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
1.	Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever passed out during or after exercise?	☐	☐
	Have you ever had chest pain during or after exercise?	☐	☐
	Do you get tired more quickly than your friends do during exercise?	☐	☐
	Have you ever had racing of your heart or skipped heartbeats?	☐	☐
	Have you had high blood pressure or high cholesterol?	☐	☐
	Have you ever been told you have a heart murmur?	☐	☐
	Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
	Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
	Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
	Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4.	Have you ever had a head injury or concussion?	☐	☐
	Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
	If yes, how many times? _____ When was the last concussion? _____		
	How severe was each one? (Explain below)		
	Have you ever had a seizure?	☐	☐
	Do you have frequent or severe headaches?	☐	☐
	Have you ever had numbness or tingling in your arms, hands, legs, or feet?	☐	☐
	Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5.	Are you missing any paired organs?	☐	☐
6.	Are you under a doctor's care?	☐	☐
7.	Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8.	Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9.	Have you ever been dizzy during or after exercise?	☐	☐
10.	Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11.	Have you ever become ill from exercising in the heat?	☐	☐
12.	Have you had any problems with your eyes or vision?	☐	☐
13.	Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
	Do you have asthma?	☐	☐
	Do you have seasonal allergies that require medical treatment?	☐	☐
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)?	☐	☐
15.	Have you ever had a sprain, strain, or swelling after injury?	☐	☐
	Have you broken or fractured any bones or dislocated any joints?	☐	☐
	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
	If yes, check appropriate box and explain below.		
	☐ Head ☐ Neck ☐ Back ☐ Chest ☐ Shoulder ☐ Upper Arm		
	☐ Elbow ☐ Forearm ☐ Wrist ☐ Hand ☐ Finger		
	☐ Hip ☐ Thigh ☐ Knee ☐ Shin/Calf ☐ Ankle ☐ Foot		
16.	Do you want to weigh more or less than you do now?	☐	☐
	Do you lose weight regularly to meet weight requirements for your sport?	☐	☐
17.	Do you feel stressed out?	☐	☐
18.	Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐
	Females Only		
19.	When was your first menstrual period? _____		
	When was your most recent menstrual period? _____		
	How much time do you usually have from the start of one period to the start of another? _____		
	How many periods have you had in the last year? _____		
	What was the longest time between periods in the last year? _____		

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.

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

_____

_____

_____

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:_____

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.

Athletic Training

RICHARDSON ISD EMERGENCY INFORMATION

Please fill out this form completely (PRINT)

Name:_____ Age:_____

Grade:_____ Sport(s):_____

Parent/Guardian:_____ Home Phone #:_____

Father Wk#:_____ Father Cell#:_____

Mother Wk#:_____ Mother Cell#:_____

Name of neighbor/relative who can be contacted if parent(s)/guardian(s) cannot be reached:

Name:_____ Relationship:_____

Home#:_____ Atl #:_____

Do you have a Primary Care Doctor? YES NO

If yes, Name:_____ Phone#:_____

Do you have a preferred hospital? YES NO

If yes, Name:_____

Is your child currently on any medication(s)? YES NO

If yes, list medication(s):_____

Does your child use an inhaler? YES NO

If yes, list inhaler type and directions for usage:_____

_____

Does your child suffer from any allergies, chronic illness or any other medical conditions that the Athletic Trainer and coaches should be aware of? YES NO

If yes, please list/describe:_____

_____

I do hereby consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital or school representative, and I do hereby agree to indemnify and save harmless the school and any school representative for any claim by any person whomsoever on account on such care and treatment of said student.

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

MEDICATION PERMIT

Licensed Athletic Trainers designated by the Richardson Independent School District are hereby given my consent to administer non-prescription medication to said student. An effort will be made to contact the parent before disbursement of said medications. Only acetaminophen, ibuprofen, FosFree or medications for upset stomachs will be administered.

