



PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana's high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association's Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.
2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. **SIGNATURES**
 - The signature must be hand-written. No signature stamps will be accepted.
 - The signature and license number must be affixed on page three (3).
 - The parent signatures must be affixed to the form on pages two (2) and five (5).
 - The student-athlete signature must be affixed to pages two (2) and five (5).
4. Distribution
 - History Form retained by Physician/Healthcare Provider
 - Examination Form and Consent and Release Form signed and returned to member school.

Your cooperation will help ensure the best medical screening for Indiana's high school athletes.

PREPARTICIPATION PHYSICAL HISTORY FORM



Note: Complete and sign this form (with your parents if younger than 18) before your appointment. History Form is retained by physician/healthcare provider.

Name: _____ Date of birth: _____
 Date of examination: _____ Grade: _____
 Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

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). _____

 Are your required vaccinations current? _____

Patient Health Questionnaire Version 4 (PHQ-4)
 Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

	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	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
HEART HEALTH QUESTIONS ABOUT YOU	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)?		
4. Have you ever passed out or nearly passed out during or after exercise?			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)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
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.					

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, tingling, 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 food and 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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PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3-10

Name _____ Date of Birth _____ Grade _____ NHSAA Member School _____

PHYSICIAN REMINDERS

- 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, chewing tobacco, snuff, or dip?
 - During the last 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 use any other appearance/performance 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?



- Consider reviewing questions on cardiovascular symptoms (questions 5-14)

EXAMINATION					
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female			
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected? Y N			
MEDICAL	NORMAL	ABNORMAL FINDINGS			
Appearance					
• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)					
Eyes/ears/nose/throat					
• Pupils equal					
• Hearing					
Lymphnodes					
Heart					
• Murmurs (auscultation standing, supine, +/- Valsalva)					
• Location of point of maximal impulse (PMI)					
Pulses					
• Simultaneous femoral and radial pulses					
Lungs					
Abdomen					
Genitourinary (males only)					
Skin					
• MSV, lesions suggestive of MRSA, tinea corporis					
Neurologic					
MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			• Duck-walk, single leg hop		
Hip/thigh					

Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared Pending further evaluation For any sports

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____, MD, DO, PA, or NP (Circle one)



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
 - ... unless you are entering the ninth grade for the first time.
 - ... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - ... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (next page or on the back) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, illness and even death, is a possible result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____
Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participation in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
Unified Sports: Unified Flag Football, Unified Track & Field
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, illness and even death, is a possible result of such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**

- The student has adequate family insurance coverage. The student does not have insurance
- The student has football insurance through school.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____
Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____
Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

**File In Office of the Principal
Separate Form Required for Each School Year**

Athlete's Printed Name

Printed Name of Parent or Guardian

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Email Address

Phone Number

Email Address**Consent to Treat and Provide Athletic Training and Sports Performance Services**

I hereby authorize the athletic trainers, physicians, and qualified providers of Parkview Sports Medicine ("PSM") to provide athletic training, and to evaluate and/or provide medical treatment, within the scope of their practices, to the athlete named above. In the event the athlete is injured, PSM will make reasonable efforts to contact a family member at this number: _____ if additional evaluation, treatment, or information is needed. I understand that PSM does not obtain prior insurance pre-certification or authorization and that I will be responsible for obtaining such authorization or pre-certification, if necessary.

Interview/Photographic Release

I hereby authorize PSM and its employees to interview, photograph, and videotape the athlete named above while participating in athletic events, practices, and other functions associated with athletics Club or School named above. I understand that the Athlete's likeness or name may be used and displayed by PSM on its website and on social media. I understand that if the Athlete provides an interview, information provided in the interview may also be included on the PSM website or on social media. I hereby release Parkview Sports Medicine, its employees and affiliates from any and all liability, claims, demands and causes of action connected with the use and publication of the Athlete's likeness and identifying information on the PSM website and social media. If I do not agree to this Release, I will strike it (cross it out).

Acknowledgement of Receipt or Declination of Notice of Privacy Practices

I acknowledge PSM has offered me a copy of its Notice of Privacy Practices ("Notice"). The Notice describes how PSM may use and disclose my protected health information, certain restrictions on the use and disclosure of my health information, and rights that I have regarding my health information. I understand that I should read it carefully. My signature, below, indicates that I have either been offered or have received a copy of the Notice.

The Notice of Privacy Practices is also available at the front desk at all PSM offices and on the PSM web site at www.parkviewsportsmedicine.com. Parkview reserves the right to change the Notice at any time. I understand that I can obtain any revisions to the Notice by accessing the PSM web site or by calling PSM and requesting a copy of the Notice be mailed to me.

Release and Waiver of Liability for Athletic Training and Sports Performance Services

I voluntarily accept and assume all risk of participating in the athletic training and receiving sport performance services of PSM. I understand that such activities may expose me to associated risks of injury or even death, and I accept such risks.

