

Dear Parents/Guardians,

It is our goal that your student receives the best care possible and that we provide every opportunity for your child to be successful. That being said we will be hosting a team of doctors for your child to receive a physical at Madisonville High school on April 25th 2023. This is a date set up by our team physician and is not likely to change. **This packet must be filled out entirely by Friday, April 21st, before your child will be able to meet with the doctor.**

Physical will be \$20 and we will be collecting money for that on April 25th. *Please do not drop off any money for your child at either of the front offices.* This will allow us to keep up with who has paid. We will do our best to communicate with you throughout these next few weeks in the off chance that there are any modifications that occur.

It is a requirement that EVERY GRADE LEVEL participating in Athletics, Band or Cheer receive a physical this year. It is not a requirement that you get it through the school, however it is highly encouraged. If you chose not to obtain the physical through the school, you must have a completed physical in hand when you return to summer workouts/school, along with the rest of this packet or you will not be allowed to participate and will be removed from athletics.

All physicals must be completed and turned in no later than Monday, July 24, 2023. This will allow time for us to process the packets and file them accordingly.

Thank you all for your help in making sure that each page is filled out entirely and that all "Signature lines" are filled with the appropriate signature. PLEASE DO NOT FILL OUT ANYTHING IN PENCIL.

Please feel free to contact me with any questions or concerns you might have regarding this matter.

Thank you,

Bridget Chandler
Athletic Trainer
Madisonville CISD
bchandler@madisonvillecisd.org

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2020

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

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
 In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

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

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 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 _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/____ L 20/____

Corrected: ☐ Y ☐ NPupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * ***Local district policy may require an annual physical exam.***

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|--|--------|-------------------|-----------|
| MEDICAL | | | |
| Appearance | | | |
| Eyes/Ears/Nose/Throat | | | |
| Lymph Nodes | | | |
| Heart-Auscultation of the heart in the supine position. | | | |
| Heart-Auscultation of the heart in the standing position. | | | |
| Heart-Lower extremity pulses | | | |
| Pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitalia (males only) | | | |
| Skin | | | |
| Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis) | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/Arm | | | |
| Elbow/Forearm | | | |
| Wrist/Hand | | | |
| Hip/Thigh | | | |
| Knee | | | |
| Leg/Ankle | | | |
| Foot | | | |
| | | | |

*station-based examination only

CLEARANCE☐ Cleared☐ Cleared after completing evaluation/rehabilitation for: _____☐ Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

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

ACKNOWLEDGEMENT OF RULES

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

Student's Name _____ Date of Birth _____

Current School _____

Parent or Guardian's Permit

I hereby give my consent for the above student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips.

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

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

I have read and understand the University Interscholastic League rules on the reverse side of this form and agree that my son/daughter will abide by all of the University Interscholastic League rules.

The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

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

I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

The UIL Parent Information Manual is located at www.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 is allowed to participate.

| | | | |
|---------------|----------|-------------------|---------------|
| Baseball | Football | Softball | Tennis |
| Basketball | Golf | Swimming & Diving | Track & Field |
| Cross Country | Soccer | Team Tennis | Volleyball |
| Wrestling | | | |

Date _____

Signature of parent or guardian _____

Street address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

GENERAL INFORMATION

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day 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.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL.

I have read the regulations cited above and agree to follow the rules.

Date

Signature of student



University Interscholastic League



Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

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

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uil 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. 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) _____



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on

Sudden Cardiac Arrest

Website Resources:

American Heart Association:
www.heart.org

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

Additional Reviewers: UIL Medical
Advisory Committee

Revised 2016

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

Inherited (passed on from family) **conditions present at birth of the heart muscle:**

Hypertrophic Cardiomyopathy – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

Arrhythmogenic Right Ventricular

Cardiomyopathy – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

Marfan Syndrome – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Inherited conditions present at birth of the electrical system:

Long QT Syndrome – abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic

Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

Noninherited (not passed on from the family, but still present at birth)

conditions:

Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

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

Non-compactation 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? | Are there additional options available to screen for cardiac conditions? | Can Sudden Cardiac Arrest be prevented just through proper screening? |
|--|---|---|
| <p>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.</p> <p>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.</p> <p>The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.</p> | <p>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.</p> | <p>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.</p> |
| <p>When should a student athlete see a heart specialist?</p> <p>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.</p> | | |
| <p>Why have an AED on site during sporting events</p> <p>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).</p> <p>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:</p> <ul style="list-style-type: none"> ➤ 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. | | |
| <p>➤ Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.</p> <p>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.</p> | | |
| <p>Student & Parent/Guardian Signatures</p> <p>I certify that I have read and understand the above information.</p> | | |
| <p>Parent/Guardian Signature _____</p> <p>Parent/Guardian Name (Print) _____</p> <p>Date _____</p> <p>Student Signature _____</p> <p>Student Name (Print) _____</p> <p>Date _____</p> | | |



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, 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/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading 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/cheerleader 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 (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and
- (4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:
 - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
 - (B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
 - (C) have signed a consent form indicating that the person signing:
 - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
 - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
 - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
 - (iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date

Madisonville CISD OTC Consent Form

Athlete: _____ Grade: _____
Last First MI

Over-the-Counter Drug Consent:

I hereby give permission to the athletic trainer representing the Madisonville CISD to, using his/her judgement, administer over the counter medications to my son/daughter named above for simple medical problems including but not limited to: General inflammation from injury and musculoskeletal soreness, headache, indigestion, stomach ache, diarrhea, muscle/menstrual cramps, simple allergic reactions, and sinus congestion.

I Agree (_____) Parent/Guardian initials

I Decline (_____) Parent/Guardian initials

} **MUST INITIAL ONE**

Please list ANY medications your son or daughter may be allergic to:

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

Emergency Medical Release & Liability Waiver

Participant's Name _____ Birth Date _____
Street Address _____ City _____ Zip _____
Current Medications _____
Allergies _____
Other Medical Conditions _____
Physician _____ Physician's Phone Number _____
Medical/Hospital Insurance Company _____ Phone _____
Policy Holder's Name _____ Policy Number _____

Emergency Information

Student's cell phone number _____
Father's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Mother's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

In an emergency when parent/guardian cannot be reached please contact the following:

Name _____ Home Phone _____
Work Phone _____ Cell Phone _____
Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

I the undersigned parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities which involve risk of serious injury, including disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Madisonville CISD, its directors, agents, including the owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to as the releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be the caused in whole or in part by the negligence of the releasee and sign below voluntarily.

Parent/Guardian Signature _____ Date _____
Participant's Signature _____ Date _____

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK TO EXPEDITE MEDICAL TREATMENT.

Student Name: _____ Student ID #: _____ Grade: _____



Madisonville Independent School District

Student Drug Testing Program

2023-2024

Parental Notification and Consent Form

_____ I acknowledge that the student named above participates in the extracurricular activity program at Madisonville CISD (MCISD) and, as such, is required to participate in the student drug testing program.

_____ The student named above does not participate in extracurricular activities at MCISD. However, as parent/guardian, I give my consent for the student named above to participate in the District's drug testing program.

_____ The student named above owns a MHS parking permit and drives to school. As such, the student is required to participate in the drug testing program.

In accordance with the MCISD policy (*see attached*) we are asking each parent and participating student to make a commitment and sign this statement making a pledge for the participating student to abstain from the use of illegal drugs or other controlled substances. Therefore, the parent and participating student gives consent to random urinalysis testing to be used for drug screening.

