



Austin High School Athletics Department

Student Athletic Packet

This packet contains the forms that Austin High School requires for a student to participate in a sport at Austin.

All pages of the packet need to be completed. Please make sure the contact information is current and correct and that you and your son/daughter have read, completed and signed all the forms.

Insurance

HISD insurance is \$35.00 and non-refundable. This insurance covers your student for the whole school year.

or

Complete and submit an **Insurance Waiver**, this is a legal document, available on the website separately from this athletic packet. It releases HISD and Austin High School of all liability, and only needs to be filled out if you do not buy the HISD insurance. This document can only be filled out by the parent/guardian and signed in front of a notary. You will need proof of health insurance for your student and your driver's license in order to complete the paperwork.

Go online to <http://www.houstonisd.org/AustinHS> for more information about your sport or to contact a coach.

Ms. Maryland,
Austin High School Athletic Coordinator
713-924-1609
dmarylan@houstonisd.org

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 1-6-09

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
 In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches**

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip		
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh		
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee		
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf		
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle		
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot		
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many _____ When was the last times? _____ concussion?			Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below)			17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Females Only		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	19. When was your first menstrual period? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	_____		

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.
For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * ***Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: _____☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Previous Athletic Participation Form
University Interscholastic League

Page 1
Revised 08/01/14

Eligibility Questionnaire for New Student Athletes in Grades 9-12

This Form Must be on File with School Before Participation at any Level in Grade 9-12

(To be filled out by the student and/or parent and filed with the school.)

For UIL Use Only

Name of Student (print) _____ Grade _____ Birthdate _____ Age _____
Student's Current Address: _____ City _____ State _____ Zip Code _____
New School: _____ City _____ Public Charter Private School
Last School of Participation: _____ City _____ State _____ Public Charter Private School
Date of enrollment in new school: _____ Date of withdrawal from previous school: _____
Has the student been continuously enrolled in the new school for one calendar year? Yes No

Yes No

1. Has the student ever practiced or participated in extracurricular athletic activities (before school, after school or during an athletic period) at another school in the United States or Mexico in grades 8-12? If yes, the student must complete page 2 in addition to page 1 and both pages must be sent to the District Executive Committee Chairperson. If no, the student must complete page 1 and file with the school and/or athletic department ONLY.

2. Has the student ever enrolled or participated in a Magnet program, Charter school, Open/Choice Enrollment (within the ISD) or International Baccalaurete (IB) program in grades 9-12? If yes, please provide the name of the school _____ and school year _____.

Parent Residence Rule: *Questions in this section are referring to biological Parents. Reference c&cR Section 440(b) & 442.

→ **3. Does the student live with one parent both parents guardian foster parent(s)? If the student lives with a GUARDIAN or FOSTER PARENT(S), a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.**

→ **4. Are the parents of the student married never married married- living apart divorced deceased? If the parents are MARRIED-LIVING APART or MARRIED and the student is LIVING WITH ONE PARENT, a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.**

5. Does the parent(s) of the student reside outside the attendance zone of the school the student wishes to represent? If yes, a UIL Parent Residence waiver may be required. You MUST contact the district Athletic Director/Coordinator then contact the UIL Athletics Department at (512) 471-5883.

6. Is there a change in schools but no change in address? If yes, please attach an explanation.

7. Is more than one residence owned, rented or maintained by the parents? If yes, please attach an explanation.

8. Are any members of the family still residing at the previous residence? If yes, it should be investigated prior to participation on the varsity level.

9. Are there other family members in grades K-12 attending a different school district other than the school district the student is now attending?

full time Student Rule: Reference c&cR Section 403.

10. Is the student enrolled in less than an average of four hours per day of instruction for either state or local high school credit?

four Year Rule and Age Rule: Reference c&cR Section 400 & 405 (four Year) & 440(c), 446 (age).

11. Did the student first enroll in the 9th grade more than 4 years ago? The first date of enrollment in 9th grade. _____

12. Has the student ever repeated a grade since first entering the 7th grade? If yes, please attach an explanation.

13. Will (or was) the student 19 years of age on or before September 1 of the current school year?

foreign Exchange Rule: Reference c&cR Section 468(3).

14. Is the student a foreign exchange student? If yes, a Foreign Exchange Waiver is required for Varsity athletic participation.

amateur Athletic Rule: Reference c&cR Section 441.

15. Has the student done anything to jeopardize their amateur athletic status?

assist in determining if student changed schools for athletic Purposes: Reference c&cR Section 443.

16. Did anyone from the new school contact the student prior to their enrollment in the new school?

17. Was the student ever prohibited from participation at the previous school? If yes, please attach an explanation.

18. Did the student play on a non-school team and is transferring to the school where members of the non-school team attend?