Parent/Guardian Signature:_____ Date:_____

Richardson High School Athletic Training

ATHLETIC INSURANCE QUESTIONNAIRE

Student Athlete Name:_____

School:_____ Birthdate:_____

Age:_____ Grade:_____ Sport(s):_____

FATHER/GUARDIAN	MOTHER/GUARDIAN
Name:_____	Name:_____
Address:_____	Address:_____
City:_____ State:_____	City:_____ State:_____
Home#:_____	Home#:_____
Work#:_____	Work#:_____
Do you have insurance coverage for your child? YES NO	**Do you have insurance coverage for your child? YES NO**
Name of Insurance Co:_____	**Name of Insurance Co:**_____
_____	_____
Insurance Phone#:_____	Insurance Phone#:_____
Policy#:_____	Policy#:_____
Primary Doctor:_____	Primary Doctor:_____
Phone#:_____	Phone#:_____

PLEASE READ AND SIGNTHE FOLLOWING STATEMENT

Insurance is your responsibility

Richardson Independent School District (RISD) DOES NOT provide insurance or any insurance policy for students in grades 7-12 involved in interscholastic sports. RISD does however provide access to a SECONDARY insurance policy, which DOES NOT provide comprehensive coverage (it covers approx. 20%). You must file on any other insurance you may have before the secondary insurance becomes effective. Once your primary insurance had paid their usual and customary charges the remaining balance, up to a specific amount will be paid. If you do not have primary coverage, the insurance will only pay the maximum allowed benefit. This insurance covers approximately 20% of the cost you may incur. THERE IS NO GUARANTEE THAT ALL MEDICAL EXPENSES WILL BE COVERED. Claim forms available through the head coach or athletic trainer should be taken to the doctor's office when an injury occurs that requires professional attention. Claim forms need to be filed within90 days of the initial injury. The supervising coach or athletic trainer mush receive prior notice that an athlete is going to the doctor because of an athletic injury. This is not done to prevent an athlete from going to the doctor. It is done so that the coach or athletic trainer can sign the claim form. Any athlete who has sustained an injury due to UIL sports participation or workouts should report the injury to the athletic trainer or coach immediately. The school will not be held responsible for any visits to the doctor. Please understand that any benefits of the secondary insurance will vary according to injury, physician seen, or hospital visited. If you have any questions please call the athletic trainer at (469) 593-3095 or (469) 593-3105

I, _____(print your name), as a parent/guardian of _____(print child's name) have read the information printed above and its contents. I/we agree that all information provided in this document is accurate and complete to the best of my knowledge.

Father/Guardian Signature:_____ Date:_____

Mother/Guardian Signature:_____ Date:_____

Richardson High School Athletic Training

DECLARATION OF INSURANCE STATUS

Please read and sign below.

I understand that Richardson High School and the Richardson Independent School District are in no way responsible for any debts incurred from injuries received while my child is participating in any extra-curricular activities.

Parent/Guardian Signature_____Date: _____

PLEASE SIGN UNDER THE APPROPRIATE STATEMENT (one only)

1. I have received the forms to purchase student insurance;
I have insurance;
I DO NOT wish to purchase any student insurance.

Parent/Guardian Signature: _____

2. I have received the forms to purchase student insurance;
I have insurance;
I WILL PURCHASE any student insurance

Parent/Guardian Signature: _____

3. I have received the forms to purchase student insurance;
I DO NOT have insurance;
I WILL PURCHASE any student insurance

Parent/Guardian Signature: _____

4. I have received the forms to purchase student insurance;
I DO NOT have insurance;
I DO NOT wish to purchase any student insurance.

Parent/Guardian Signature: _____

Richardson High School Athletic Training

The following information is needed to participate in University Interscholastic League athletics.

