4. We certify that the student athlete meets the NCHSAA/DCS eligibility requirements which include factors such as age, attendance, scholastic, medical examination, residency and has not been convicted of a crime classified as a felony or adjudicated delinquent for an offense that would be a felony if committed by an adult.
5. We, the undersigned student and parent/guardian, have read this document and understand all of these requirements

Student: _____ Signature _____ Date

Parent/Guardian: _____ Signature _____ Date

Parent/Guardian: _____ PLEASE PRINT NAME

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: M/F _____

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

*Over the last 2 weeks, how often have you been bothered by any of the following problems? (**check box next to appropriate number**)*

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	☐ 0	☐ 1	☐ 2	☐ 3
Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☐ 3
Little interest or pleasure in doing things	☐ 0	☐ 1	☐ 2	☐ 3
Feeling down, depressed, or hopeless	☐ 0	☐ 1	☐ 2	☐ 3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	☐	☐
2. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐
3. Do you have any ongoing medical issues or recent illness?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?	☐	☐
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	☐	☐
7. Has a doctor ever told you that you have any heart problems?	☐	☐
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	☐	☐

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	☐	☐
10. Have you ever had a seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	☐	☐
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?	☐	☐
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐

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BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	☐	☐
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?	☐	☐
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?	☐	☐
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?	☐	☐
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	☐	☐
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?	☐	☐
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?	☐	☐
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	☐	☐
22. Have you ever become ill while exercising in the heat?	☐	☐
23. Do you or does someone in your family have sickle cell trait or disease?	☐	☐
24. Have you ever had or do you have any problems with your eyes or vision?	☐	☐

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?	☐	☐
26. Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
27. Are you on a special diet or do you avoid certain types of foods or food groups?	☐	☐
28. Have you ever had an eating disorder?	☐	☐
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?	☐	☐
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	☐	
Eyes, ears, nose, and throat • Pupils equal • Hearing	☐	
Lymph nodes	☐	
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	☐	
Lungs	☐	
Abdomen	☐	
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis	☐	
Neurological	☐	
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck	☐	
Back	☐	
Shoulder and arm	☐	
Elbow and forearm	☐	
Wrist, hand, and fingers	☐	
Hip and thigh	☐	
Knee	☐	
Leg and ankle	☐	
Foot and toes	☐	
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test	☐	

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

☐ Medically eligible for certain sports

_____

_____

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

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NOVANT HEALTH CARDIAC HISTORY QUESTIONS

(Circle YES or NO and explain where indicated)

Athlete Name: _____ Date: ____/____/____

High School Attending: _____

**Athletes who choose to have their annual Pre-participation Physical Exam performed outside of their school sponsored date must complete this form and have it signed-off by the attending physician completing their examination.

Rev. 4-30-18

1. Does anyone in your family have a known heart problem?	**YES**	**NO**
2. Has anyone in your family ever died unexpectedly at a young age (ex. Unexpected drowning)?	**YES**	**NO**
3. Does anyone in your family or the student-athlete have a pacemaker or an implanted defibrillator?	**YES**	**NO**
4. Does anyone in your family or the student athlete have hypertrophic cardiomyopathy? *(abnormally thickened heart muscle)*	**YES**	**NO**
5. Does anyone in your family or the student athlete have Marfan's Syndrome? *(genetic disorder affecting the connective tissue in the body)*	**YES**	**NO**
6. Does anyone in your family or the student athlete have arryhythmogenic right ventricular cardiomyopathy (ARVC)? *(genetic defect of the parts composing the heart muscle)*	**YES**	**NO**
7. Does anyone in your family or the student athlete have Long QT Syndrome (LQTS) or Short QT Syndrome (SQTS)? *(fast chaotic heartbeats)*	**YES**	**NO**
8. Does anyone in your family or the student athlete have Wolff-Parkinson White Syndrome (WPW)? *(an extra electrical pathway in the heart causing rapid heartbeats)*	**YES**	**NO**
9. Does anyone in your family or the student athlete have Brugada Syndrome? *(genetic condition causing fainting due to malfunction of heart's electrical system)*	**YES**	**NO**
10. Does anyone in your family or the student athlete have catecholaminergic polymorphic ventricular tachycardia (CPVT)? *(abnormal heart rhythm causing a rapid & irregular heart rate in response to physical activity or emotional stress)*	**YES**	**NO**
If **YES** to any of the above – explain (use back side as needed):		

All statements and answers in the above cardiac medical history questionnaire are true and complete to the best of my knowledge. This form MUST be signed-off by the physician completing your sports physical examination.