TO BE COMPLETED BY STUDENT, PARENT AND ADMINISTRATOR OF NEW SCHOOL

It shall be the responsibility of each school to have on file the following required annual forms for each student who participates in any practice (before school, after school or during an athletic period), scrimmage or game: Preparticipation Physical Examination (for students in their first and third year of high school participation), Medical History Form, Illegal Steroid Use and Random Steroid Testing, Parent and Student Notification/Agreement Form, Acknowledgement of Rules Form, Concussion Acknowledgement Form and Sudden Cardiac Arrest Awareness Form. Incorrect or untrue information provided by the parent or student could cause ineligibility and could result in the forfeiture of contests in which the student has participated in addition to other penalties. The following signatures certify that to the best of your knowledge, all information presented on this form is true and correct.

_____ Signature of Student	_____ Date	_____ Signature of Parent/Guardian	_____ Date
_____ Signature of New School Coach	_____ Date	_____ Signature of New School Administrator	_____ Date
_____ New School Coach Name	_____ Coach's Email Address	_____ Sport	

**previous athletic participation form
university interscholastic league**

Page 2
Previous forms invalid - Revised 06/11/12

All new students in grades 9-12 who have ever practiced or participated in baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track, volleyball or wrestling in grade 8-12 at another school in the United States or Mexico **MUST** have this form completed by the last school of participation and be approved by the District Executive Committee before they are eligible to participate at the **Varsity level** at the new school. This form must be completed by the individual(s) with whom the student is residing at the new school.

Name of Student _____ Current School _____ Last School of Participation _____
Student's new address: _____
Street _____ City _____ State/Zip Code _____

i. eliGibiliTy cerTificaTion: We, the undersigned, certify that the student is in compliance with the transfer and admission policies of the local school district. This student is not changing schools for athletic purposes and was not recruited. We understand that any false or incorrect information could cause the student to be declared ineligible and could result in the forfeiture of contests in which the student has participated at the new school, in addition to other penalties. This section should be completed from the perspective of the individual with whom the student is currently residing.			
Former address of Parent/Guardian _____	Status of previous residence?	sold _____	leased _____ vacant _____ still own _____
PARENT SIGNATURE _____		DATE _____	
WITNESS FOR PARENT SIGNATURE _____		DATE _____	
New school administrator or notary public (NOTARY SEAL)			
if witness is the new school administrator, notarization is not required.			

ii. newschoolcerTificaTion: We certify that to our knowledge no one from our community has offered any inducement, directly or indirectly to the student or parents to move into our district. To the best of our knowledge this student is not changing schools for athletic purposes.		
Name of New School _____	Signature of new school superintendent or designated administrator _____	Date _____

iii. lasT school of parTicipaTion cerTificaTion and release: Section III must be completed for any new student in grades 9-12 who has ever participated in baseball, basketball, cross country, football, golf, soccer, softball, swimming, tennis, track, volleyball or wrestling in grade 8-12 at another school in the United States or Mexico before they are eligible to participate at the varsity level at the new school. Please check the appropriate responses below.			
<u>Yes</u> <u>No</u>			
1. Was there any conflict or dissatisfaction between the student, his/her parents, and the athletic/academic supervisors at the school?			
2. Was this student recruited to attend another school or was any undue influence exerted upon this student or family to change schools?			
3. Did this student quit an athletic activity or program while enrolled in your school? if yes, attach explanation to dec.			
4. Was this student ever suspended or removed from your school athletic program? if yes, attach explanation to dec.			
5. Would the student be prohibited from participation in athletics had they not changed schools? if yes, attach explanation to dec.			
6. Based on your knowledge of the student and their circumstances, is this student changing schools for athletic purposes?			
Print Name of Former superintendent or designated administrator _____		Print Name of Former principal or coach _____	
Signature of Former superintendent or designated administrator _____ (two signatures required)		and	*Signature of Former principal or coach _____
Former School _____		City _____	State _____
		Date Signed _____	

iV.

eXecuTiVe commiTTEE approVal: We certify the above named student is approved.

Level approved for competition: **Varsity** **sub-varsity only**

any 'yes' answer in section iii to questions 1-6 above requires a full hearing of the district executive committee (dec) to determine the eligibility status of the student and required before applying for a parent residence rule waiver. The student would be ineligible for varsity athletic participation until and unless the dec hears testimony from the previous school, the student/parent and the new school and makes an eligibility determination. daTe of hearinG _____

School _____
(School of District Executive Committee Chairman)

Conference _____

District No. _____

Signature of District Executive Committee Chairman

Date

Contact Email Address

The District Chairman makes two copies of the completed form. Send one copy to the student's current school and the other copy to the University Interscholastic League, Box 8028, University Station, Austin, Texas, 78713. Retain the original in your file. Please duplicate a sufficient number of forms to use for the school year.