I understand and acknowledge that I will engage in various physical activities designed to promote fitness. I hereby confirm that I have consulted with a duly licensed physician and have described to such physician the type of fitness program I am to participate in and have such physician's approval to participate. I further understand that any questions or concerns that I may have related to my ability to participate in physical activities should be discussed with my physician prior to participation.

As a condition of participation, I agree to hold PSM, its affiliates, assigns, officers, employees, directors, agents, licensees, consultants and independent contractors harmless of any liability resulting from any injury or other harm that may occur in, result from, or arise out of participation in such fitness activities, including any bodily injury or other harm that may result from PSM's own negligence.

Marketing Materials

I hereby consent to receive communication from PSM regarding its services, including marketing/promotional.

I HAVE READ AND UNDERSTOOD THIS TWO-PAGE AGREEMENT IN ITS ENTIRETY. I HAVE CROSSED OUT ANY TERMS WITH WHICH I CANNOT AGREE. I UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT, I SURRENDER AND HEREBY WAIVE VALUABLE RIGHTS THAT I MAY HAVE, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE. I DO SO FREELY AND VOLUNTARILY.

Printed Name of Athlete if 18 or over or Parent or Guardian (if Athlete is under 18)

Signature of Athlete if 18 or over or Parent or Guardian (if Athlete is under 18)

Date

A photocopy of this authorization shall be considered as valid as the original.

Authorization for Release of Medical Information_____
Athlete's Printed Name_____
Printed Name of Parent or Guardian_____
Street Address_____
Street Address_____
City, State, Zip_____
City, State, Zip_____
Phone Number_____
Phone Number

I hereby authorize Parkview Ortho Performance Center d/b/a Parkview Sports Medicine, its athletic trainers, physicians and providers ("PSM") to release any and all information regarding medical treatment provided to the above named Athlete concerning any injury, illness or his/her physical condition and ability to participate in athletics at _____ (School Name), including copies of medical records for treatment provided to me prior to or after the date signed below. PSM may disclose the information to the School, its administration, coaching and athletic staff for the purpose of informing them of my physical condition and playing status. I expressly authorize PSM to discuss my condition with these individuals.

If the Athlete is over 18: I also authorize PSM to release my medical information to my parent(s)/guardian(s) identified above.

I understand that I may revoke this authorization at any time by submitting written notice of my revocation to PSM at 11420 Parkview Circle, Fort Wayne, IN 46845. The revocation will not affect any action already taken in reliance on this authorization. If not previously revoked, this authorization will terminate one (1) year from the date below.

I understand that information disclosed pursuant to this authorization, including to the School, its administration, coaching and athletic staff may be re-disclosed and no longer protected by federal privacy laws. PSM will not be responsible for any such further use or disclosure of the information.

I understand that PSM will not condition the provision of treatment, payment, or eligibility for benefits on whether I approve the release of my medical information and sign this Authorization.

Printed Name of Athlete if 18 or over or Parent or Guardian (if Athlete is under 18)_____
Signature of Athlete if 18 or over or Parent or Guardian (if Athlete is under 18)_____
Relationship to the Athlete_____
Date

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, 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.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

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

For more information, visit www.cdc.gov/Concussion.



SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

FACTS

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

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

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 or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light • Sensitivity to noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just “not feeling right” or “feeling down” 	<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

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, visit www.cdc.gov/Concussion.



SUDDEN CARDIAC ARREST

A Fact Sheet for Parents

FACTS

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help my child prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, parents can assist student athletes prevent a sudden cardiac arrest by:

- Ensuring your child knows about any family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Ensuring your child has a thorough pre-season screening exam prior to participation in an organized athletic activity
- Asking if your school and the site of competition has an automatic defibrillator (AED) that is close by and properly maintained
- Learning CPR yourself
- Ensuring your child is not using any non-prescribed stimulants or performance enhancing drugs
- Being aware that the inappropriate use of prescription medications or energy drinks can increase risk
- Encouraging your child to be honest and report symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think my child has warning signs that may lead to sudden cardiac arrest?

1. *Tell your child's coach about any previous events or family history*
2. *Keep your child out of play*
3. *Seek medical attention right away*

CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)



Blackhawk Christian Athletic Department
Emergency Information Card
School year 20__-20__

Athlete's name _____ Grade _____
Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Father's Name _____ Phone _____
Mother's Name _____ Phone _____
Emergency Contact (other than parents) _____ Phone _____
Family Physician _____ Phone _____
Insurance Company _____
Policy Number _____
Allergies _____
Medical Conditions _____
Hospital Preference _____ (if available)

The Blackhawk Christian athletic department is seeking your permission to have your son or daughter treated at a doctor's office or hospital emergency room in the event that he or she is found in need of emergency medical treatment. If an emergency occurs every effort will be made to contact you. If such contact is not possible your permission may facilitate prompt medical treatment.

I hereby give my permission for (athlete's name) _____ to receive emergency medical treatment.

Parent/Guardian Signature _____ Date _____



Blackhawk Christian Athletic Department
Emergency Information Card
School year 20__-20__

Athlete's name _____ Grade _____
Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Father's Name _____ Phone _____
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