

**OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION
PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM
UPDATED APRIL 2021**



PLEASE PRINT

NAME: _____ GENDER _____ AGE _____ DATE OF BIRTH _____

GRADE _____ SCHOOL _____ ACTIVITIES _____

ADDRESS _____

PHYSICIAN'S NAME _____ PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE OF EMERGENCY CONTACT _____
PLEASE EXPLAIN ALL YES ANSWERS ON A SEPARATE SHEET

	YES	NO
1. Have you had a medical illness or injury since your last check up or physical?		
2. Have you ever been hospitalized overnight?		
3. Have you ever had surgery?		
4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?		
5. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?		
6. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?		
7. Have you ever had a rash or hives develop during or after exercise?		
8. Have you ever passed out during or after exercise?		
9. Have you ever been dizzy during or after exercise?		
10. Have you ever had chest pain during or after exercise?		
11. Do you get tired more quickly than your friends do during exercise?		
12. Have you ever had racing of your heart or skipped heartbeats?		
13. Have you had high blood pressure or high cholesterol?		
14. Have you ever been told you have a heart murmur?		
15. Has any family member or relative died of heart problems or of sudden death before age 50?		
16. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?		
17. Has a physician ever denied or restricted your participation in activities for any heart problems?		
18. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?		
19. Have you ever had a head injury or concussion?		
20. Have you ever been knocked out, become unconscious, or lost your memory?		
21. Have you ever had a seizure?		
22. Do you have frequent or severe headaches?		

	YES	NO
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
24. Have you ever become ill from exercising in the heat?		
25. Have you ever tested positive for COVID?		
26. Do you cough, wheeze, or have trouble breathing during or after activity?		
27. Do you have asthma?		
28. Do you have seasonal allergies that require medical treatment?		
29. Do you or does someone in your family have sickle cell trait or disease?		
30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?		
31. Have you had any problems with your eyes or vision?		
32. Do you wear glasses, contacts, or protective eyewear?		
33. Have you ever had a sprain, strain, or swelling after injury?		
34. Have you broken or fractured any bones or dislocated any joints?		
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
36. If yes, circle appropriate affected area and explain below:		
37. Do you want to weigh more or less than you do now?		
38. Do you lose weight regularly to meet weight requirements for your activity?		
39. Do you feel stressed?		
40. Record the dates of your most recent immunizations for: Tetanus _____ Measles _____ Hepatitis _____ Chickenpox _____		

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF GUARDIAN _____ SIGNATURE OF STUDENT _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____

Corrected Y/N _____ Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		

MUSCULOSKELETAL

Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____

Reason: _____

Recommendations: _____

Printed name of Examiner _____

Address: _____ Phone: _____

Date: _____ Signature: _____

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system:** Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life:** Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

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

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

> RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

> CALL 9-1-1

- Call for help and for an AED

> CPR

- Begin chest compressions
- Push hard/fast (100/min)

> AED

- Use an AED as soon as possible

> CONTINUE CARE

- Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a 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 cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

Headache or "pressure" in head
 Nausea or vomiting
 Balance problems or dizziness
 Sensitivity to light
 Sensitivity to noise
 Feeling sluggish, hazy, foggy or groggy
 Concentration or memory problems
 Confusion
 Does not "feel right"

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

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 behavior or personality changes
 Cannot recall events prior to hit or fall
 Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

Ensure they follow their coach's rules for safety and the rules of the sport.

Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards)—**IN ORDER FOR EQUIPMENT TO PROTECT YOU**, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

WHAT IS A CONCUSSION?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

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

Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.

Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.

Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Follow your coach's rules for safety and the rules of the sport.

Practice good sportsmanship.

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Adoption Date:

Revision Date(s):

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LATTA SCHOOL

13925 County Road 1560 • Ada, OK 74820-0804

Concussion & Sudden Cardiac Arrest

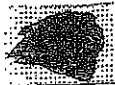
Acknowledgment Sheet

I have reviewed both the Concussion and Sudden Cardiac Arrest Fact Sheets and understand the symptoms and warning signs related to participation in athletic programs.

_____	_____	_____
Printed Student-Athlete's Name	Signature of Student-Athlete	Date

_____	_____	_____
Printed Parent/Guardian's Name	Signature of Parent	Date

This form is required to be completed annually and kept on file for one year beyond the date of signature in the School Athletic Director's office.



Latta Public Schools
Authorization for Medical Care of a Minor



The undersigned parent or guardian has legal custody of the child named below. As such he/she grants to the listed custodian, into whose care the child has been entrusted, permission to authorize the following: x-ray examination, anesthetic, medical/surgical/dental diagnosis or treatment and hospital care for the child. All procedures must be recommended by a physician, surgeon, or dentist licensed by the State of Oklahoma.