I acknowledge that MCISD will contact the student's parent or adult student if a drug test is positive. Medical review may then be requested by the parent or adult student or MCISD. **In the event of a positive test, the student will be suspended for 30 calendar days, following notification, from all extracurricular activities/parking for the first offense. In the case of any subsequent offense(s), the student will be suspended for 45 calendar days, following notification, from all extracurricular activities/parking. Positive tests are cumulative throughout the student's extracurricular activity involvement on each participating campus (MJH and MHS).**

Parent/Guardian Signature: _____

Student Signature: _____

Date: _____

MCISD Drug Testing Board Policy

The District requires drug testing of any student in grades 7-12 who chooses to participate in school-sponsored extracurricular activities or requests a permit to park a vehicle on school property.

Students shall be randomly tested throughout the school year.

The purposes of the drug-testing program are to prevent injury, illness, and harm resulting from the use of illegal and performance-enhancing drugs or alcohol; help enforce a drug-free educational environment; deter student use of illegal and performance enhancing drugs or alcohol; and educate students regarding the harm caused by the use of illegal and performance-enhancing drugs or alcohol.

Before a student is eligible to participate in extracurricular activities or to receive a parking permit, the student shall be required annually to sign a consent form agreeing to be subject to the rules and procedures of the drug-testing program. If the student is under the age of 18, the student's parent or guardian shall also sign a consent form. If appropriate consent is not given, the student shall not be allowed to participate in extracurricular activities or to receive a parking permit.

Drug test results shall be used only to determine eligibility for a parking permit and participation in extracurricular activities. Positive drug test results shall not be used to impose disciplinary sanctions or academic penalties.

Nevertheless, nothing in this policy shall limit or affect the application of state law, local policy, or the Student Code of Conduct. A student who commits a disciplinary offense shall be subject to consequences in accordance with the Student Code of Conduct.

Drug-testing results shall be confidential and shall be disclosed only to the student, the student's parents, and designated District officials who need the information in order to administer the drug testing program. Drug test results shall not be maintained with a student's academic record. Results shall not be otherwise disclosed except as required by law.

The Board shall contract with a certified drug-testing laboratory to conduct testing of students' urine samples. Testing laboratories shall not release statistics regarding the rate of positive drug tests to any person or organization without consent of the District.

The District shall make available to students and parents a list of the exact substances for which tests will be conducted.

Personnel from the drug-testing laboratory shall collect urine samples under conditions that are no more intrusive than the conditions experienced in a public restroom. When selected for testing, a student shall be escorted to the school's testing site by a District employee and shall remain under employee supervision until the student provides a sample. A student shall produce a sample within a closed restroom stall. A District employee of the same gender as the student shall be present when the samples are collected.

A student who refused to be tested when selected or who is determined to have tampered with a sample shall be deemed to have a positive test result and shall be subject to the appropriate consequences depending on previous positive test results, if any.

If a student is absent on the day of the random test, a sample shall be collected on the next random testing date.

An initial positive test shall be confirmed by a second test of the same specimen before being reported as positive.

Upon receiving results of a positive drug test, the District shall schedule a meeting with the student, the student's parent if the student is under the age of 18, and the coach or sponsor of the extracurricular activity, as applicable, to review the test results and discuss consequences.

The student or parent shall have three school days following the meeting to provide a medical explanation for a positive result.

If the student wished to return to participation in extracurricular activities or have a parking permit reinstated after any applicable consequences, the student must be retested at the end of the period of suspension and have a negative test result; following that, the student shall be retested so long as the student wished to participate in extracurricular activities or park a vehicle on school property.

The District shall notify the parent and student of drug and alcohol abuse prevention resources available in the area.

Consequences of positive test results shall be cumulative through the student's enrollment in middle school and shall begin anew for high school.

Upon a first offense of receiving a confirmed positive drug test, a student shall be suspended from any extracurricular activity, and the student's parking permit shall be suspended, for **30** calendar days following the date the student and parent are notified of the test results.

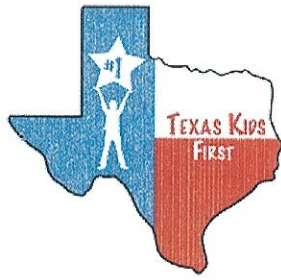
During the period of suspension, the student shall not be permitted to participate in practices.

