

TROOPER - ATHLETIC EMERGENCY FORM

(PLEASE COMPLETE ALL THE INFORMATION COMPLETELY AND CLEARLY)

NAME: _____ GRADUATION YEAR: _____

BIRTHDATE: _____ STUDENT I.D. # _____

STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

FATHER'S NAME: _____ CELL PHONE #: _____

HOME PHONE #: _____ WORK PHONE #: _____

MOTHER'S NAME: _____ CELL PHONE #: _____

HOME PHONE #: _____ WORK PHONE #: _____

ATHLETE'S GENDER: MALE : ☐ FEMALE: ☐

SPORTS: Baseball, Basketball, Cheerleading, Cross Country/Track, Football, Golf, Gymnastics, Saltatrix, Soccer, Softball, Swimming, Tennis, Trooperettes, Volleyball, Wrestling

LIST SPORTS IN ORDER OF PARTICIPATION: 1. _____
2. _____
3. _____

ATHLETE'S HEALTH HISTORY: (PLEASE COMPLETE ACCURATELY and COMPLETELY)

ALLERGIES: (LIST ALL ALLERGIES including foods, animals, plants, MEDICATIONS):

MEDICATIONS: (LIST ALL MEDICATIONS CURRENTLY TAKING):

MEDICAL PROBLEMS: (LIST ALL MEDICAL PROBLEMS – including ASTHMA, DIABETES, HEART MURMERS, etc.):

EHS TRAINER: _____ CLEARED: _____ DATE: _____ RETURN: _____ NEW: _____

ⓧ Training Room
Copy

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HEART MURMERS, etc.):



YSLETA INDEPENDENT SCHOOL DISTRICT
Athletics Department
Voluntary Student/Athletic Accident Insurance

Dear Parents,

Under state law, school districts are not liable for accidents that occur in schools. The school is also not responsible for medical payments or bills for your child. If your child is injured during any athletic or UIL sponsored event or school activity, **all medical charges are your responsibility.**

With this in mind, we would like to inform you that The Brokerage Store, Inc. will be offering Voluntary Student/Athletic Accident Insurance for the 2012-2013 school year. This plan covers all students for sports, school activities, and UIL sponsored events with the exception of football grades 10-12. Our plan gives you the option of either school time only or 24-hour coverage. School time coverage is just as stated—during school time **only**. Twenty-four hour coverage is 24 hours a day, 365 days a year, at any time and any place. Football coverage is a separate benefit and premium. Your child's treatments and medical charges are your responsibility.

VOLUNTARY STUDENT /ATHLETIC ACCIDENT INSURANCE*

ANNUAL PREMIUMS

<u>School time coverage</u>	<u>\$115.00</u>
<u>24 Hr. Coverage</u>	<u>\$195.00</u>
<u>Dental</u>	<u>\$9.00</u>
<u>Football</u>	<u>\$325.00</u>

In order to enroll your child in this Voluntary Student/Athletic Accident Insurance plan, please remember:

- Contact the Athletic Trainer at the school that your child/children attend for your application or go online to www.thebrokeragestore.com.
- All major credit cards are accepted.
- For any other questions, contact The Brokerage Store, Inc. at 800-366-4810 or 210-366-4800 or 915-534-9413.

*The above is just a brief description of rates and benefits available under this plan. This is not a contract, policy, or outline of coverage. All benefits are subject to maximum amounts, limits, exclusions and other policy provisions.

Acknowledgement of Receipt _____ Date _____

Student name _____ sport(s) _____

This page must be signed before any practice, games, or tryout is allowed. This is just an acknowledgement not a commitment to buy!!!

CHECK THE APPROPRIATE BOX AND FILL IN THE NAME OF STUDENT IN THE BLANK PROVIDED.

- ☐ We have purchased a Student Accident Insurance Plan for (student's full name) _____
- ☐ We already have Family Medical Insurance that covers (student's full name) _____ with substantially the same protection as provided under the Student Accident Insurance Plan and with to have no additional coverage.
Name of Insurance Company _____
Address _____
Policy Number _____
- ☐ We have access to military facilities, which also includes access for (student's full name) _____ and wish to have **NO** additional insurance coverage or other financial protection.
- ☐ We elect to have **NO** medical insurance coverage, and we will assume full financial responsibility for any and all injuries or expenses that may occur to (student's full name) _____

Witness

Signature of Father

Witness

Signature of Mother

Witness

Signature of Legal Guardian

Address

Zip Code

Residence
Telephone

Business
Telephone

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.

