



Arkansas Activities Association

Sports Medicine Fact Sheet for Parents and Students

This document has been created by the Arkansas Activities Association Sports Medicine Advisory Committee. The committee's mission is to ensure Arkansas Activities Association member schools provide sound and consistent medical information to enhance the safety of their athletic programs. The AAA Sports Medicine Committee is committed to offering information and guidance to member schools on topics which impact the welfare of all those involved in interscholastic competition. The topics included in this fact sheet are: Exertional Heat Stroke, MRSA, Concussion, and Sudden Cardiac Arrest. The following pages contain important sports medicine information for parents and students. Please read the information and sign to acknowledge that you have received and reviewed the information.



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Exertional Heat Stroke Facts

WHAT IS EXERTIONAL HEAT STROKE

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

WHAT ARE THE SIGNS AND SYMPTOMS OF HEAT STROKE

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature)
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity.
- Nausea, vomiting, diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

TREATMENT

- Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressively whole-body cooling by immersing in tub of cold water. If a tub is not available, use alternative cooling methods



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MRSA Facts

WHAT IS MRSA

MRSA is methicillin-resistant Staphylococcus aureus, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with all regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the chances of the infection becoming severe. MRSA is spread by: having contact with another person's infections, sharing personal items such as towels or razors, that have touched infected skin, touching surfaces or items, such as used bandages, contaminated with MRSA.

WHAT ARE THE SIGNS AND SYMPTOMS MRSA

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by fever.

WHAT IF I SUSPECT MRSA SKIN INFECTION

Cover the area with a bandage and contact your healthcare professional. It is especially important to contact your healthcare professional if signs and symptoms of an MRSA skin infections are accompanied by fever.

HOW ARE MRSA SKIN INFECTIONS TREATED

Treatment may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to drain the infection yourself— doing so could worsen or spread it to others. If you are given an antibiotic, be sure to take all of the doses (even if the infection is getting better), unless your healthcare professional tells you to stop taking it.

HOW CAN I PROTECT MY FAMILY FROM MRSA SKIN INFECTIONS

- Know the signs and symptoms
- Get treated early
- Keep cuts and scrapes clean
- Encourage good hygiene
- Clean hands regularly
- Discourage sharing personal items such as towels and razors.

FOR MORE INFORMATION, PLEASE CALL

1 -800-CDC-INFO OR visit www.cdc.gov/MRSA



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Sudden Cardiac Facts

WHAT IS SUDDEN CARDIAC ARREST

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. The information presented below is to provide you with the knowledge you need to help the coach keep your child safe at practices and games.

WHAT ARE THE SIGNS AND SYMPTOMS OF SUDDEN CARDIAC ARREST

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Chest pain
- Dizziness
- Racing heart beat
- Extreme fatigue

GUIDELINES FOR REMOVAL OF A STUDENT FROM ACTIVITY

- Every coach and registered volunteer must receive training every three years on prevention of sudden cardiac death.
- Every athlete and parent must read and sign the AAA Sports Medicine Fact Sheet containing information on sudden cardiac arrest.
- Any athlete experiencing syncope (fainting), chest pains, shortness of breath that is out of proportion to their level of activity or an irregular heart rate should not return to practice or play until evaluated by an appropriate healthcare professional (MD, DO, APN, Certified Athletic Trainer).
- The referred athlete must be medically cleared by an appropriate healthcare professional prior to return to play/practice.

SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached AAA Sports Medicine Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of injuries associated with participation in school athletic activity.

Athlete Name: _____

Athlete Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____



Participant Agreement, Consent, Release, and Venue

This form is valid for the _____ school year and must be on file at the school in which the student is enrolled prior to participation.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

A. I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and the Arkansas Activities Association (AAA) and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AAA to review my individually identifiable health information and/or a video live feed of a health-related inspection/exam for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AAA, upon its request, and hereby grant AAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental Agreement, Consent, And Release (to be completed and signed by a parent(s) at the bottom; where divorced or separated, parent with legal custody must sign.)

A. I hereby give consent for my child to participate in any AAA recognized or sanctioned sport EXCEPT for the following sport(s):

B. I know of, and acknowledge that my child knows of, the risks involved in interscholastic athletic

participation. I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's school, to the AAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child and further to use said child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 3. Litigation

A. VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES. I agree that in the event I, or anyone acting on my child's behalf, files suit against AAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AAA contests, such action shall be filed in the Pulaski County, Arkansas, Circuit Court. I also agree that filing such action in the Pulaski County Circuit Court is both fair and reasonable.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE CLAUSE (Only one parent/legal primary custodian signature is required)

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____