On the bottom of this page is a place for a parent or guardian's signature and the student's signature. By signing this line you will attest that you have read all of the enclosed information concerning the student insurance policy, parent or guardian permit, general information and general eligibility rules. The signatures will also attest that you understand and agree to the statements within the medication permit, media permit and football participant warning. These signatures also attest to the complete and factual nature of all answered questions on the medical history. *If these signatures are not provided, then the UIL will not recognize the forms to be complete.*

MEDICATION PERMIT

Licensed Athletic Trainers designated by the Richardson Independent School District are hereby given my consent to administer non-prescription medication to said student. An effort will be made to contact the parent before disbursement of said mediations. Only Acetaminophen, Ibuprofen, FosFree or medication for upset stomachs will be administered.

MEDIA PERMIT

I give Richardson Independent School District (RISD) permission to videotape or allow videotaping of my child. I also give RISD permission to audiotape or allow audio taping of my child. I also give RISD permission to electronically display and produce my child's work and photo images. These images may or may not be accompanied by his/her first name and the last initial in the event that two children in the same class or team have the same first name.

For FOOTBALL PLAYERS ONLY

WARNING: No helmet can prevent all head or neck injuries a player might receive while participating in football. Do not use the helmet to butt, ram or spear and opposing player. This is a violation of the football rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to another player.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

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.uiltexas.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 andstudent 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 _____

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 athleticperiod 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 heldwithin 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 acceptedit. 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

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 rest. Also avoid external stimulation such as watching television, music, 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*

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.uiltexas.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.uiltexas.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: _____

SUDDEN CARDIAC ARREST AWARENESS FORM

Revised February 2014

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 are inherited.
  - ***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 February 2014

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?

- Check the Health & Safety page of the UIL website (http://www.uiltexas.org/health) or do an internet search for "Sudden Cardiac Arrest".

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name (Print)

_____ _____

Student Signature Date

_____

Student Name (Print)

I acknowledge that RISD has provided me with the opportunity to purchase accidental medical insurance for my son/daughter through a third party provider. I understand that I must complete the form, mail it in and pay the premium in order to be covered.

Student's Name _____

Parent's Name_____

Parent's Signature _____

Date _____

RISD District-Wide High School Guidelines for Extracurricular Students: Alcohol & Illegal Drugs

(Revised July 2012)

RISD expects that all students, including students who participate in any Extracurricular Activities (Extracurricular Students) will conduct themselves at all times in an exemplary manner that brings honor to the District, their school, and themselves. Participation in extracurricular activities is a privilege and is conditioned on the student's compliance with all rules and regulations of the activity and District policies and guidelines, including these guidelines. The use, possession, sale, or furnishing to others of alcohol or drugs of any kind is strictly prohibited (the Prohibition). Any student who violates the Prohibition is not in compliance with the rules of participation and will be subject to disciplinary measures, which could result in removal from the extracurricular activities in which the student participates.

These guidelines and statement of consequences apply to all extracurricular activities sponsored by the Richardson Independent School District and to all Extracurricular Students. The purpose of these guidelines is to deter and eliminate any use, possession, sale, or the furnishing to others of alcohol or other drugs, help students avoid drug and alcohol use, establish consistency in consequences across all activities for students who do not comply with the Prohibition, promote a high quality educational experience in all activities and assist RISD in maintaining order and a safe learning environment, and to promote a high level of civic and individual responsibility among students.

Extracurricular students are subject to these guidelines at all times throughout the twelve-month calendar year, whether the extracurricular activity is "in season" or inactive and on weekends and during school holidays. Refer also to Board Policy FO (Local). Students transitioning from eighth to ninth grade who, during the summer, engage in conduct that violates the Prohibition will be subject to the High School Guidelines.

To ensure consistency among activities, these guidelines shall be used by all extracurricular groups. However, nothing in these guidelines prohibits an extracurricular activity sponsor from developing activity guidelines and rules to address topics other than alcohol or illegal drug activities.