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer | <input type="checkbox"/> Team Tennis | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | | | |

Date _____

Signature of parent or guardian _____

Street address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception).
- have not graduated from high school.
- are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- are full-time students in the participant high school they wish to represent.
- initially enrolled in the ninth grade not more than four years ago.
- are meeting academic standards required by state law.
- live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules).
- have observed all provisions of the Awards Rule.
- have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- did not change schools for athletic purposes.

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.

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student

**YSLETA INDEPENDENT SCHOOL DISTRICT
ATHLETICS**

FAILURE TO WARN

We fully realize that when participating in athletic activities there is a risk of serious and/or disabling injury or injuries.

**WE ARE AWARE OF THIS POSSIBILITY AND CONSIDER THIS A WARNING OF
THE INHERENT DANGER OF SPORTS PARTICIPATION.**

Student

Parent
OR

School

Guardian

Date

Date

Ysleta Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or employment.

Prepared by: Luz Custer

Q-9

Revised: 8/07/09

**YSLETA INDEPENDENT SCHOOL DISTRICT
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Q-9

Revised: 8/07/09

YSLETA INDEPENDENT SCHOOL DISTRICT ATHLETICS

RELEASE OF LIABILITY AND PARENTAL CONSENT

Date: _____

Student Name: _____

We hereby certify that the above-named student, born on _____ enrolled in Grade _____ at _____ School, has our approval to participate in the Ysleta Independent School District athletic and sports programs, on or off school premises and in or out of El Paso County; and we hereby acknowledge that, under Texas law, the Ysleta Independent School District is immune from liability as a governmental agency and cannot be sued for injuries or damages related to the athletic and sports program. Based on such understanding we do, for ourselves, our heirs, executors, administrators, and assigns, hereby release, acquit, and forever discharge the Ysleta Independent School District of El Paso County, Texas, and its agents, servants, employees, officers, trustees, and representatives of any and all claims, actions, causes, of action, demands, rights, damages, injuries, or losses of any nature whatsoever which we may or assert at this time or at any time in the future arising from the athletic and sports activity in which our child will participate.

We acknowledge that District policy is to deny to any student the privilege of participation in the athletic and sports programs until a properly executed copy of this Release and Consent has been filed in the school records, accompanied by a Medical History and Physical Examination Form signed by a physician, Failure to Warn Form, and UIL Acknowledgement of Rules form, prior to the first day of participation. We acknowledge the recommendation of the District that each athlete be given an influenza vaccine.

We further acknowledge that paragraph F of District Regulation EHBL-R requires that a student athlete display conduct at all times, that will bring credit to the student, his/her school, and the District; that a student athlete act in an acceptable manner during practice sessions and on all athletic trips from the time of departure until the time of return; that misconduct by a student athlete will result in an appropriate review of the case; that student athletes who use alcoholic beverages or drugs will be dismissed from the school team immediately; that during out of town trips misconduct by a student athlete will warrant sending that athlete home by commercial transportation and that parents will be required to reimburse the District for such expense; and we hereby approve of and agree to comply with all of these conditions.

We further authorize any school personnel to consent to, and any medical person to administer, any medical care, treatment, or assistance to our child which may be determined to be necessary for the treatment or attention of any injuries or ailment which our child may sustain in connection with such athletic or sports program. We further acknowledge that any claim arising out of injury to a child is to be presented to, processed through, and paid by Ysleta Independent School District and that same is not to be presented to, processed through, or paid by the Ysleta Independent School District; and in conformity with this understanding we hereby make known the following:

Parent Name: _____ Parent Signature: _____

Ysleta Independent School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities or employment.



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: _____



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



YSLETA INDEPENDENT SCHOOL DISTRICT

Department of Athletics

RETURN TO PLAY GUIDELINES FOR PARENTS

TEACH IT'S NOT SMART TO PLAY WITH A CONCUSSION. Rest is the key after a concussion. Sometimes athletes, parents, and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

PREVENT LONG-TERM PROBLEMS. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks)—can slow recovery or increase the chances for long-term problems.

Ysleta ISD has developed a protocol for managing concussions. This policy includes a multidiscipline approach involving athletic trainer clearance, physician referral and clearance, and successful completion of activity progressions related to their sport. The following is an outline of this procedure. You son/daughter must pass all of these tests in order to return to sport activity after having a concussion.