Upon *any* subsequent offense of receiving a confirmed positive drug test, a student shall be suspended from any extracurricular activity, and the student's parking permit shall be suspended, for **45** calendar days following the date the student and parent are notified of the test results.

During the period of suspension, the student shall not be permitted to participate in practices.

Students who test positive will be on the following three screenings automatically.

A student or parent may appeal a decision made under this policy in accordance with FNG(LOCAL). The student shall be ineligible for participation in extracurricular activities or reinstatement of parking privileges while the appeal is pending.



Texas Kids First

Individual Accident-Only Insurance for Students

***** PARENTS ARE ULTIMATELY RESPONSIBLE *****

State Law does **not** require school districts to purchase insurance. School districts are **not** liable for accidents which occur in schools. School districts are **not** responsible for medical payments or bills for your child. If your child is injured during any school athletic, non-athletic or UIL activity, all medical charges are **your responsibility**.

Your school district may purchase a supplemental accident-only policy to cover students for athletic or non-athletic or UIL activities. However, the policy has limited benefits and charges not covered by the policy are **your responsibility**.

For the benefit of parents who do not have insurance or have limited health insurance, **Texas Kids First** offers accident-only insurance to students. These plans provide benefits for loss due to a covered injury up to \$25,000. The plans are designed to help offset deductibles and co-insurance. They are affordable limited-benefit plans that are renewable annually. There are several options for you to choose from:

- The **At-School Accident** Plan covers accidents occurring at school, during school hours. (Excludes participation in High School Varsity Football activities). At-School coverage may be purchased with or without sports.

\$30.00 per school year without sports

\$90.00 per school year with sports

- The **24-Hour Accident** Plan covers accidents anywhere, around the clock. (Excludes participation in High School Varsity Football activities). 24-Hour coverage may be purchased with or without sports.

\$ 80.00 per school year without sports

\$180.00 per school year with sports

- The **Football Accident** Plan covers only High School Varsity Football accidents that occur during practice or during a game. **The Plan has a \$250 deductible.**

\$325.00 per school year.

See back of page for Schedule of Benefits and Exclusions for all Accident-Only Plans.

In order to enroll your child in one of these plans, 1) you may view or purchase plans online at www.texaskidsfirst.com, or 2) call Texas Kids First toll-free at 800-366-8354 to receive a brochure in the mail or obtain more information.

Plans are underwritten by Universal Fidelity Life Insurance Company. This is a brief illustration of the coverage offered through the Texas Kids First K-12 Student Accident Insurance Program. The Policy issued will be the contract and will govern and control the payment of benefits subject to the exclusions and limitations in the Policy.

SCHEDULE OF BENEFITS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

| | |
|----------------------------------|--|
| Medical Maximum: | \$25,000 for each Injury |
| Policy Term: | 1-Year – Renewable |
| Benefit Period: | 52 Weeks from the date of Injury |
| Initial treatment Period: | 90 days from the date of Injury |
| Deductible: | At-School/24 Hour Plans - \$0.00 Varsity Football Plan - \$250.00 |

Inpatient

| | |
|----------------------------|---|
| Inpatient Hospital: | Usual & Customary Charges up to \$750.00 per day/ 6 days maximum (includes facility and services) |
| Doctor Visits: | Usual & Customary Charges up to \$40.00 per day |

Outpatient

| | |
|------------------------------------|--|
| Ambulatory Surgical Center: | Usual & Customary Charges up to \$2,000.00 (facility charge) |
| Doctor Visits: | Usual & Customary Charges up to \$40.00 per day |
| Physiotherapy: | \$50.00 1 st visit/\$25.00 per visit thereafter up to 5 visits total ((limited to 1 visit per day) |
| Medical Emergency: | Usual & Customary Charges up to \$175.00 (for use of emergency room facility and services within 72 hours of Injury) |
| Medical Emergency Doctor: | Usual & Customary Charges up to \$40.00 |
| Shots and Injections | Usual & Customary Charges up to \$60 (within 24 hours of an Injury) |
| Diagnostic X-ray: | Usual & Customary Charges up to \$200.00 and \$50.00 for reading |
| CAT Scan/MRI: | Usual & Customary Charges up to \$500.00 and \$50.00 for reading |
| Laboratory Procedures: | Usual & Customary Charges up to \$50.00 |