Parent Name: _____ Date: ____/____/____

Parent Signature: _____

Student-Athlete Signature: _____

Physician Name (Printed): _____ Review Date: ____/____/____

Physician Signature: _____

Sudden Cardiac Arrest Education and Information

Rev. 4/10/18

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 is NOT a heart attack. A heart attack may cause SCA, but they are not the sam A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is due to a structural disorder of the heart that is often genetic or a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis"). If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

How common is sudden cardiac arrest?

The Centers for Disease Control and Prevention estimate that every year there are about 300,000 cardiac arrests outsi hospitals. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly; and many times there are no early warning signs, some people at rest and/or with exerci may have the following signs or symptoms, such as:

Dizziness; Fatigue (extreme tiredness); Lightheadedness; Weakness; Shortness of Breath; Difficulty Breathing; Nausea; Vomiting; Racing or Fluttering Heartbeat (palpitations); Syncope (fainting); and Chest Pains.

Predisposing factors may include:

A history of high blood pressure; family member with early onset heart disease or sudden death from a heart condition before the age of 50. Specifically a family history of: Long QT Syndrome (fast chaotic heartbeats), Brugad Syndrome (genetic condition causing fainting due to malfunction of the heart's electrical system), Hypertrophic Cardiomyopathy (HCM) [Abnormally thickened heart muscle]or Arrhythmogenic Right Ventricular Dysplasia (ARVD) [genetic defects of the parts composing the heart muscle], Wolf-Parkinson-White (WPW) Syndrome (an extr electrical pathway in the heart causing rapid heartbeats), Myocarditis (inflamed heart muscle), Coronary Artery Anomalies (malformation of an artery around the heart) and Marfan's Syndrome (genetic disorder that affects the body's connective tissue). Use of recreational or performance enhancing drugs, dietary supplements and even energ drinks high in caffeine can result in SCA. The signs and symptoms can be unclear and confusing in athletes. The warning signs are often confused with physical exhaustion. SCA can sometimes be prevented if the underlying cause 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 do the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Mo people who have SCA die from it. Symptoms are the body's way of indicating that something might be wrong. Athletes wh experience one or more symptoms should get checked out. Athletes should report symptoms immediately to their coach ar athletic trainer.

What is the best way to treat Sudden Cardiac Arrest?

- *Early Recognition of SCA* (collapse – abnormal, labored/gasping-like breathing – seizure like activity)
- *Early 9-1-1 Access* (call **911** for help and get an AED)
- *Early CPR* (begin chest compressions – push hard/push fast on middle of the chest – 100 compressions per minute)
- *Early Defibrillation* (use AED as soon as possible – turn it on and follow the prompts)
- *Early Advance Care* (continue CPR and AED use until EMS arrives)

I acknowledge that I have read and understand the Sudden Cardiac Arrest Information Sheet

Parent Name: _____ (Printed) Athlete Name: _____ (Printed)

Parent Signature: _____ Athlete Signature: _____

Date: ____/____/_____ Date: ____/____/_____

*A copy of **Sudden Cardiac Arrest Education** can be found at (school medical forms website)*

