

# Sherman Independent School District UIL Physical Form

Please Print Legibility

Student ID # \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

MI

Circle grade level for next school year:    7   8   9   10   11   12

Sex: M   F    Age: \_\_\_\_\_    Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    Student Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

State

Zip Code

In case of an emergency: Parent/Guardian Information

Mother's Name: \_\_\_\_\_    Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_    Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

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**CONSENT TO TREAT Below Must Be Filled Out**

The undersigned Parent/Guardian hereby consents to and authorizes any physician, athletic trainer, nurse, or medical personal to administer and perform any and all medical examinations, treatments, designated procedures, and dispense medication which may be now or during the course of the athlete/patient's care as an outpatient be deemed advisable or necessary. 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 the athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

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

Parent/Guardian Signature: \_\_\_\_\_    Date: \_\_\_\_\_

**THE FOLLOWING MUST BE SIGNED BY EACH FOOTBALL PARTICIPANT AND PARENT**

**WARNING:** No helmet can prevent all head and neck injuries a player might be exposed to while playing football. DO NOT use helmet to butt, ram, or spear an opposing player. This is a violation of the football rules and such use can result in severe head or neck injuries, paralysis, or death to you and possible injury to your opponent.

I have read and understand the above safety warning.

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

Parent/Guardian Signature \_\_\_\_\_    Date \_\_\_\_\_

## STUDENT ATHLETE INJURY AND/OR ILLNESS REPORT

Any student athlete visiting a licensed medical provider (M.D. or D.O.) for an illness or injury must obtain a report signed by said physician containing the following information.

- Nature of illness or injury
- Treatment of illness or injury including medication, protective gear, etc.
- Specific instructions regarding any restrictions from full participation in athletics, (e.g. may participate in non-contact environment, may not participate at all, etc)
- Date of release that student athlete may participate in athletics with NO restrictions
- The team physician together with a licensed athletic trainer shall have the final decision determining if the athlete will participate or play.

This signed report is to be submitted to the athletic trainer upon return to school, prior to any or all participation. A copy of clearance form must be obtained by the Sports Medicine Staff and presented to appropriate coach prior to activity.

### Head Injury Policy

If an athlete is removed from a practice or a competition by one of the qualified individuals with the authority to do so, Sec.A38.156 of HB 2038, (Athletic trainer, Coach, licensed medical professional, or Physician,) the athlete must be seen by a qualified MD or DO to receive clearance and then begin the Return to Play Protocol once the athlete is asymptomatic. The Protocol is developed by the School District's Concussion Oversight Team. The protocol is a gradual increase in physical activity that will take a minimum five days or last as long as the guidelines suggests. The Athletic Trainer will email the athletes teachers with Return to learn guidelines.

### SECONDARY INSURANCE POLICY

This means that the student/athlete must exhaust all insurance coverage benefits from their own insurance or any other insurance coverage before receiving benefits from the school insurance

Sherman I.S.D. does provide limited accident insurance coverage for all 7th through 12th grade students who participate in any U.L.L. sanctioned activity. The insurance provided by the school is for activities that are sanctioned by Uil, rules and regulations.

Any competition in which the student participates that is NOT under UIL, sanction will NOT be covered under school insurance. However, parents must still resume the responsibility for any injury sustained, regardless of what any insurance company pays. This policy is not intended nor written to cover all expenses incurred, but to serve only as an excess secondary insurance policy. For middle school athletes, the athletes must report the injury to the coach the day of the injury. For high school athletes, the injury is to be reported to the high school athletic trainer and coach the day of the injury or the following day. To receive the school insurance claim form, the athlete must see the high school athletic trainer first and the athletic trainer must agree seeing a physician is warranted. An insurance claim form may be obtained from an Athletic Trainer. A claimant must seek treatment from a licensed Physician within 180 days (6 months) from the date of injury and claims must be filed within 6 months of the injury. It is the responsibility of the parent or guardian to file a claim. Should a student/athlete want to obtain a second opinion from a physician of their choice or go to a physician without a referral from the athletic trainers or team doctor, they do so on their own accord and at their own expense. Please contact the Athletic Trainer at (903)891-6453 ext 4593 if you have any questions concerning the schools' student insurance policy.

- Should medication(s) be deemed necessary, it is the responsibility of the student-athlete to pay for any prescription or non-prescription medications.
- Dental related injuries, which occurs during ShermanISD sanctioned practices and/or competitions will be covered by the athlete's insurance.
- ShermanISD will not be held responsible for any general dentistry, including teeth cleaning, fillings, tooth extractions or any other pre-existing condition(s)

I understand that my insurance company will provide my primary coverage

I have read and understand the Secondary Insurance Policy, Student Injury/Illness Report, and Head Injury Policy. I do hereby agree that my son/daughter will abide by said rules.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

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.