The following definitions will apply to these guidelines:

- Leadership Position- A position or office an Extracurricular Student holds in an organization or group either by election or appointment. Such positions may include without limitation: captain, officer, squad leader, drum major, section chair.
- Parent- A student's biological or adoptive parent or parents, legal guardian, or other person in lawful control of the student.
- Period of removal- Period of time during which an Extracurricular Student is excluded from any participation in an extracurricular activity due to violation of the Prohibition. During a period of removal, an Extracurricular Student may not wear his/her uniform, travel with the team or organization, or otherwise act as a representative of the team or organization.
- Prescription Drugs- A drug authorized by a licensed physician specifically for that student. A student who uses a prescription drug in a manner prescribed by the student's physician and who has followed school policies in such use shall not be considered to have violated this policy.
- Possession- To have an item in or on one's personal being or property, including without limitation, clothing, purse, backpack, private vehicle, motorcycle or

bicycle used for transportation to or from school or school-related events, telecommunication or electronic device, or other property used by the student such as a desk, locker, or cubby-hole.

- Use (Alcohol/Substance) - Voluntarily introducing into one's body, by any means, a prohibited substance. For example, and without limitation, consuming or ingesting alcohol in any manner is "use" of alcohol; smoking or ingesting marijuana, an unlawful derivative or look-alike of marijuana, or other illegal substances is "use" of marijuana or other illegal substance.
- Extracurricular Activities- School sponsored activities including but not limited to Dance & Drill Teams, Bell Guards, Cheerleaders, Spirit Groups, Sports, Fine Arts, Clubs, UIL governed Activities, Mock Trial, AC DEC, and other school sponsored student activities unique to a campus.

An Extracurricular Student violates the Prohibition if he or she:

- Uses, possesses, sells, or furnishes alcohol or illegal substances to another;;
- Receives an MIP (Minor in Possession), MIC (Consumption of Alcohol by a Minor), DWI (Driving While Intoxicated), DUI (Driving Under the Influence of an Illegal Substance), or other citation for the illegal use or possession of alcohol/drugs, or furnishing alcohol/drugs to another in a non-school setting;
- Is observed by a faculty or staff member using, possessing, or furnishing to another student any drugs, including alcohol, on or off school property (observation via internet site, video, still picture, or other media will be considered);
- Receives any citation for or is arrested for illegal alcohol/drug activity or substance on or off school property;
- Performs or participates in an extracurricular activity while under the influence of alcohol or other drugs.

An Extracurricular Student who receives an MIP, MIC, DUI, DWI, or other alcohol/drug citation shall promptly notify the activity sponsor. An Extracurricular Student who fails to do so may be subject to further disciplinary action once the activity sponsor or administrator learns of the offense.

Process: When an activity sponsor or campus administrator learns that an Extracurricular Student has violated the Prohibition, the sponsor or administrator will attempt to gather as much information as is available about the suspected violation and shall immediately communicate with the student and his/her parent to review the information. The sponsor or administrator will take reasonable steps to ensure the student and his/her parents are notified of the suspected violation of the Prohibition and to offer the student and his/her parent a meeting with the administrator and/or sponsor and give them an opportunity to provide information about the student's suspected actions. Parents and/or students who refuse to promptly meet with the sponsor or administrator forfeit their opportunity for a conference. The administrator or sponsor will determine the start date for the consequence and will notify the student and his/her parent in writing of the start date and reasons for any consequences imposed.

When a student self-reports a violation of these guidelines that does not result in the issuance of a citation or other penalty from law enforcement before the District otherwise learns of the student's actions, the District may, in its sole discretion, consider the student's self-report as a mitigating factor to support a reduced probationary period for a first offense.

A student or parent who is not satisfied with the outcome of the conference or the principal's decision may appeal the decision through the District's Student and Parent Complaint Policy (FNG (Local), but the consequence will not be delayed during any appeal. Copies of the policy are available on the District's website or may be obtained from the school.

CONSEQUENCES

All Extracurricular Students are expected to comply with these guidelines. An Extracurricular Student who does not do so is subject to disciplinary action. While some offenses may be so severe that they will result in immediate removal from the extracurricular activity and/or Disciplinary Alternative Education Program (DAEP) placement, where appropriate, the District will consider allowing a student who violates the Prohibition to serve a last chance probationary period if the violation is the first instance in which the student has failed to comply with these guidelines.

