East Central ISD Athletic Department
2023-2024 Student Athlete Personal Data & Emergency Information

Important: All information must be completed & signed by the parent or legal guardian (see back) **BEFORE** the student athlete may participate in ANY PRACTICE, SCRIMMAGE, OR CONTEST before, during, or after school.

In case of an injury or emergency, we will make every effort to contact you through the information you provide below. In case we have to act on your behalf in securing medical care, we need the following information on file to give the medical care provider.

PLEASE PRINT. USE DARK BLACK INK ONLY. NO OTHER COLOR INK or PENCIL WILL BE ACCEPTED.

Student Information: _____ (Last Name) _____ (First Name) _____ (Middle Name) _____ (EC ID #)

Date of Birth: _____ (Month) - _____ (Day) - _____ (Year) Age: _____ MALE FEMALE Phone: _____

Address: _____ _____ (City) _____ (ZIP) Grade: _____ (23-24 school year) School: ECHS HMS LMS (23-24 school year)

Male Legal Guardian Information

Name : _____

Relation to student? Father, Stepfather, Grandfather, Uncle, Brother, Cousin, Other (Specify Other) _____

Home Address: _____ Zip Code: _____ Home Phone: _____

Employer/Company: _____ Cell Phone: _____

Employer's Address: _____ Email: _____

Female Legal Guardian Information

Name: _____

Relation to student? Mother, Stepmother, Grandmother, Aunt, Sister, Cousin, Other (Specify Other) _____

Home Address: _____ Zip Code: _____ Home Phone: _____

Employer/Company: _____ Cell Phone: _____

Employer's Address _____ Email: _____

Emergency Contact Information (in the event the above cannot be reached)

Emergency Contact # 1: Name: _____ Phone: _____ Relationship: _____

Emergency Contact # 2: Name: _____ Phone: _____ Relationship: _____

Medical Alert: Athlete's medical conditions/allergies: _____

Personal & School Insurance Information (***All 4 questions must be answered "yes" or "no".)***

Personal insurance is to be applied initially concerning ALL medical bills. The school's athletic insurance will be applied after the athlete has applied his or her personal insurance or has no personal insurance. Please list any and all medical insurance that covers your son/daughter. Do not list auto or life insurance. (The school's athletic insurance only covers accidents/injuries sustained in the **supervised** athletic program. Such activities as "open gym' are **not** covered.) Please contact the athletic trainer at (210) 581-1181 for more information.

ANY REMAINING BALANCE AFTER ALL INSURANCES HAVE PAID WILL BE THE RESPONSIBILITY OF THE PARENT/LEGAL GUARDIAN.

A copy of insurance card/Medicaid identification is required.

1. **Does the student have Medicaid Coverage? YES / NO** (If yes, please complete the following:)
   Case Number: _____ **Student's Medicaid ID Number**: _____
   Name of Medicaid Plan: _____ Required Hospitals: _____
   Name of Physician: _____ Physician's Phone: _____
2. **Does this student have "CHIPS" insurance? YES / NO** (If yes, please complete the following:)
   Name of "CHIPS" Program: _____ Student ID#: _____
   Physician or Medical Group: _____ Physician's Phone #: _____
   Required or preferred hospital: _____
3. **Is this student carried as a dependent on a parent's insurance? YES / NO** (If yes, complete the following:)
   Name of Insurance Co.: _____ HMO? _____ PPO? _____
   Insurance Co. Phone #: _____ Member ID #: _____ Group #: _____
   Policyholder's Name: _____ Policyholder's DOB: _____
   Primary Care Physician Referral Needed? Required Hospitals/Emergency Rooms: _____
   Primary Care Physician's Name: _____ Primary Care Physician's Phone #: _____
   Is this personal insurance noted above the only insurance that covers your son/daughter?
4. **Does the student have Military Coverage? YES / NO** (If yes, complete the following:)
   TriCare ____ Military Privileges ____ Required Facilities _____
   Sponsor's Name: _____ Sponsor's Social Security #: _____ - _____ - _____

East Central ISD Athletic Department
2023-2024 Parent / Legal Guardian Athletic Permit for UIL Sports
PLEASE PRINT! USE BLUE OR BLACK INK ONLY.
NO OTHER COLOR INK OR PENCIL WILL BE ACCEPTED.

