

# 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS/ACTIVITIES INSTRUCTIONS PAGE 1

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Sex M F  
Student ID# \_\_\_\_\_ 2017/2018 Grade Level \_\_\_\_\_ Year of Graduation \_\_\_\_\_

SPORT/ACTIVITY \_\_\_\_\_

**PLEASE READ AND FOLLOW ALL INSTRUCTIONS  
PLEASE TURN IN ALL FORMS IN THE PACKET AS SOON AS THEY ARE COMPLETED**

All pages of this packet are to be completely filled out (all student and parent signatures are required) by all athletes grades 7-12 regardless of sport or level.

Please print legibly and use BLUE or BLACK ink.

Physicals done prior to May 19<sup>th</sup>, 2018 will not be accepted as this physical is to clear your son or daughter for participation in athletics for the 2018-2019 school year.

All original forms for athletes grade 7-12 are to be turned in to the FHS High School Athletic Training Room.

Fax copies of these forms will not be accepted.

Packets from previous school years will not be accepted.

Shot records are NOT to be turned in with this packet.

If you are new to FISD, you may be required to complete a Previous Athletic Participation Form (PAPF). Please contact the athletic director's secretary for more information.

It is highly recommended that you keep a copy of this form for your records.

All pages of this packet must be on file in the Friendswood High School Athletic Training Room before any athlete grade 7-12 is allowed to participate in any practice session (in-season or out-of-season), tryout, scrimmage, game or match, including Athletic Periods.

To avoid lost or misplaced forms and to ensure delivery to the proper location, please return the completed packet to the FHS Athletic Trainers only.

If this packet is not returned to the FHS Athletic Training Room, FISD and the FHS Sports Medicine Program will not be responsible for lost or misplaced forms. You will be required to fill out a new form and obtain a new physical at your expense.

Packets may be dropped off at the Athletic Training Room, located in The Walter Wilson Field House at the High School (where the basketball games are played).

Or original packets may be mailed to:

THE FRIENDSWOOD HIGH SCHOOL ATHLETIC TRAINING ROOM  
702 GREENBRIAR  
FRIENDSWOOD, TX 77546

If you have questions, please contact us at [athletictrainers@fisdk12.net](mailto:athletictrainers@fisdk12.net) or 281-996-6553.

**2018-2019 FISD/UII CERTIFICATE FOR ATHLETICS/ACTIVITIES  
DEMOGRAPHIC INFORMATION -PAGE 2**

Student's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Last) (First) (Middle)  
Age \_\_\_\_\_ Sex M F Grade \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Parent/Guardian #1 \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian Email \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN  
MUST BE OVER 18 YEARS OLD**

Emergency Contact \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List Any Drug Allergies \_\_\_\_\_  
List Any Other Allergies \_\_\_\_\_  
List Any Current Medications \_\_\_\_\_  
Any Other Medical Concerns \_\_\_\_\_  
Physician \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE INFORMATION**

**ATTENTION:** FISD does NOT provide medical insurance for students that participate in interscholastic athletics. If you need insurance or if you would like supplemental coverage, it can be obtained through the school for a set fee by an independent insurance company. The optional policy is secondary unless primary insurance is nonexistent. The benefits received are related to the plan purchased. Complete information is available in a flyer, which can be picked up at the Friendswood High School Training Room.

Primary Health Insurance Company \_\_\_\_\_  
Phone \_\_\_\_\_ Policy Number \_\_\_\_\_  
Is your son/daughter covered under this plan? Yes No

**PARENT/GUARDIAN CONSENT**

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 judgment 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 UII 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 UII forms could subject the student in question to penalties determined by the UII.

The UII Parent Information Manual is located at <http://www.uilitexas.org/athletics/manuals> or at [myfisd12.net](http://myfisd12.net).  
Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS/ACTIVITIES

## ATHLETIC TRAINING ROOM INFORMATION –PAGE 3

### REPORTING INJURIES

All athletes are required to report all injuries and illness to the staff athletic trainers immediately.

All injured athletes are required to attend practice after the completion of their treatment and/or rehabilitation with the staff athletic trainers

Athletes that are also seeing a physical therapist will be required to attend treatments.

### DOCTOR'S NOTES/PHYSICIAN'S VISITS

An athlete that is referred to a healthcare provider, or chooses to see one on his/her own, must provide a written doctor's note – that includes diagnosis, treatment needed special instructions, ability to participate and any restrictions or limitations– to the athletic training staff before they are allowed to practice or participate.