First Offense: Probationary Removal. Except where the severity or circumstance of a student's offense is so severe that immediate removal to DAEP or expulsion is required, a student's first violation of the Prohibition will result in the Extracurricular Student's (i) removal for the remainder of the school year from all leadership positions he or she holds, including any such positions that the student might seek or be appointed to later in the school year; and (ii) except where the first violation also results in DAEP placement or expulsion, removal from all extracurricular activities for 20 school days or UIL Competition dates. (**See* below.)

- The 20 school days or UIL Competition dates removal period start at the parent /student / principal conference. If the parent/student forfeits the conference, the principal will determine the start date;
- During the 20-day removal period, the student and the parent must attend and successfully complete the RISD alcohol / drug educational program. Students may be required to have follow-up sessions with the Intervention Specialist on campus. The student is responsible for all fees associated with the program. A student and parent must complete the educational program before the student will be reinstated after the removal period.
- If the leadership position from which the student is removed is connected with a credit bearing class, the student may continue to remain enrolled in the class and the sponsor will determine appropriate activities for the student.
- Students must participate in practices for the extracurricular activities while on probation.
- Students may not wear or display identifying team or activity uniforms, attire, or accessories.
- *If competition or performance is scheduled during the summer or on a school holiday (excluding weekends), any days on which the student's team or group actually competes or performs will be counted toward completion of the 20-day probation period.
- "UIL Competition Date" means a day on which the individual or group actually competes or performs in a UIL or Non-UIL sponsored activity when the school is represented.
- If the conduct results in the student's placement in a DAEP, the period of removal will be for the duration of the DAEP placement.

An Extracurricular Student can receive only **one** probation period for violating the Prohibition during the students' high school career.

Second Offense or Subsequent Offenses: (Removal)

A second offense or subsequent offenses will result in removal from all (i) extracurricular activities, and (ii) leadership positions for the remainder of the school year.

- If the infraction occurs and/or is discovered 60 or less days prior to the end of the school year, the student will be removed from all extracurricular activities and leadership positions for at least 60 school days or UIL Competition dates. The removal days may extend into the next school year.

- When a second or subsequent infraction occurs after the end of the school year, the consequence will go into effect at the conference with the principal and parent/ legal guardian, unless the conference has been forfeited and the principal will determine the start date.
- The student will be removed from all extracurricular activities for the entire up-coming school year.
- Students may not wear or display identifying team or activity uniforms, attire, or accessories.
- Students may not travel with the team or organization, or otherwise act as a representative of the team or organization.
- At the beginning of a new school year, an Extracurricular Student is eligible to participate in extracurricular activities and to pursue future leadership positions after a second offense if the student has "sat out" of all extracurricular activities for no less than 60 school days or UIL Competition days and has otherwise complied with all conditions of his/her removal for the second offense.

2014-2015 Extracurricular Activity Acknowledgment and Agreement Form

Student Statement:

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I agree to comply with all rules and regulations in these guidelines and any additional rules adopted by my school as a condition of participation as a member of an extracurricular activity. I understand that my failure to comply with these guidelines may result in disciplinary action, including dismissal from all extracurricular activities.

_____

Printed Name of Student

_____

Student Signature Date Signed

Parent/Legal Guardian Statement (for students under 18 years of age):

My signature below certifies that I have read and understand the RISD District-Wide Guidelines for Extracurricular Students: Alcohol & Illegal Drugs. I understand that my student must comply with all rules and regulations written in these guidelines and any additional rules adopted by my student's school as a condition of participation in an extracurricular activity. I understand that his or her failure to comply may result in disciplinary action, including dismissal from all extracurricular activities.

_____

Printed Name of Parent or Legal Guardian

_____

Signature of Parent or Legal Guardian Date Signed