Print: Athlete's Last Name, First Name	Date of Birth	School/Grade for 23-24 school year

PARENT / LEGAL GUARDIAN: PLEASE READ CAREFULLY. SIGNATURE REQUIRED BELOW.

1. **I hereby give my consent** for the above student to COMPETE and TRAVEL in the following sports:
   Baseball ☐ Basketball ☐ Cheer ☐ Cross-Country ☐ Dance ☐ Football ☐ Golf ☐ Powerlifting ☐ Soccer ☐ Softball ☐ Swimming ☐ Tennis ☐ Track/Field ☐ Volleyball ☐ Lacrosse ☐
2. **I hereby give my consent** for the above student to COMPETE in UIL approved SPORTS as stated above and TRAVEL with the coach or other representative of the school on any trips until revoked in writing by me.
3. **I DO NOT** give my consent for the student above to COMPETE or TRAVEL in the following sports:
   _____
4. **I understand** that even though protective equipment is worn by the athlete whenever needed, **the possibility of catastrophic or fatal injury remains.** Neither the UIL nor the school district assumes any responsibility in case an accident occurs.
5. **I hereby agree** to be responsible for the safe return of all athletic equipment and medical equipment issued by the school to the above-named student.
6. 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, hospital, athletic trainer, nurse 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.
7. **I authorize** any medical provider to release any and all medical records concerning my son/daughter to the ECISD Athletic Trainers. A copy of this form will be as valid as the original.
8. **I agree** to notify the ECISD Athletic Trainer of any illness or condition that occurs outside of athletics during the summer or school year.
9. **It is the athlete's and parent's responsibility** to make the athletic trainer aware of any injury **occurring in the athletic program**. Notification should be made at the time of injury – or within that week – so proper medical attention is given and insurance procedures are met.
10. **Any illness or condition** which is not directly caused by an injury in athletics is the parent's /legal guardian's financial responsibility and will not be covered by ECISD.
11. **I hereby state** that, to the best of my knowledge, the information given on the Medical History Form is correct.

Doctor Referral Procedure:

If your son/daughter requires medical attention as a result of an athletic injury, a doctor referral or hospital / emergency room visit will be initiated by the ECISD Athletic Trainer. Should your son/daughter with an athletic injury visit any doctor or hospital without initial referral from the ECISD Athletic Trainer, the ECISD Athletic Trainer will not file an insurance claim for medical bills regarding that athletic injury. **(Special forms are required before going to the medical facility.)**

PARENT / LEGAL GUARDIAN – PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby certify I fully understand and agree to the Parent / Legal Guardian Permit above. I certify that there is no other medical insurance coverage other than what is stated on the reverse side of this form that will cover my son/daughter. I understand the *Doctor Referral Procedure* (above) and *Personal & School Insurance* (on reverse side). **I understand that all balances from Medical bills not covered by insurance will be the responsibility of the parent or legal guardian.**

Printed Name of Parent / Legal Guardian	**Date**	**Signature of Parent / Legal Guardian**
Printed Name of Student Athlete	**Date**	**Signature of Student Athlete**

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.

Furthermore, as a condition of participation and for the purpose of ensuring compliance with University Interscholastic League (UIL) rules, I consent to the disclosure of personally identifiable information, including information that may be subject to the Family Educational Rights and Privacy Act (FERPA), regarding the above named student between and among the following: the high school or middle school where the student currently attends or has attended; any school the student transfers to; the relevant District Executive Committee and the UIL. I further understand that all information relevant to the student's UIL eligibility and compliance with other UIL rules may be discussed and considered in a public forum. I acknowledge that revocation of this consent must be in writing and delivered to the student's school and the UIL.