Other (Inpatient and/or Outpatient)

| | |
|---|--|
| Surgeon: | 75% of Usual & Customary Charges up to \$2,000.00 (limited to primary procedure including removal of surgical Implanted pins within two years of Injury) |
| Anesthetist: | 25% of surgeon benefit |
| Assistant Surgeon: | 25% of surgeon benefit |
| Ambulance: | Usual & Customary Charges up to \$1,000.00 |
| Dental Treatment: | Usual & Customary Charges up to \$5,000.00 (benefits paid on Injury to Sound, Natural Teeth only) |
| Post Surgical Durable Medical Equipment: | Usual & Customary Charges up to \$150.00 |
| Eye Glasses, Contact Lenses and and Hearing Aid Replacement: | Usual & Customary Charges (as a result of a covered Injury only) |
| Prescription Drugs: | \$15 per prescription |
| Prosthetic Devices, Orthotic | |
| Devices and Related Services: | Usual & Customary Charges up to \$500.00 (Post Surgical Only) |
| Expanded Medical Benefit: | Pays for services per the Schedule of Benefits up to \$350 maximum |

POLICY EXCLUSIONS AND LIMITATIONS FOR ALL INDIVIDUAL ACCIDENT-ONLY PLANS

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

- Acupuncture.
- Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including, but not limited to, two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
- Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
- Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
- Dental treatment, except for accidental Injury to Sound, Natural Teeth.
- Elective Surgery or Elective Treatment.
- Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting (not to include heat stroke); fainting; neuritis, lumbago, hernia, regardless of how caused; illness or disease in any form.
- Chronic or degenerative conditions, treatment for osteochondritis due to overuse and occurring during periods of rapid growth, including but not limited to Osgood-Schlatter Disease, osteochondritis dissecans, osteomyelitis, spondylolysis, slipped femoral capital epiphysis, and injuries from overuse, bursitis, tendonitis, muscle tears, repetitive motion injuries, shin splints, sprains, strains, tennis elbow aggravation, neuritis, lumbago, and stress fractures unless specifically provided for in the Schedule of Benefits.
- Immunizations, preventive medicines or vaccines, except where required for treatment of a covered Injury.
- Intoxicants and narcotics. The Company is not liable for any loss sustained or contracted in consequence of the Insured being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a Doctor.
- Injury for which benefits are paid or payable by workers' compensation or employer's liability or occupational disease law.
- Injury where the Insured is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
- Injury where the Insured is riding in or driving any type of motor vehicle as part of a speed contest or scheduled race, including testing such vehicle on a track, speedway, or proving ground.
- War, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
- Orthodontics (braces) for any reason, damage to, or loss of orthodontics.
- Orthopedic appliances used to protect an injury to allow an Insured to participate in athletic activities.
- Play or practice of interscholastic High School Football; except where the coverage is elected.
- Participating in or attending any School-Sponsored overnight activities, except where 24-Hour coverage is elected.
- Pre-existing Conditions or aggravation of a Pre-existing Condition, as defined. A Pre-existing Condition is a disease or physical condition for which the Insured received medical advice or treatment during the six months before the Insured's Effective Date of Coverage.
- Stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.
- Skiing, scuba diving, surfing, roller skating, ice skating, or riding in a rodeo.
- Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
- Suicide or attempt thereof, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
- Supplies, except as specifically provided in the Policy.
- While committing or attempting to commit an assault or felony, or to which a contributory cause was the Insured being engaged in an illegal occupation.
- Participation in terrorism.