Heat Related Illnesses

Rev. 4/4/18

Pre-season and the summer high temperatures put student athletes at increased risk of heat illness. There are several types of heat illness. They range in severity, from heat cramps and heat exhaustion, which are common but not severe, to heat stroke, which can be deadly. Although heat illnesses can be fatal, death is preventable if they're quickly recognized and properly treated. Heat-related illnesses have many factors but can be caused when an individual is subjected to extreme temperatures and humidity, and is unable to cool down. Dehydration also can be a factor. Dehydration makes it more difficult for your body to properly cool itself and function, and it takes a toll on your performance. Primary contributors to heat-related emergencies include: Heat and high humidity; Extreme physical exertion; Wearing Layered or rubberized clothing; Inadequate fluid intake. Certain types of athletes might be at a higher risk for heat-related illness and should be monitored closely. These types of players include: Those with a prior history of heat illness; Overweight or obese players; Players with a medical history of gastrointestinal, diabetic, kidney, or heart problems; Players who were recently (within 2 weeks) ill with upper respiratory illness or cold or flu virus. Certain medications can also put an athlete at risk for heat illness. These include things like antihistamines, anticholinergics, decongestants, stimulants, and some antidepressants. The athlete should check with his/her physician prior to sports participation if there are any concerns.

Heat Syncope

Heat syncope is a fainting (syncope) episode or dizziness that usually occurs with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute to heat syncope include dehydration and lack of acclimatization.

Signs/Symptoms of heat syncope include:

Light-headedness; Dizziness; Fainting

Emergency Treatment

Sit or lie down in a cool place when they begin to feel symptoms; slowly drink water, clear juice, or a sports beverage.

Heat Cramps

Heat cramps usually affect athletes who sweat a lot during strenuous activity. This sweating depletes the body's sal and moisture levels. Low salt levels in muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion.

Signs/Symptoms of heat exhaustion include:

Muscle pain or spasms usually in the abdomen, arms, or legs.

Emergency Treatment

Stop all activity, and sit in a cool place; Drink clear juice or a sports beverage; Do not return to strenuous activity for a few hours after the cramps subside because further exertion may lead to heat exhaustion or heat stroke; Seek medical attention if any of the following apply: *The athlete has heart problems. The athlete is on a low-sodium diet. The cramps do not subside within one hour.*

Heat Exhaustion

Heat exhaustion is the body's response to an excessive loss of the water and salt, usually through excessive sweating. With heat exhaustion, your body temperature rises as high as 104 F (40 C) and you may experience nausea, vomiting, headache, fainting, weakness, and cold, clammy skin. If left untreated, this can lead to heatstroke

Signs/Symptoms of heat exhaustion include:

Heavy sweating; Extreme weakness or fatigue; Dizziness/Lightheadedness, Confusion; Nausea/Vomiting; Clammy o Moist skin; Pale or flushed complexion; Muscle cramps; slightly elevated body temperature; Fast and shallow breathing

Emergency Treatment
Have them rest in a cool, shaded or air-conditioned area; Have them drink plenty of water or other cool, nonalcoholic beverages; Have them take a cool shower or bath

Heat Stroke:

The Center for Disease Control describes heat stroke as the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 104 degrees Fahrenheit or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

Signs/Symptoms of heat stroke include:
Hot, dry skin or profuse sweating; Hallucinations/Mental Confusion; Chills; Throbbing headache; High body temperature; Confusion/Dizziness; Slurred speech; Loss of Consciousness; Seizures; Rapid heart rate; Rapid Breathing and Low Blood Pressure

Emergency Treatment:
Call 911; Move the athlete to a cool shaded area; Cool the athlete using methods such as: Immersing the athlete in a tub of cold water/ice bath; Spraying, sponging, or showering them with water; fanning their body; Monitor vital signs and perform CPR if needed

Recommendations

As a rule-of-thumb, most athletes should consume 200 to 300 milliliters or 8-10 ounces of fluid every 15 minutes of exercise. For each pound that a player lost in a previous work-out and did not replace, they need to consume 20-24 ounces to fully rehydrate for the next training session. For the first week or so, hold shorter practices with lighter equipment so players can acclimate to the heat. Clothing worn by athletes should be light colored, lightweight and protect against the sun. Follow a work-to-rest ratio, such as 10-minute breaks after 40 minutes of exercise. Get an accurate measurement of heat stress using a wet-bulb globe temperature, which accounts for ambient temperature, relative humidity and radiation from the sun. Remove unnecessary equipment, such as helmets and padding, when environmental conditions become extreme. If someone is suffering from exertional heat stroke, remember to cool first and transport second. Have large cold tubs ready before all practices and games in case cold water immersion is needed to treat exertional heat stroke. Keep beverages cold – cold beverages are consumed 50 percent more than warm beverages. Hydrate before, during and after activity.