**HOUSTON INDEPENDENT SCHOOL DISTRICT
ATHLETIC DEPARTMENT**

7/03

PARENT'S APPROVAL FOR PARTICIPATION IN ATHLETICS AND EMERGENCY MEDICAL AUTHORIZATION

I hereby certify that _____ has my approval to play at home or away from
(Student)

home on the athletic teams of the _____ Middle/High School, grade _____, as
follows: (School)

Baseball/Basketball/Cheerleader/Cross-Country/Football/Golf/Soccer/Softball/Swimming/Tennis/Track/Volleyball/Wrestling
(Parent will check sports or events he/she does not approve.)

I understand and agree that the HISD Board of Education and the employees and agents of HISD assume no responsibility or liability for any accident or injury as a result of any aspect of participation in the sports listed above.

I understand and acknowledge that participation in the above-listed sports creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my son/daughter permission to participate in athletics and accept full responsibility for this decision.

In the event of an injury, I hereby grant permission to school officials and employees to render, secure, and authorize necessary medical treatment.

I understand that medical expenses for injuries will be paid only according to the HISD Department of Athletics rules, and such payments do not waive HISD's general immunity or create any liability for injuries or damages.

My insurance company is _____

Policy Number _____ Group Number _____

(both parents, if possible)

Date _____ Telephone _____ Home Address _____

Social Security Number _____ Signed _____
(Parent or Guardian) (Parent or Guardian)

Date _____ Telephone _____ Home Address _____

Social Security Number _____ Signed _____
(Parent or Guardian) (Parent or Guardian)

I certify that this release was signed in my presence.

Student Social Security Number

Principal or Notary (no stamped signature)
(first year of participation requirement)

PLACE OF EMPLOYMENT (both parents, if possible)

(Father) (Mother)
Name of Firm _____ Name of Firm _____

Address _____ Address _____

Phone _____ Phone _____

NOTE TO THE COACH: You must have a completed form before the student may participate in or practice for any sport. File the original in the office of the school attended. You must file a copy every school year. A notarized copy or a copy signed by the parents in the presence of the principal must be filed for the first year of participation at the school the student attends. Thereafter, a parent approval signed by the parents or parent must be submitted before the student may participate.



University Interscholastic League



Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil texas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil texas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____

Date of Birth _____

Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the high school assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

If, in the judgement of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at www.uil texas.org/files/athletics/manuals/parent-information-manual.pdf.

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student is allowed to participate.

☐ Baseball

☐ Football

☐ Softball

☐ Tennis

☐ Basketball

☐ Golf

☐ Swimming & Diving

☐ Track & Field

☐ Cross Country

☐ Soccer

☐ Team Tennis

☐ Volleyball

☐ Wrestling

Date _____

Signature of parent or guardian _____

Street address _____

City _____ State _____ Zip _____ Home Phone _____

_____ Business Phone _____

—



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised June 2013

Name of Student: _____

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

- **Conditions present at birth**
 - ***Inherited (passed on from parents/relatives) conditions of the heart muscle:***
 - ◆ **Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.
 - ◆ **Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.
 - ***Inherited conditions of the electrical system:***
 - ◆ **Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.
 - ◆ **Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.
 - ***NonInherited (not passed on from the family, but still present at birth) conditions:***
 - ◆ **Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. The second most common cause of sudden cardiac arrest in athletes in the U.S.
 - ◆ **Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.
 - ◆ **Non-compaction Cardiomyopathy** – a condition where the heart muscle does not develop normally.
 - ◆ **Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.
- **Conditions not present at birth but acquired later in life:**
 - ◆ **Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.
 - ◆ **Myocarditis** – infection/inflammation of the heart, usually caused by a virus.
 - ◆ **Recreational/Performance-Enhancing drug use.**
- **Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.



SUDDEN CARDIAC ARREST AWARENESS FORM

Revised June 2013

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

- Time is critical and an immediate response is vital.
- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical including 12 important cardiac elements.
- **The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 12 of these important cardiac elements and is mandatory annually.**
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.

Where can one find information on additional screening?

- American Heart Association (www.heart.org)
- AugustHeart (www.augustheart.org)
- Championship Hearts Foundation (www.championshipheartsfoundation.org)
- Cypress ECG Project (www.cypressecgproject.org)
- Parent Heart Watch (www.parentheartwatch.com)

Parent/Guardian Signature

Date

Parent/Guardian Name (Print)

Student Signature

Date

Student Name (Print)



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention - Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion - The signs and symptoms of concussion may include but are not limited to: Head ache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete shall be removed from practice or competition immediately if suspected to have sustained a concussion. Every student-athlete suspected of sustaining a concussion shall be seen by a physician before they may return to athletic participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition under Section 38.156 may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a *consent* form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date

**The completed Concussion Acknowledgement Form must be on file with the
Campus Athletic Coordinator.**



HOUSTON INDEPENDENT SCHOOL DISTRICT

HATTIE MAE WHITE EDUCATIONAL SUPPORT CENTER
4400 WEST 18th STREET • HOUSTON, TEXAS 77092-8501

Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote HISD activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give HISD and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

- a. This is with the understanding that neither HISD nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b. I further release and relieve HISD, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Phone Number _____