1. All athletes who sustain a head injury are required to be evaluated by their primary care physician. They must have a normal physical and neurological exam prior to being permitted to progress activity. This includes athletes who were initially referred to an emergency department.
2. The student will be monitored daily at school by the coach and athletic trainer. His/her teachers will be notified of the injury and what to expect. Accommodations may need to be given according to physician recommendations and observations.
3. The student must be asymptomatic at rest and exertion.
4. Once cleared to begin activity, the student will start a progressive step-by-step procedure outlined in the YISD Concussion Management Policy. The progressions will advance at the rate of one step per day as long as no symptoms become present. The progressions are as follows:
 - a. Athlete is not allowed to start return-to-play protocol until they have been cleared by a doctor.
 - b. Athlete must be symptom free for 24 hours prior to starting return-to-play protocol.
 - c. Step 1- Light aerobic activity (5-10 minute jog or bike ride) with no equipment; no resistance training.
 - d. Step 2- Moderate aerobic activity (15-20 minute jog or bike ride) with no equipment; no resistance training.
 - e. Step 3- Non-contact training drills and allowed to resume resistance training.
 - f. Step 4- Full contact practice or training drills.
 - g. Step 5- Full game play.
 - h. **Note – Athlete progression continues as long as the athlete is asymptomatic at current level.**
If the athlete experiences any post-concussion symptoms, the athlete must wait until they are symptom free for 24 hours and start the progression again at the last symptom free step.
5. At any time during the return-to-play process, the athletic trainer may request that the athlete return to the diagnosing physician OR see their team doctor for further evaluation at the expense of the parent or guardian.

Athlete's Name: _____ ID#: _____

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Athletic Trainer's Signature: _____ Date: _____



YSLETA INDEPENDENT SCHOOL DISTRICT

Department of Athletics

PARENTAL INFORMATION AND CONSENT FORM

WHAT IS A CONCUSSION?

A concussion is an injury to the brain. It is caused by a bump, blow, or jolt to either the head or the body that causes the brain to move rapidly within the skull. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury. Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

WHAT ARE THE SYMPTOMS?

Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury. Common symptoms include: headache, dizziness, amnesia, fatigue, confusion, mood changes, depression, poor vision, sensitivity to light or noise, lethargy, poor attention or concentration, sleep disturbances and aggression. The individual may or may not have lost consciousness.

WHAT SHOULD BE DONE IF A CONCUSSION IS SUSPECTED?

1. Immediately remove the student from practice or game
2. Seek medical attention right away
3. As per Texas State Law, do not allow the student to return to play until proper medical clearance and return to play guidelines have been followed. The permission for return to play will come from the appropriate health care professional.

If you have any questions concerning concussions or the return to play policy, you may contact the athletic administrator at your school.

WHAT SHOULD THE ATHLETE KNOW ABOUT PLAYING WITH A CONCUSSION?

Teach athletes it's not smart to play with a concussion. Rest is the key after a concussion. Sometimes athletes, parents and other school or league officials wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your athlete convince you that they're "just fine".

WHAT ARE THE RISKS OF RETURNING TO ACTIVITY TOO SOON AFTER SUSTAINING A CONCUSSION?

Prevent long-term problems. If an athlete has a concussion, their brain needs time to heal. Don't let them return to play the day of the injury and until a health care professional says they are symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short time period (hours, days, weeks) – can slow recovery or increase the chances for long-term problems.

WHAT CAN HAPPEN IF MY CHILD KEEPS ON PLAYING WITH A CONCUSSION?

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

Athlete's Name (print) _____

ID #: _____

Athlete's Signature: _____

Parent or Guardian's Name (print) _____

Date: _____

Parent or Guardian's Signature _____



YSLETA INDEPENDENT SCHOOL DISTRICT

Department of Athletics

AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student's educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete's educational record.

This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of the Ysleta ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis and related personal identifiable health information to the athlete's treating medical team. This information includes injuries or illnesses relevant to past, present or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Ysleta ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the athletic trainer at the respective high school. I understand revocation will not have any effect on actions Ysleta ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires seven (7) years from the date it is signed.

Printed Name of Student Athlete_____ ID#_____

Signature of Student Athlete_____ Date_____

Printed Name of Parent/Guardian_____

Signature of Parent/Guardian_____ Date_____

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**

<p>1. Have you had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many times? _____ When was the last concussion? _____</p> <p>How severe was each one? (Explain below) _____</p> <p>Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had numbness or tingling in your arms, hands, legs, or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check appropriate box and explain below.</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td></td> <td><input type="checkbox"/> Foot</td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you lose weight regularly to meet weight requirements for your sport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Females Only</p> <p>19. When was your first menstrual period? _____</p> <p>When was your most recent menstrual period? _____</p> <p>How much time do you usually have from the start of one period to the start of another? _____</p> <p>How many periods have you had in the last year? _____</p> <p>What was the longest time between periods in the last year? _____</p> <p>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.</p> <p>**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot
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<input type="checkbox"/> Upper Arm		<input type="checkbox"/> Foot																	

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 _____

Sign Here

Sign Here

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: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.