Sources:
National Athletic Trainers' Association, www.nata.org Coach Safely, www.coachsafely.com/heat-illness
NFL/Gatorade GSSI, www.nfl.com/static/content/catch_all/nfl_generic_content/BTH-Preventing-Heat.pdf
NFL/Gatorade GSSI, www.nfl.com/static/content/catch_all/nfl_generic_content/gatorade-safety.pdf

I acknowledge that I have read and understand the Heat Related Illness

Parent Name (printed): _____ Date: ____/_____/_____

Parent Signature: _____

Athlete Name (printed): _____ Date: ____/_____/_____

Athlete Signature: _____

*A copy of **Heat Related Illness** can be found at (school medical forms website)*

Novant Health – Sports Medicine
Student-Athlete Consents and Authorization Form

PARTICIPANT: **PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR LEGAL RIGHTS AND ABILITY TO BRING FUTURE LEGAL ACTIONS.**

PERMISSION TO TREAT

I hereby give my consent and grant permission for medical treatment deemed necessary for any condition arising while participating in interscholastic sports, provided by Novant Health Sports Medicine athletic trainers ("ATCs"). This would include administration of medication(s) such as Albuterol or an Epipen to treat allergic reactions (e.g., anaphylactic reaction) or restrictive airway reactions (e.g., exercise-induced asthma) should such emergent need arise. If my injury/illness requires care not available on site, I understand every effort will be made to contact emergency contact prior to treatment being rendered at an off-site facility. I also grant permission for the ATC to release pertinent information to related health care providers, as well as those providers to release pertinent information to the ATC regarding care of my condition.

_____ _____
Signature of the Student-Athlete Date

_____ _____
Printed Date

_____ _____
Signature of the Parent/Legal Guardian (If student-athlete is under 18 years of age) Date

_____ _____
Printed Date

HIPAA AUTHORTIZATION

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 and The Family Educational Rights and Privacy Act (FERPA) of 1974 require Novant Health to guard the privacy of your protected health information. You have the right to confidential treatment of all information and records pertaining to your care; as well as full consideration of privacy concerning your treatment and rehabilitation plan. You also have the right to be advised as to the reason for the presence of any individual during the course of your medical care. **If you sustain an injury while participating in interscholastic athletics at _____ ("School"), it is important to understand that Novant Health may need to discuss your injury with your coaches, assistant coaches, parents, and/or other people involved in your care. Novant Health may discuss issues relevant to your care only under the following circumstances:**

1. **You have given oral or implied consent through your actions.**
2. **You have signed the authorization form below, which permits us to disclose health information to the parties mentioned.**

Please note that even when you have signed this authorization allowing Novant Health to share your health information, it is important to know that Novant Health will only release the minimum amount of information necessary to protect you.

This authorizes the certified athletic trainers, physicians, sports medicine staff and other medical personnel representing Novant Health to release information concerning my medical status, medical condition, injuries,

prognosis, diagnosis and related personally identifiable health information to the coaches, assistant coaches, other athletics staff, my parents/guardians, and team personnel when deemed appropriate. This information includes injuries or illnesses related to past, present or future participation in athletics at School. I understand that once my health information is released, the recipients of my personal health information may disclose or share my information with others and my information may no longer be protected by federal and state privacy protections. I have a right to receive a copy of this form upon request.

