

Georgia High School Association

Student/Parent Concussion Awareness Form

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give Madison County Middle School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the Madison County School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _____ permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ Madison County _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

(Revised: 1/2020)

MADISON COUNTY MIDDLE SCHOOL
ATHLETIC DEPARTMENT

Guidelines for Outdoor Extracurricular Activities during Extreme Hot and Humid Weather

1. MCMS shall have and use a digital psychrometer, or a similar device for measuring environmental factors. The digital psychrometer is used to measure the Wet Bulb Temperature (WBT), which is derived by evaluating the combined dry air temperature, humidity, ground radiated heat and wind speed at that particular location. Conditions are subject to change during the practice/activity. Measurements should be taken at the practice/activity site.
 - a. All activities: monitor and follow all guidelines
 - b. The school Athletic Director or his/her designee: Will be required to measure and document the Wet Bulb Temperature (WBT) prior to outdoor practice during the months of August, September for fall sports, and May for spring sports, or when conditions warrant a measurement.
 - c. The Athletic Director or his/her designee will make a determination if activities should be postponed or canceled due to unsafe conditions. All fall outdoor activities must adhere to the decision.
2. Practices and games should be held early in the morning and/or later in the evening to avoid times when environmental conditions are generally more severe.
3. An unlimited supply of water shall be available for participants during practices and games.
 - a. Coaches/supervisors shall inform all students participating that water is always available or accessible and they will be given permission anytime he/she asks for water.
 - b. Hydration and fluid replacement is a daily process. Students should hydrate themselves before, during, and after practice. Meals should include an appropriate amount of fluid intake in addition to a healthy diet.
4. Give adequate rest periods. Remove appropriate equipment or clothing when possible. Exposed skin cools more efficiently.
 - a. Football players shall be allowed to remove helmets.
 - b. Shoulder pads should be removed if conditions warrant.
5. Gradually acclimate participants to heat.
 - a. Research indicates 80% acclimation may be achieved in 7-10 days but could take up to 14 days. In some cases, it may take several weeks to become fully acclimated.
 - b. The length and intensity of practice should be adjusted according the WBT until acclimation occurs.
6. Participants should wear clothes that are light in weight and color.
7. Students who need careful monitoring include:
 - a. Overweight students;
 - b. Weight control problems (fluctuation);
 - c. Those taking over-the-counter and prescription medication;
 - d. Students who have done absolutely no exercise at all.
8. Be familiar with all heat-related symptoms and corresponding treatments.
9. Be familiar with any emergency and 911 procedures.
10. Be familiar the Wet Bulb Temperature Chart and utilize guidelines determining length of practice and rest periods.
11. Any directives from the Central Office must be strictly followed.

I have read and understand the above Madison County Middle School guidelines for outdoor extracurricular activities during extreme hot and humid weather.

Student's Name (Print) _____

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Madison County Middle School
Home of the Mustangs

Extracurricular Participation Code of Conduct

Participation in school athletic and extracurricular activities is a privilege and not a property right. The purpose of the Code of Conduct is to establish high expectations regarding behavior and minimum/consistent consequences when violations occur. However, coaches/sponsors may establish consequences that are more stringent than the stated code. Team/organization rules must be in writing and approved by the administration of the school.

Code of Conduct Violations and Consequences

You may not start a second sport until the season from your first sport is complete. You may not owe fees in one sport and try out for a second sport. Being on the restricted list may keep you from participation in another sport/club.

A Violation <i>Consequences</i>	Students assigned to long-term suspension or expelled from school\ <i>Ineligible to participate in or attend any athletic or extracurricular activities during the period of suspension.</i>
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B Violation <i>Consequences</i>	Arrest for felony (regardless of location or time of the alleged act, in or out of school). <i>Immediately suspended from all participation pending investigation by school officials.</i>
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For violations C and D, a school administrator must have evidence and/or verification of the violation as defined in at least one of the following:

- 1: Self -admitted involvement by the student.
2. Witnessed student involvement by the sponsor, coach, or any staff member.
3. Parent admission of their student's involvement.
4. Verification by official police report given to the school.
5. Evidence of violations through investigation by school officials.

If this offense occurs at school or on school property at any time; off the school grounds at a school-sponsored activity, function or event; or in route to or from school, the student will be subject to the actions of the Madison County Middle School Code of conduct.

C Violation <i>Consequences</i>	Alcohol/Drugs (Includes athletic performance enhancing drugs) <i>Coach/sponsor will meet with the student and parent(s)</i> <i>1st offense-Suspension from any athletic/extracurricular activity for 20% of the total season.</i>
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D Violation <i>Consequences</i>	Violations of school rules that result in out-of-school suspension (in one school year). <i>1st offense: minimum of one (1) game/activity suspension</i> <i>2nd offense: suspension from any athletic/extracurricular activity for 20% of total season</i> <i>3rd offense: dismissed from team/activity but allowed to try out for subsequent athletic/extracurricular activities after that sport/activity has completed its season</i> <ul style="list-style-type: none">• <i>A student suspended from school will not participate in any extracurricular activity/games while suspended from school. (this includes Saturday activities/games if the suspension includes Friday). At the coaches discretion, the student may participate in practices.</i>• <i>All suspensions will be effective immediately following the offense.</i>• <i>If less than 20% of a season remains, the suspension will be up to the discretion of the coaches and principal.</i>
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**Athletes ejected from game competitions by officials during the last game of the season may be suspended from participation in school related extracurricular activities at the discretion of the principal. (Example (school dances, school trips, etc.)*

**Georgia hazing Law 16-5-61 states: "Hazing means to subject a student to activity which endangers or is likely to endanger the physical health of a student regardless of the student's willingness to participate in such activity. By initiating this section, I understand that acts of hazing, including mental, verbal, and physical are prohibited; and that it is my duty to report any acts of hazing that I see to a coach or administrator. I understand that if I am discovered to be in violation of this hazing statement, I will subject to the disciplinary actions listed above.*

Student Initials

APPEALS: Any subject who wishes to appeal disciplinary action regarding items as stated above, may request an appeals hearing with the principal. An appeals hearing will consist of the following participants: The Principal or designee, Athletic Director, Coach of the sport, Parent/Guardian, and student.

STUDENT SIGNATURE: _____ STUDENT NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex: Please circle Male or Female

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

List past and current medical conditions. _____

_ Have you ever had surgery? If yes, list all past surgical procedures.

_ Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

■ PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency) 		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> Pupils equal Hearing 		
Lymph nodes		
Heart ^a <ul style="list-style-type: none"> Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver) 		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis 		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> Double-leg squat test, single-leg squat test, and box drop or step drop test 		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