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	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)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	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.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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

**PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
blood pressure

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this Physical Examination Form must be completed prior to athletic participation and again every year. It *must* be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM.

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
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)			
<b>MUSCULOSKELETAL</b>			
Neck			
Spine			
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. Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

I hereby authorize the athletic trainers of Sherman I.S.D. its affiliates, its employees and agents the *use and disclosure of Protected Health Information* to the individual(s) indicated below:

**Information to used or disclosed May Include:**

- |                                                                                   |                                                             |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input checked="" type="checkbox"/> Provider name, address & specialty (required) | <input checked="" type="checkbox"/> Medical diagnosis       |
| <input checked="" type="checkbox"/> Dates of service (required)                   | <input checked="" type="checkbox"/> Services rendered       |
| <input checked="" type="checkbox"/> Cost of services (required)                   | <input checked="" type="checkbox"/> Medications             |
| <input checked="" type="checkbox"/> Physicals                                     | <input checked="" type="checkbox"/> General Medical History |

**Persons or class of Persons to Whom the Disclosure May Be Made:**

- |                                                                          |                                                                  |
|--------------------------------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Certified Athletic Trainers          | <input checked="" type="checkbox"/> Coaches                      |
| <input checked="" type="checkbox"/> Doctors                              | <input type="checkbox"/> Media                                   |
| <input checked="" type="checkbox"/> Student Health Center Staff          | <input checked="" type="checkbox"/> Athletic Director            |
| <input checked="" type="checkbox"/> Insurance Companies                  | <input type="checkbox"/> Parent                                  |
| <input checked="" type="checkbox"/> Student Athletic Trainers            | <input checked="" type="checkbox"/> Instructors-Concussions only |
| <input checked="" type="checkbox"/> Physical Therapist-on a need to know | <input type="checkbox"/> Other                                   |

I understand that this Authorization relates to individually identifiable health information about my son/daughter, which is called *Protected Health Information* as defined by the *Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)*; and,

that if the person or entity that receives this information is not a health plan, health care clearinghouse, or health care provider as defined in the *Privacy Rule*, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state law; and,

That I may revoke the authorization at any time by notifying the Sherman I.S.D. Athletic Training Staff *in writing*. However, if I chose to do so, my revocation will not affect any actions taken *prior* to my revocation; and,

That I may refuse to sign this authorization and that my refusal to sign in no way affects my sport participation. My refusal, however, *may* affect payment and *may* delay the processing of my claim.

Student's Name (print) \_\_\_\_\_

ID : \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian's  
Signature (if a minor) \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

# ACKNOWLEDGEMENT OF RULES

**Attention School Authorities:** This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Current School \_\_\_\_\_

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## 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 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.uil texas.org/files/athletics/manuals/parent-information-manual.pdf](http://www.uil texas.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 and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

To the Parent: Check any activity in which this student will participate in.

- |                                        |                                    |                                            |                                        |
|----------------------------------------|------------------------------------|--------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Football  | <input type="checkbox"/> Softball          | <input type="checkbox"/> Tennis        |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Golf      | <input type="checkbox"/> Swimming & Diving | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Soccer    | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Volleyball    |
| <input type="checkbox"/> Powerlifting  | <input type="checkbox"/> Fine Arts |                                            |                                        |

Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

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## 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.

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**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.

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Date

Signature of student

# CONCUSSION

A FACT SHEET FOR STUDENT-ATHLETES

## WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
  - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- Can happen even if you do not lose consciousness.

## HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

## WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

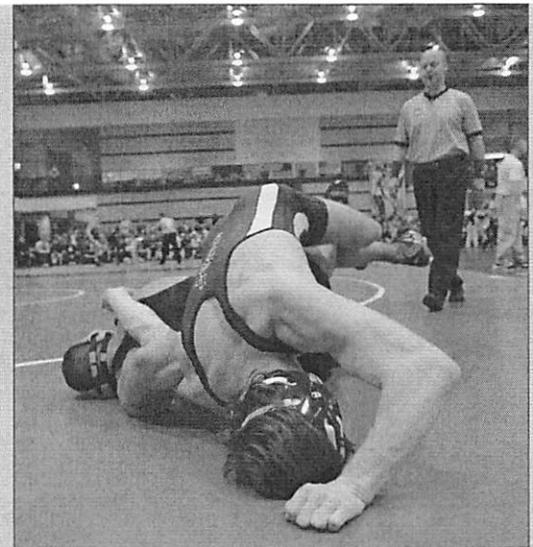
## WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

**Don't hide it.** Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

**Report it.** Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

**Get checked out.** Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

**Take time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.  
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit [www.NCAA.org/health-safety](http://www.NCAA.org/health-safety) and [www.CDC.gov/Concussion](http://www.CDC.gov/Concussion).



*Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.*

**Sherman ISD Preseason  
Parental Information and Consent Form for Concussions**

**Student-Athlete Concussion Statement**

**\*Please initial next to each statement and then sign and date the bottom.**

\_\_\_\_\_ **I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.**

\_\_\_\_\_ **I have read and understand the NCAA Concussion Fact Sheet.**

**After reading the NCAA Concussion fact sheet, I am aware of the following information:**

\_\_\_\_\_ **A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.**

\_\_\_\_\_ **A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.**

\_\_\_\_\_ **You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.**

\_\_\_\_\_ **If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.**

\_\_\_\_\_ **I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.**

\_\_\_\_\_ **Following a concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.**

\_\_\_\_\_ **In rare cases, repeat concussions can cause permanent brain damage, and even death.**

**Student-Athlete's Name (print)** \_\_\_\_\_

**Athlete's Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Parent/Legal Guardian's  
Signature (if a minor)** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**What can happen if my child keeps on playing with a concussion?**

Athletes with the signs and symptoms of a concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**Liability Provisions**

The student and the student's parent or guardian or another person with legal authority to make medical decisions for the student understands this policy does not:

1. waive any immunity from liability of a school district or open-enrollment charter school or of district of charter school officers or employees;
2. create any liability for a cause of action against a school district or open-enrollment charter school or against district or charter school officers or employees;
3. Waive any immunity from liability under Section 74.151, Civil Practice and Remedies Code;
4. Create any liability for a member of a concussion oversight team arising from the injury or death of a student participating in an interscholastic athletics practice of competition, based only on service on the concussion oversight team.

**Parental Consent**

**By signing this form, I understand the risks and dangers related with returning to play too soon after a concussion. Furthermore, in the event that my son/daughter is diagnosed with a concussion, I will take my son/daughter to a physician. I give my consent for my son/daughter to participate in and comply with the Sherman ISD return to play and return to learn protocol. The undersigned, being a parent, guardian, or another person with legal authority, grants this permission. If I refuse to consent to the SISD protocol, the child WILL NOT be allowed to participate in Sherman ISD Athletics.**

**Athlete's Name (Print) \_\_\_\_\_**

**Parent's or Guardian's Name (Print) \_\_\_\_\_**

**Parent's or Guardian's Signature \_\_\_\_\_**

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



# SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

### Website Resources:

American Heart Association:  
[www.heart.org](http://www.heart.org)

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**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 1<sup>st</sup> and 3<sup>rd</sup> 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 many, 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 certify that I have read and understand the above information.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

**University Interscholastic League**  
**Parent and Student Agreement/Acknowledgement Form**  
**Anabolic Steroid Use and Random Steroid Testing**

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

**STUDENT ACKNOWLEDGEMENT AND AGREEMENT**

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

Student Name (Print): \_\_\_\_\_ Grade (7-12) \_\_\_\_\_

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

**PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

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

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

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

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

School Year (to be completed annually) \_\_\_\_\_



## SHERMAN ISD STUDENT ATHLETE OVER-THE-COUNTER MEDICATION FORM

**Attention Parent/Guardian:** The following Over-the-Counter medications will be available in the Athletic Training Room or by the Athletic Trainer. Administration of these medications will be "per label directions" unless otherwise indicated. In all cases generic drugs may be used in place of name brands.

**Signify your approval by initialing in the space before the statement and signing below:**

\_\_\_\_\_ I authorize the Sherman Licensed Athletic Trainer(s) to administer nonprescription medications to my child following the guidelines and/or directions of a team physician.

\_\_\_\_\_ Antihistamine/Decongestant \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Naproxen Sodium

\_\_\_\_\_ Anti-acid tablets \_\_\_\_\_ Anti-diarrhea \_\_\_\_\_ Pepto-Bismol \_\_\_\_\_ Anti-Nausea

\_\_\_\_\_ MS aid/ Midol \_\_\_\_\_ Glucose tablets \_\_\_\_\_ Cough Drops

\_\_\_\_\_ Electrolyte replacement tablets and electrolyte drinks (Fos-Free, CrampX)

**Parent/Guardian Name:** \_\_\_\_\_.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_.