I understand that Novant Health will not receive any compensation for its use of the information. I understand that I may inspect or copy any information used under this authorization. I understand that I may cancel this authorization at any time by providing written notice to the Head Athletic Trainer in writing. Any cancellation will apply only to information not yet released by Novant Health. I understand that refusing to sign this form will not prevent my ability to get treatment. This authorization expires one year from the date it is signed.

_____ _____

Signature of the Student-Athlete Date

_____ _____

Signature of Parent/Legal Guardian (If student-athlete is under 18 years of age) Date

Legal Name of Participant _____Date of Birth _____

Address _____

Phone _____ Email _____

Have you ever been a patient at a Novant Facility or NH Physician? Yes____ No _____

Name of Primary Care Physician: _____

Medical Allergies: _____

Current Medications: _____

Past Serious Medical Conditions: _____

_____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

2022-2023 NCHSAA ELIGIBILITY, CONSENT TO PARTICIPATE, AND RELEASE FORM

THIS DOCUMENT MUST BE SIGNED BY THE STUDENT-ATHLETE OF AN NCHSAA MEMBER SCHOOL AND BY THE STUDENT-ATHLETE'S PARENT OR LEGAL CUSTODIAN BEFORE PARTICIPATION. STUDENT-ATHLETES MAY NOT PARTICIPATE WITHOUT THE SIGNATURE OF THE STUDENT-ATHLETE AND PARENT(S)/LEGAL CUSTODIAN.

I (the student-athlete and parent(s)/legal custodian) acknowledge that I have read and understand the eligibility rules applicable to participation in sports through the North Carolina High School Athletic Association (NCHSAA). I understand that a copy of the NCHSAA Handbook is on file with the member school's principal and/or Athletic Director, and that I may review it, in its entirety if I so choose. I know my school is a member of the NCHSAA and must adhere to all regulations that govern interscholastic athletic programs, including, but not limited to, Federal and State laws, local regulations, and the rules and regulations of the NCHSAA. I agree to follow the rules of my school and the NCHSAA and to abide by their decisions. I acknowledge and understand that participation in interscholastic athletics is a privilege, not a right. I understand that classroom performance, dropping a class, or taking coursework through other educational options could affect eligibility and compliance with NCHSAA academic standards.

STUDENT CODE OF RESPONSIBILITY

As a student-athlete, I **understand and accept** the following responsibilities:

I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration. I will be **fully responsible** for my own actions and the consequences of my actions.

I will **respect the property** of others.

I will **respect and obey the rules** of my school and the laws of my community, state, and country.

I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state, and country.

I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility could be deemed ineligible for a period of time as determined by the principal or school system Administration.

PARENTS, LEGAL CUSTODIANS, OR STUDENT-ATHLETES WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM.

I (the student-athlete and parent(s)/legal custodian) recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries including, but not limited to, serious neck, head and spinal injuries, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury or impairment to other aspects of the body, or effects to the general health and well-being of the child, and in rare cases, death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate all risk. The student-athlete and parent(s)/legal custodian have a responsibility to help reduce that risk. I understand that student-athletes must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

I (the student-athlete and parent(s)/legal custodian) authorize medical treatment should the need arise for such treatment while the student-athlete is under the supervision of the member school. I **consent to medical treatment** for the student-athlete following an injury or illness suffered during practice and/or a contest. I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, a reasonable attempt will be made to contact the parent/legal custodian if the student-athlete is a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of the student-athlete's personally identifiable health information should treatment for illness or injury become necessary.

