

PARENTAL CONSENT:

If your child is injured and you cannot be reached, do you give the coach permission to take your child to a doctor's office or hospital for treatment?

Yes, I give my written permission No, I do not give my permission Family doctor and phone number _____

Other emergency numbers where parents could be reached _____

Preferred Hospital _____ Allergies or medical problems to be aware of _____

Comments _____ Permission to release weight and height for programs, rosters, media Yes No

Parent Signature _____ Date _____

GENERAL RELEASE:

Know all men by these presents:

That the undersigned _____, a student at Plainview Public Schools and _____ the Parent(s) Guardian(s) of the said student, in consideration of the agreement hereinafter set forth, do hereby release and forever discharge and for themselves, their heirs, executors and administrators remise, release and forever discharge from liability Independent School District No. 27, Carter County, Oklahoma (Plainview Public Schools) it's agents, servants, employees and members of its governing body and agree to hold the same free and harmless of any liability whatsoever for personal injury or for any damage which may arise during such time as the undersigned student is participating in any practice for track or cross country at any time other than during the regular school hours and particularly from any injury which may occur during such time that the said student is running or engaging in any track or cross country activities on the sidewalks or streets of the City of Ardmore or on any of the public roads in Carter County, Oklahoma, whether or not such activity is occurring in the presence of any coach, or other officials or employee of the Plainview Public Schools, including but without limitation thereon its administrators, coaches, employees or board of education, and agree not to bring suit against the said Plainview Schools for any injury or damage arising from or during such activity.

The consideration for this release from liability and for this covenant not to sue is that the undersigned student desires at certain times other than during normal school hours to practice track or cross country on the public streets or sidewalks of Ardmore or on other locations in the County of Carter, State of Oklahoma, other than the grounds owned and occupied by the above referenced Plainview School District, and the said school district not denying the student the right and privilege to perform such activity at places and times as the student may desire.

It is agreed that this General Release includes a covenant not to sue in the event of any accident or injury which may occur to said student at such time as the said student is practicing track or cross country on any location other than the Plainview School grounds and during regular school hours, and the undersigned agree to indemnify and hold harmless the said Plainview Public School District its administrators, coaches, employees, or board of education from any liability which may occur to be imposed upon them as a result of any such accident or injury. This release and covenant not to sue shall likewise be considered in force and effect whether any coach or other employee or official of the Plainview Public Schools is accompanying said student or not.

Dated this _____ day of _____, 20____. Student _____

Parent _____ Witness _____



Oklahoma State Department of Health
2015



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.



Oklahoma State Department of Health



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pains; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Can you screen for cardiac abnormalities?

The annual sports preparticipation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA.

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the preparticipation examination reveals an indication for these tests.

Senate Bill 239 – The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

Removal from play/return to play

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).