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

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.utexas.edu. 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.utexas.edu. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ **Date**: _____

Relationship to student: _____

School Year (to be completed annually) **2023-2024**

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*

SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

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

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

Additional Reviewers: UIL Medical Advisory Committee

Revised 2016

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?

Inherited (passed on from family) **conditions present at birth 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 present at birth 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 run in families.

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. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

Aortic valve abnormalities – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

Myocarditis – infection or inflammation of the heart, usually caused by a virus.

Recreational/Performance-Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What 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 14 important cardiac elements.

The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?

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

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

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

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

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can Sudden Cardiac Arrest be prevented just through proper screening?

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

Why have an AED on site during sporting events

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

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

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.
- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1 /2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

Student & Parent/Guardian Signatures

I authorize that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date

EAST CENTRAL ISD ATHLETIC TRAINING CENTER POLICIES

The responsibility of the Athletic Training Staff at East Central ISD includes the prevention, care, and necessary rehabilitation of any injuries or health problems incurred while participating in UIL/school sanctioned athletics at East Central ISD. Injuries sustained in automobile accidents **WILL NOT** be treated by the Athletic Training staff due to liability issues. Injuries received at home or during other activities will be evaluated on an individual basis. Since these injuries were not incurred during sanctioned athletics the Athletic Training staff is not obligated to provide treatment.

1. The Athletic Training Center is a Health Care Facility that needs to be kept as orderly and clean as possible, therefore the following rules must be observed:
   a. No horseplay or lounging will be allowed.
   b. No electronic devices allowed (cell phones, MP3 players, PDAs, etc). You are in the Training Center to work.
   c. All athletes must sign in on the treatment log before being seen by any athletic trainer.
   d. No food or drink will be allowed in the Athletic Training Center.
   e. No shoes. Please remove your shoes before being seen by the athletic training staff.
   f. No athletic equipment allowed in the Athletic Training Center.
   g. All athletes must be properly dressed for treatments (shorts & T-shirt) and must shower before entering the Training Center after practice, workouts, or competition.
   h. All equipment issued by the athletic trainers (braces, crutches, splints, etc) must be returned upon completion of the athlete's season. It will be the responsibility of the athlete to replace any lost or broken equipment that is not due to normal use of the equipment.
   i. The Athletic Training Center is not an excuse for being late to practice, meetings, etc.
   j. Failure to abide by these rules will result in the dismissal of the athlete from the Training Center and loss of athletic training privileges.

2. No matter how minor you think an injury might be, always notify the athletic training staff before you leave the field/court or go home. We cannot help you if we do not know the injury exists.

3. When injured the athlete must report to the Athletic Training Center for treatment and rehabilitation. The treatment/rehabilitation is considered part of your practice; therefore, you must be there or be subject to disciplinary action. The following times will be available for treatment during the year:
   a. Before school beginning at 7:30 am.
   b. Athletic periods; if you came in prior to school.
   c. After school (except on game days).
   d. **ONLY IN SEASON** athletes will be treated during athletic periods. **OUT OF SEASON** athletes will be treated before and/or after school.
   e. Any rehabilitation required as a result of surgery will **ONLY** be conducted before and/or after school hours

4. The injured athlete will participate in as much of the practice as his/her injury dictates so as not to miss the teaching points his/her coach is stressing. The injured athlete will also report to the athletic trainer for a modified workout program in order to maintain cardiovascular condition and muscular strength/endurance.

5. There is a fine line between pain and injury or in "feeling bad" and illness. Judgments will be made based on the knowledge of facts and past experience in regards to your status as a participant in practice or games; therefore, it is necessary for the lines of communication between the training staff and athlete remain open. It has been standard policy, and shall continue to be, that the good health of the athlete is of primary concern at East Central ISD.

6. A physician must provide restriction notes. If the athlete does not present the athletic training staff with a doctor's note, then they will make practice/play decisions. Parent notes are not acceptable unless accompanied by a phone call from the athlete's parent. Call (210) 649-2951 x2154.