Information and instructions provided in the doctor's note will be the ones followed until another note is obtained from the physician. If an athlete fails to provide a doctor's note, that athlete will not be allowed to participate until a note is provided to the athletic training staff. Examples of healthcare providers include; physician, doctor, chiropractor, nurse practitioner, physician assistant.

### STUDENT ATHLETIC ACCIDENT INSURANCE

FISD will not provide medical insurance for students that participate in interscholastic athletics.

### PREVENTATIVE ANKLE AND WRIST TAPING

Any non-injured athlete that would like to be taped for games and practices in order to prevent injury, will be required to perform strengthening exercises three times a week during the normal operating hours of the athletic training room. Failure to comply with this will result in the athlete not being taped.

No athlete is allowed to tape themselves or to be taped by any person other than the FHS Staff Athletic Trainers, unless other arrangements have been by the FHS Athletic Training Staff.

### MORNING TREATMENTS

A schedule of operating hours will be posted on the doors to the athletic training room and all coaches will be notified and asked to relay that information to their athletes. Treatments and injury evaluations will be held Monday –Friday throughout the entire school year, with the exception of the following school holidays – Thanksgiving Break, Christmas Break, Easter, and Spring Break.

It is the athlete's responsibility to know the operating hours of the athletic training room.

If an injured athlete fails to show up for treatments without notifying the staff athletic trainers, their coach will be notified and that athlete may be required to report to the training room during their athletic period and remain there until they have completed their treatments. Seniors with off-campus first period will not be allowed to attend treatments during that time.

### TRAINING ROOM HOURS

A schedule of operating hours will be posted on the doors to the athletic training room and all coaches will be notified and asked to relay that information to their athletes.

### ACADEMIC DAY

Athletes are not allowed to miss any class, including any student aide periods, to see the athletic trainers, unless instructed by the staff athletic trainers

### ATHLETIC PERIODS

All injured athletes will be required to see the staff athletic trainers prior to reporting to practice.

### CONTINUATION OF TREATMENTS/REHABILITATION

All injured athletes will be required to attend treatments until released from the athletic training room by the staff athletic trainers.

### SUMMER HOURS

The athletic training room will not be open during summer vacation.

### ENERGY DRINKS

Per school policy, all types of energy drinks are not allowed on campus at any time.

# 2018-2019 FISD/UII CERTIFICATE FOR ATHLETICS/ATHLETICS SPORTSMANSHIP/PARENT EXPECTATIONS-PAGE 4

At FISD, we believe that parents and participants involved in athletics and extracurricular activities should demonstrate high standards of ethics and sportsmanship and promote the development of good character. We believe that this exemplary behavior should be exhibited by all players, parents and spectators by remembering

1. That athletics and extracurricular activities are an extension of the classroom and provide
  - a. valuable learning experience for our students
2. To be a positive role model by demonstrating good sportsmanship by giving positive support to players, coaches, officials, and spectators at every game, practice or sporting event.
3. That our coaches are professionals and will treat kids fairly and will make decisions that are in the best interest of all that are participating.
4. That a ticket to a game/event/contest is ticket to observe and support all participants, coaches and officials involved.
5. That our coaches are willing to discuss any concern or issue you have at an appropriate time and place which may **NOT** be immediately at the end of a game/contest/event or practice.
6. To be a proper role model for our students in your words, actions and attitudes toward all involved in athletics and extracurricular activities.
7. More information on sportsmanship/parent expectations can be found at
  - a. The UIL Sportsmanship Information Manual  
<http://www.uil-texas.org/files/athletics/manuals/sportsmanship-manual.pdf>
  - b. The UIL Parent Information Manual  
[http://www.uil-texas.org/files/athletics/manuals/Parent Info Manual 13-14.pdf](http://www.uil-texas.org/files/athletics/manuals/Parent%20Info%20Manual%2013-14.pdf)
  - c. NFHS "The Role of Parents In Sports Course" [www.nfhslearn.com](http://www.nfhslearn.com)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS/ATHLETICS

## ATHLETIC CODE OF CONDUCT-PAGE 5

### Athletic Code of Conduct

*Athletics is not a requirement for graduation and participation is strictly voluntary. Athletics, as a discipline stresses work ethic, team play, sportsmanship, integrity and sacrifice. Should the actions of an athlete fail to exhibit these traits, the privilege of participating in athletics may be forfeited. When an athlete purposely or continuously violates team rules and guidelines, then it is up to the head coach to address the situation.*

