LAMAR ATHLETIC PACKET 2020

PARENTS AND STUDENTS

WELCOME TO ATHLETICS AT LAMAR HIGH SCHOOL, WE ARE SO HAPPY TO HAVE YOU.

THIS PACKET IS WHAT NEEDS TO BE COMPLETED IN ORDER FOR YOUR STUDENT TO PARTICIPATE IN SPORTS AT LAMAR HIGH SCHOOL.

PLEASE WRITE CLEARLY AND FILL OUT ALL PAGES, WE NEED TO BE ABLE TO READ IT.

Pages 1 and 2 Pre Participation Physical – Medical History - Please fill out the first page completely, you and your student need to sign. Please put the sport(s) in the top right-hand corner. Physical- please make sure the doctor has dated the physical and that you have filled out the top line with your students name.

Page 3 – Parent Approval Form, this form needs to be filled out completely in order for your student to participate in sports at Lamar. If you don’t have insurance just write N/A and fill out the rest. This form must be notarized if you are an incoming freshman or a new student at Lamar.

Page 4 – Student Media Consent and Release Form - please fill out in case your student is highlighted in the media.

Page 5 - Concussion Acknowledgement Form explanation of concussion and treatment.

Page 6 – Anabolic Steroid Use Agreement and Acknowledgement Form

Page 7 and 8 Cardiac Awareness please read the first page and keep for your files, please read and fill out page 2 and keep it with the packet.

Insurance

HISD INSURANCE MAY BE PURCHASED ON SCHOOL PAY AFTER JULY 29TH. PLEASE ATTACH A COPY OF THE RECEIPT TO THE ATHLETIC PACKET.

OR

Waiver

PARENT CAN COME INTO THE ATHLETIC OFFICE (OR DOWNLOAD IT ON THE LAMAR ATHLETIC WEB-SITE) TO COMPLETE A WAIVER. THIS MEANS YOU ARE NOT PURCHASING THE HISD INSURANCE, THIS FORM MUST BE NOTARIZED AT THE TIME YOU SIGN IT, WHETHER OR NOT YOU TAKE IT TO YOUR BANK OR ANOTHER NOTARY OR BRING IT TO THE ATHLETIC OFFICE. YOU MUST HAVE A COPY OF YOUR ID AS WELL AS YOUR STUDENT’S PROOF OF INSURANCE ATTACHED. ALL ATHLETIC PAPERWORK, INCLUDING INSURANCE, MUST BE ON FILE BEFORE YOUR STUDENT CAN TRY-OUT OR PARTICIPATE IN THEIR SPORT.

If you need any help or have any questions please feel free to contact Liza Allred at jalred@houstonisd.org or 713-522-5900 ext 008234 (not sure when I will be back in the office to answer your calls so e-mail will have to do for now)
PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

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

1. Have you had a medical illness or injury since your last check up or physical? □ □

2. Have you been hospitalized overnight in the past year? □ □

3. Have you ever had surgery? □ □

4. Have you ever had prior testing for the heart ordered by a physician? □ □

5. Have you ever passed out during or after exercise? □ □

6. Have you ever had chest pain during or after exercise? □ □

7. Do you get tired more quickly than your friends do during exercise? □ □

8. Have you ever had racing of your heart or skipped heartbeats? □ □

9. Have you had high blood pressure or high cholesterol? □ □

10. Have you ever been told you have a heart murmur? □ □

11. Has any family member or relative died of heart problems or of sudden unexpected death before age 50? □ □

12. 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? □ □

13. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? □ □

14. Has a physician ever denied or restricted your participation in activities for any heart problems? □ □

15. Have you ever had a head injury or concussion? □ □

16. Have you ever been knocked out, become unconscious, or lost your memory? □ □

17. When was your last concussion? □ □

18. How severe was each one? (Explain below) □ □

19. Have you ever had a seizure? □ □

20. Have you ever had frequent or severe headaches? □ □

21. Have you ever had numbness or tingling in your arms, hands, legs or feet? □ □

22. Have you ever had a stinger, bunner, or pinched nerve? □ □

23. Are you mining any paired organs? □ □

24. Are you under a doctor’s care? □ □

25. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? □ □

26. Do you have any allergies (for example, to pollen, medicine, foods, or stinging insects)? □ □

27. Have you ever been dizzy during or after exercise? □ □

28. Do you have any current skin problems (for example, itching, rash, acne, wart, fungus, or blister)? □ □

29. Have you ever become ill from exercising in the heat? □ □

30. Have you had any problems with your eyes or vision? □ □

It is understood that even though protective equipment is worn by athletes, 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 participation, 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:

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. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

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

An electrocardiogram (EKG) is not required. I have read and understand the Information about cardiac screening on the UIL Student Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an EKG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such EKG.

EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):
**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: E U

As a minimum requirement, this Physical Examination Form must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are any 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.*

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NORMAL</th>
<th>ABNORMAL FINDINGS</th>
<th>INITIALS*</th>
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<tr>
<td>Appearance</td>
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<tr>
<td>Eyes/Ears/Nose/Throat</td>
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<td>Lymph Nodes</td>
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<td>Heart-Auscultation of the heart in the supine position.</td>
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<td>Heart-Auscultation of the heart in the standing position.</td>
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<td>Heart-Lower extremity pulses</td>
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<td>Pulses</td>
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<td>Genitalia (males only)</td>
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<td>Skin</td>
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<td>Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)</td>
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**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: ___________________________

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*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: ___________________________

*Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) of performance/ name/ match here.*
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/CrossCountry/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 _____________________________

Signed _____________________________

(Parent or Guardian)

Date __________ Telephone ____________ Home Address _____________________________

Signed _____________________________

(Parent or Guardian)

I certify that this release was signed in my presence.

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.
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 ______________________________
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: Headache, 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/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading 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/cheerleader 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 (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate 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 __________
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: ____________________________

School Year (to be completed annually) __________
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.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

Noninherited (not passed on from family, but present at birth) conditions:

- Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is 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 or 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.

What are the symptoms, or 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 and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What are the steps to take to reduce Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- CALL 911
- Begin CPR
- Use an Automated External Defibrillator (AED)

What are the Pre-Participation Physical Evaluation - Medical History form includes all 14 of these important cardiac elements and is mandatory annually.

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

Website Resources:
American Heart Association: www.heart.org

Lead Author: Arnold Fenrich, MD and Benjamin Levine, MD

Additional Reviewers: UIL Medical Advisory Committee

Revised 2016
The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examinations form prior to junior high athletic participation and again prior to the 11th and 12th years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of “false positives”, which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of “false negatives”, since not all cardiac conditions will be identified by additional screening.

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.