I (the student-athlete and parent(s)/legal custodian) **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further, I understand that if the student-athlete is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation unless and until clearance is given in compliance with applicable laws. I also acknowledge that I **have received, read, and signed** the **Gfeller- Waller Concussion Information Sheet, as well as viewed the CrashCourse concussion education video.**

I (the student-athlete and parent(s)/legal custodian) **consent to the NCHSAA's use of the student-athlete's name**, image, likeness, and athletic-related information in reports of contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics, and grant the NCHSAA the right to photograph and/or videotape the participant and further to use the student-athlete's face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The NCHSAA, however, is under no obligation to exercise said rights herein. I further consent to the disclosure, by the member school to the NCHSAA upon the NCHSAA's request, of all records relevant to the student-athlete's eligibility including, but not limited to, their records relating to enrollment, attendance, academic standing, age, discipline, finances, residence, and physical fitness. The student-athlete and parent/legal custodian, individually and on behalf of the student-athlete, hereby irrevocably, and unconditionally release, acquit, and discharge, without limitation, the NCHSAA its officers, agents, attorneys, representatives, and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or legal custodian incur or sustain to person, property, or both, which arise out of, result from, occur during, or are otherwise connected with the student-athlete's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein named student-athlete. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the student-athlete's member school. We understand that if we submit a revocation, the student-athlete will no longer be eligible for participation in interscholastic athletics; provided, however, that revoking authorization to use the student-athlete's name, image, likeness, and athletic-related information will not affect eligibility.

Student's Signature | Date of Birth | Grade in School | Date

Signature of Parent or Legal Custodian | Date

DAVIDSON
COUNTY SCHOOLS

Your future. Our focus.

School Year _____

INTERSCHOLASTIC ATHLETICS

RESIDENCY VERIFICATION FORM

This verification form must be signed before a student may participate in an athletic practice or game

STUDENT'S NAME (PRINT) _____

SCHOOL _____

I understand the eligibility requirements for me to take part in interscholastic athletics in Davidson County Schools.

By signing this honor code, I promise that:

- All information I am giving on this honor code is the truth.
- I live in the attendance area for my school, or I received an approved transfer to this school.
- The home address my parents gave to the registrar and the athletic director at my school is where I actually live today with my parents, legal guardian or custodian.
- I have written my correct and current home address below.
- At any time in the future if my address should change I will immediately notify the registrar, principal and or the athletic director of such change in address.

Further, I am aware that if I:

- give false information about athletic eligibility to my school, my entire team and I may be penalized by the North Carolina High School Athletic Association and by Davidson County Schools. I may lose the privilege of playing sports and my team may have to forfeit games.

STUDENT SIGNATURE _____

PARENT OR LEGAL GUARDIAN
NAME (PRINT)_____

PARENT OR LEGAL GUARDIAN
SIGNATURE_____

DATE _____

ADDRESS _____

_____

To be retained at the school site for the entire school year.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (http://www.cdc.gov/concussion/)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

This information is provided to you by the UNC Matthew Gfeller Sport-Related TBI Research Center, North Carolina Medical Society, North Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association.

Revised: February 2021 - Approved for use in current or upcoming school year.

Gfeller-Waller NCHSAA Student-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the student-athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print)_____

Parent/Legal Custodian Name(s): (please print)_____

Student-Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

_____ _____

Signature of Student-Athlete Date

_____ _____

Signature of Parent/Legal Custodian Date

Revised: February 2021 – Approved for use in current or upcoming school year.

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Acknowledgment of Limitations Provided by Helmets:

"Contact in any sport may result in concussion/brain injury, which no helmet can prevent. Symptoms include: loss of consciousness or memory, dizziness, headache, nausea or confusion. If you have symptoms, immediately stop and report them to your coach, certified athletic trainer, first responder, and parents. Do not return to a game or contact until all symptoms are gone and you receive medical clearance from a licensed physician (must have a completed "Return to Play" form from NCHSAA website).

Ignoring this warning may lead to another and more serious or fatal brain injury.

NO HELMET SYSTEM CAN PROTECT YOU FROM SERIOUS BRAIN AND/OR NECK INJURIES INCLUDING PARALYSIS OR DEATH. THERE IS NO ASSURANCE THAT A HELMET CAN PROTECT YOUR CHILD FROM HEAD INJURY IN ANY SPORT, ESPECIALLY IN FOOTBALL.

Printed Name: _____Signature: _____Student Athlete

Printed Name: _____ Signature: _____Parent

Date: _____