#### A. Athletic Guidelines and Code of Conduct

- a. Athletes will be tough competitors in the athletic arena, but outside the competitive arena they are expected to conduct themselves as gentlemen and ladies at all times, demonstrating respect for their administrators, teachers and fellow students.
- b. All athletes are expected to strive for academic excellence and adhere to the *Student Code of Conduct* put forth by the FISD board.
- c. Athletes are to serve as positive representatives for their team, coaches, school district and community.
- d. Athletes are not to drink alcohol, use tobacco products or illegal drugs. Violations will be dealt with by a combination of physical punishment and suspensions. Removal from the team is possible in certain situations or repeat offenders.
- e. Due to the fact that FISD athletes represent more than themselves both female and male athletes are to adhere to dress code policies and personal grooming standards. Female athletes will refrain from having unnatural hair color and abnormal or excessive piercings. Male athletes will be expected not to have long or unkempt hair, pony tails, facial hair, earrings or other piercings.
- f. If an athlete is ejected from a contest the head coach shall inform the Athletic Director immediately. Any athlete ejected will be dealt with by a combination of physical punishment and suspensions which will be determined by the head coach and FISD athletic administration.
- g. Head coaches have the right to remove, suspend or correct an athlete whose conduct or actions are detrimental or distracting to the team and to the integrity of FISD and the community. An athlete will not be removed by the head coach without notifying and conferring with the Athletic Director and or other FISD administrators.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# 2018-2019 FISD/UII CERTIFICATE FOR ATHLETICS/ACTIVITIES ACKNOWLEDGEMENT OF RULES- PAGE 6

## GENERAL INFORMATION

School coaches may not:

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

## GENERAL ELIGIBILITY RULES

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

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

## HELMET DISCLAIMER

Warning: no football, baseball, or softball helmet can prevent all head and neck injuries a player might receive while participating in their sport. Do not use the helmet to butt, ram or spear an opposing player. This is a violation of the rules and may result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent.

## ACKNOWLEDGEMENT OF RULES

I have been provided the UIL Parent Manual regarding health and safety issues and my responsibility as a parent/guardian. This manual may be accessed at <http://www.uil-texas.org/athletics/manuals> or at [myfisd12.net](http://myfisd12.net). I have read and understood The Friendswood Independent School District's Certificate for Athletics. By signing, I agree to abide by all rules as set forth by the Friendswood Independent School District's Sports Medicine Department. I understand that failure to provide accurate and truthful information could subject to penalties determined by UIL and FISD.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS HAZING NOTICE – PAGE 7

Friendswood ISD, Friendswood Junior High and Friendswood High School clubs and organizations including Athletic Teams, Band, Cheerleaders, and Wranglerettes, do not condone, sanction or otherwise support or allow hazing, harassment or initiations (including shaving heads or cutting hair). This applies to all Friendswood Junior High and High School students including those entering the 7<sup>th</sup> Grade. This policy is in effect for 365 days a year.

School Board Policy and Texas State Law defines “hazing” as any intentional, knowing, or reckless act occurring on or off the campus of an educational institution directed against a student, by one person alone or acting with others, that endangers the mental or physical health or safety of a student for the purpose of pledging, being initiated into, affiliating with, holding office in, or maintaining membership in any organization whose members are or include other students.

### Personal Hazing Offense

A person commits an offense on or off school property if the person:

1. Engages in hazing;
2. Solicits, encourages, directs, aids, or attempts to aid another in engaging in hazing;
3. Intentionally, knowingly, or recklessly permits hazing to occur;
4. Or has firsthand knowledge of the planning of a specific hazing incident involving a student in an educational institution, or first-hand knowledge that a specific hazing incident has occurred, and knowingly fails to report said knowledge in writing to an administrator, coach, or sponsor.

### Sec 4.45 Consent Not A Defense

It is not a defense to the prosecution for the offense under this subchapter that the person against whom the hazing was directed consented to or acquiesced in the hazing activity.