The consent, given in advance of a specific event, encourages the custodian to seek needed treatment for the child in the absence of a parent or guardian. This consent is effective until it is withdrawn in writing.

Date: _____ Grade: _____

Name of Child: _____ Date of Birth: _____

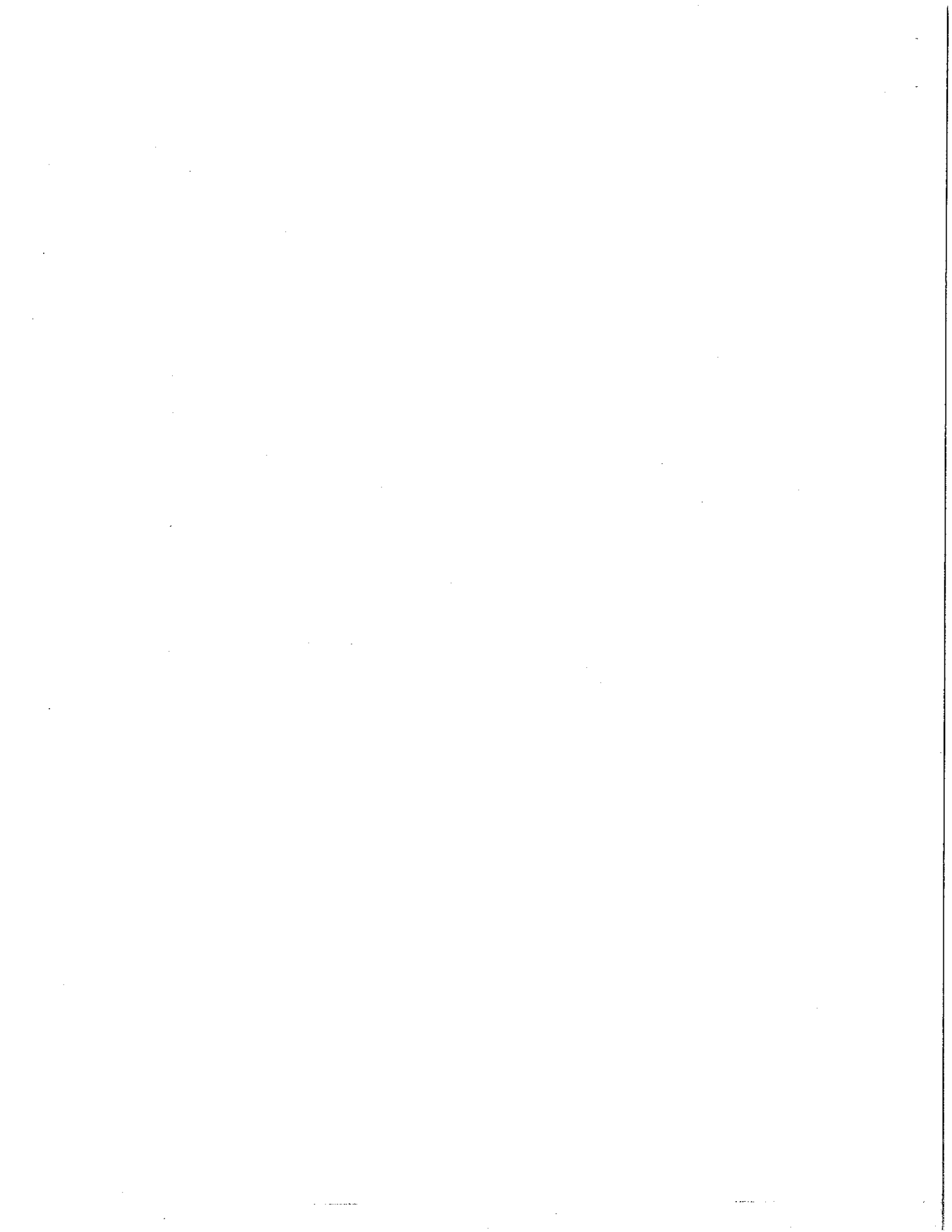
Name of Custodian(s): **Latta School Personnel**

Special Medical Information Regarding Child (Allergies, Current Medications, and Medical Condition: i.e. asthma, epilepsy, diabetes, etc.)

Signature of Parent or Legal Guardian: _____

Signature of Witness: _____

Minor children must have parent or legal guardian consent for medical treatment. Except in a life-threatening situation, treatment could not be administered without it. Persons entrusted with the care of your child cannot give consent for treatment, unless legally authorized by a parent or guardian. The consent form is legal authorization for emergency medical and/or dental treatment and insures that your child will receive treatment without delay.



**BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS UNDER THE AGE OF 18**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA §
 §
COUNTY OF _____ §

I, _____, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of _____, who is enrolled as a student at _____ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that _____ was the biological sex of the student at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Date and Place

Signature