_____	_____	_____
Printed Student Name	Student Signature	Date
_____	_____	_____
Printed Parent Name	Parent Signature	Date

Updated: November 2, 2013

NCAA Initial-Eligibility
Memorandum of Understanding

I UNDERSTAND THE FOLLOWING:

1. NCAA DI/DII Initial-Eligibility academic requirements are different than the graduation requirements for East Central High School.
2. The minimum NCAA academic requirements have become much more rigorous in recent years. The minimum NCAA core course GPA, core course credit requirements and SAT/ACT scores have increased.
3. Not all courses offered at East Central High School are accepted by the NCAA as core courses for the purpose of meeting the NCAA's credit and GPA requirements.
4. An NCAA core course GPA is not the same as the cumulative GPA on the report card, and is most often lower.
5. Students interested in playing athletics at the collegiate level should begin tracking their NCAA core course GPA their freshman year. All semesters count towards meeting the NCAA's academic requirements.
6. Counselors and coaches DO NOT track student-athletes for NCAA Initial-Eligibility.
7. East Central High School provides all student-athletes with access to a free account with CoreCourseGPA.com to assist them in tracking their NCAA Initial-Eligibility progress.

TO ACTIVATE YOUR FREE CORECOURSEGPA.COM MEMBERSHIP:

1. Go to www.CoreCourseGPA.com
2. Click on "Free New Member Account" in the upper left corner
3. Enter School Code: 446135
4. Enter School Code: 71544580
5. Click "Continue"
6. Fill in the appropriate fields in the Create New Student Account form
7. Click "Submit"

I understand that tracking NCAA DI/DII Initial-Eligibility requirements is the responsibility of parents and student-athletes. I further understand that East Central High School has provided me with access to a free account with CoreCourseGPA.com to assist in this process.

Student Signature	Print Name	Date

Parent Signature	Print Name	Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

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

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

		Yes	No
1.	Have you had a medical illness or injury since your last check up or physical?	☐	☐
2.	Have you been hospitalized overnight in the past year?	☐	☐
	Have you ever had surgery?	☐	☐
3.	Have you ever had prior testing for the heart ordered by a physician?	☐	☐
	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 activities 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 your 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?	☐	☐

		Yes	No
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 activity 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	☐ Elbow	☐ Hip
☐ Neck	☐ Forearm	☐ Thigh
☐ Back	☐ Wrist	☐ Knee
☐ Chest	☐ Hand	☐ Shin/Calf
☐ Shoulder	☐ Finger	☐ Ankle
☐ Upper Arm	☐ Foot	

16.	Do you want to weigh more or less than you do now?	☐	☐
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? _____

Males Only

20. Do you have two testicles? _____
21. Do you have any testicular swelling or masses? _____

☐ An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN "YES" ANSWERS ON THE CORRESPONDING NUMBERED LINE ON THE FOLLOWING PAGES.

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name ED CHAMPAGNE; MEd, LAT, ATC TANNAH SALINAS; MAT, LAT, ATC 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 participation and again prior to first and third years of high school 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 performance/ games/matches.

Medical History Answer Sheet

Explain "yes" answers to any question on the medical history on the appropriate line

1._____

2._____

3._____

_____

_____

_____

4. When did you suffer your concussions and how severe were they?
   #1 Date: _____ Severity: _____ #2 Date: _____ Severity: _____

   #3 Date: _____ Severity: _____ #4 Date: _____ Severity: _____

5._____

6. I am under the care of Dr. _____ for_____.

7. I am currently taking the following medications: _____

_____

8. I am allergic to: _____

   Known reaction(s): _____

   Do you carry/use an epi-pen for these allergies? YES NO

9. _____

10. My current skin problem is: _____

11. _____

12. I wear glasses contacts

13. If you have asthma, what medications do you use: _____
    I have seasonal allergies _____ (check)

14. _____

15. **Include side of body and year the below injures occurred**
    I have sprained my _____
    I have strained my _____
    I have broken/fractured my _____
    I have dislocated my _____
    I have had pain or swelling in my _____

16. I want to weigh more / less than I do now. I lose weight for _____(sport)

17. I feel stressed out because _____

18. _____