Violation of hazing and depending on the seriousness of the offense, students will be punished. The consequences may include possible suspension or removal from the team or organization

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**2018-2019 FISD/UII CERTIFICATE FOR ATHLETICS  
PARENT AND STUDENT  
AGREEMENT/ACKNOWLEDGEMENT FORM  
ANABOLIC STEROID USE AND RANDOM STEROID TESTING-  
PAGE 8**

• Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.

• Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.

• Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.

• Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil-texas.org](http://www.uil-texas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

**Student Name (Print):** \_\_\_\_\_ **Grade (9-12)** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil-texas.org](http://www.uil-texas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

**Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_



# 2018-2019 FISD/UII CERTIFICATE FOR ATHLETICS CONCUSSION ACKNOWLEDGEMENT FORM –PAGE 9

**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.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# 2018-2019 FISD/UIIL CERTIFICATE FOR ATHLETICS SUDDEN CARDIAC ARREST AWARENESS FORM-PAGE 10

## 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 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.

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.

## 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. FISD OFFERS ECHOCARDIOGRAMS

## Where can one find information on additional screening?

Friendswood Athletic Staff – 281-996-6553 or [athletictrainers@fisd12.net](mailto:athletictrainers@fisd12.net)

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

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS SUDDEN CARDIAC ARREST AWARENESS INFORMATION-PAGE 11

## What are the current recommendations for screening young athletes?

The University Interscholastic League requires the 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, palpitation 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.

FISD requires the Preparticipation Physical Examination form to be completed yearly. 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 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 (commotion 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 athlete field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheer sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED
- Each school has developed a 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 ½ minute walk from any location that a call is made to activate 911 emergency system while the AED is being retrieved.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS MEDICAL HISTORY FORM PART I - PAGE 12

Explain all "YES" answers below. Circle questions you do not 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 and written clearance is required before any participation in UIL practices, games or matches. An individual answering yes to any question relating to a possible cardiovascular health issue (question 3) should be restricted from further participation until the individual is examined and cleared. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

		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 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 of 50?		
	Has any family member been diagnosed with enlarged heart, dilated cardiomyopathy, hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Burgada 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 _____		
	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)?		

Continued On Next Page

## 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS MEDICAL HISTORY FORM PART II – PAGE 13

		YES	NO																		
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 an 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?  Please circle the correct body part  <table style="width: 100%; border: none;"> <tr> <td>Head</td> <td>Neck</td> <td>Back</td> <td>Chest</td> <td>Shoulder</td> <td>Upper Arm</td> <td>Elbow</td> <td>Forearm</td> <td>Wrist</td> </tr> <tr> <td>Hand</td> <td>Finger</td> <td>Hip</td> <td>Thigh</td> <td>Knee</td> <td>Shin/Calf</td> <td>Ankle</td> <td>Foot</td> <td></td> </tr> </table>	Head	Neck	Back	Chest	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hand	Finger	Hip	Thigh	Knee	Shin/Calf	Ankle	Foot			
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**

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**

Do you have two testicles? \_\_\_\_\_  
 Do you have any testicular swelling or masses? \_\_\_\_\_

**EXPLAIN ALL YES ANSWERS HERE:**

I hereby state that to the best of my knowledge the answers to the above questions are complete and correct. 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, including the athletic trainer, of such illness or injury.

**STUDENT'S**  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT'S**  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR SCHOOL USE ONLY THIS MEDICAL HISTORY FORM WAS REVIEWED BY:**

SCHOOL OFFICIAL PRINTED NAME _____	DATE _____
SCHOOL OFFICIAL SIGNATURE _____	

# 2018-2019 FISD/UIL CERTIFICATE FOR ATHLETICS PREPARTICIPATION PHYSICAL EVALUATION/EXAM- PAGE 14

Student's Name \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (Optional) \_\_\_\_\_  
 Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ ) ( \_\_\_\_\_ / \_\_\_\_\_ )  
 Vision : R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Yes No Pupils: Equal Unequal

MEDICAL	NORMAL	ABNORMAL	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart Auscultation Supine			
Heart Auscultation Standing			
Heart Lower Extremities Pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (Males Only – Optional)			
Skin			
Marfan's stigmata (arachnodactyl, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL	NORMAL	ABNORMAL	INITIALS
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Other			

### PHYSICIAN CLEARANCE

\_\_\_\_\_ Cleared  
 \_\_\_\_\_ Cleared After Completing Evaluation/Rehabilitation For: \_\_\_\_\_

\_\_\_\_\_ Not Cleared For: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

**PHYSICIAN'S 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) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_