



**GREENVILLE ISD**  
LESSONS FOR WHEREVER LIFE LEADS

Department of Athletics

Dear Parents,

Welcome to the Greenville Independent School District athletic program. This letter is being sent out to provide you with information concerning our athletic physical examination process. The athletic director, athletic trainer, and coaches are here to make this a constructive and enjoyable experience for your son/daughter.

**PHYSICAL EXAMINATIONS FOR ATHLETES**

Before any athlete may participate in athletics (including the athletic period), he/she must have a sports physical. All physicals are good for one year from date of physical, even if the physical expires during the current athletic season. In accordance with Texas State regulations, the sports physical shall be valid for qualifying a student's participation in athletics for a period of twelve continuous months.

For example- a student who receives a sports physical in April 2023 will be able to participate in the athletic program until the date of expiration in April of 2024.

The athletic trainer, athletic director, coaches, and Hunt Regional Healthcare will be performing athletic physicals for incoming athletes in 8th through 12th grade for the 2023-2024 school year. Physicals for incoming 7th grade students will be completed on a separate day. The physical is **FREE**. We are very appreciative of Hunt Regional Healthcare for this partnership with our sports program.

**Physicals are on Wednesday, April 19th in the Greenville High School Gymnasium from 8am to 3:30pm for incoming 8<sup>th</sup> grade and incoming 10th through 12th grade. The school will make arrangements for the current 7th grade athletes to go to the high school to get their physical. Please complete and return the UIL physical form before April 15<sup>th</sup>. Incoming 7<sup>th</sup> grade and incoming 9<sup>th</sup> grade will be on May 18<sup>th</sup> at the 6<sup>th</sup> grade center from 9am-12pm.**

Athletes that are unable to attend our free physical day are welcome to go to Hunt Regional Urgent Care, 3206 I-30W, Ste. B in Greenville next to Academy Sports and have their physical done for a flat fee of \$25.

If you have any questions, please feel free to call or email.

**Lisa Topham, MS, LAT, ATC**

Head Athletic Trainer, Greenville ISD

903-453-3657

[tophaml@greenvilleisd.com](mailto:tophaml@greenvilleisd.com)

# 2023-2024 U.I.L. Athletic Participation Packet

## Greenville Independent School District

Grade for 2023-2024 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

Sex: ☐M ☐F

Must turn in **ALL** papers of packet to the athletic trainer to be eligible for participation.

Fill out completely in  
blue or black ink  
**ONLY.**

### BACKGROUND INFORMATION

Athlete Name: \_\_\_\_\_ Sports: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent/Guardian #1 Name: \_\_\_\_\_ Parent/Guardian #1 Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian #2 Name: \_\_\_\_\_ Parent/Guardian #2 Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMERGENCY INFORMATION (Other persons to call in case of emergency and parents cannot be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Allergies to medicine or other (please list): \_\_\_\_\_  
Any medicine taking regularly OR other medical concerns? \_\_\_\_\_  
Have you ever tested **Positive** for Sickle Cell Anemia, Sickle Cell Trait or any other blood disorder? ☐YES, ☐NO

### ACKNOWLEDGEMENT OF RULES & GUIDELINES

The Parent/Legal Guardian and the Student must have read all the following regulations and sections and agree to follow the rules and sign below attesting to the fact: Background, Emergency Information and Medical Consent for Treatment, UIL General Eligibility Rules, UIL Concussion Acknowledgement, GISD Extracurricular Code of Student Conduct, UIL Parent or Guardian Permit, UIL Steroid Agreement, UIL Sudden Cardiac Arrest Awareness, GISD Drug Testing Consent, GISD Student Media Release, GISD Athletic Physical and Insurance Policies, and UIL Medical History and Physical Exam, and I permit my child to participate under these conditions. 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 completed the information to the best of my knowledge and ability. If, between this date and the beginning of athletic competition, any illness should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

**X**

Parent/Legal Guardian Signature

Date

**X**

Student Signature

Date

### MEDICAL CONSENT FOR TREATMENT

I the undersigned, parent/legal guardian of \_\_\_\_\_ a minor, do hereby authorize the Greenville Independent School District Athletic Staff as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of and licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment.

**X**

Parent/Legal Guardian Signature

Date

# PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2020

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

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

*In case of emergency, contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

	Yes	No		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"/>	<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"/>	<b>EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):</b>		
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 ☐ N Pupils: ☐ Equal ☐ Unequal

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<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			
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.



# 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



# SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

### 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.
- **Non-Inherited** (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.

**I certify that I have read and understand the above information.**

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

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

Date\_\_\_\_\_

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

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





## 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 (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.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) \_\_\_\_\_

# Greenville Independent School District

## EXTRACURRICULAR CODE OF STUDENT CONDUCT

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### I. Extracurricular Activities

The term "extracurricular activities" means, without limitation, all interscholastic athletics, cheerleading, drill team, academic clubs, special interest clubs, musical performances, dramatic productions, student government, and any other activity or group that participates in contests, competitions, or community service projects on behalf of, or as a representative of the District. The term includes any non-curricular event and membership or participation in groups, clubs, and organizations recognized and approved by the Board of Trustees and the school district and sponsored by the district or a campus. All extracurricular activity participants, including elected and appointed officers of all campus organizations, are subject to the provisions of this *Extracurricular Code of Student Conduct*.

### II. Jurisdiction

Student participation in extracurricular activities is encouraged. Greenville ISD makes extracurricular activities available as an extension of the regular school program, with this important difference: participation in the regular curriculum is a right afforded to each student, while participation in the extracurricular program is a privilege that carries additional expectations for acceptable conduct. Students engaging in extracurricular activities represent not only themselves, but also other students and the school district when performing, competing, or participating in extracurricular activities and while wearing uniforms or other clothing that identifies the student to the community or public in any setting as Greenville ISD students. For this reason, their behavior must be exemplary and reflect the finest attributes of the total Greenville ISD student body at all times and places.

Important goals of the extracurricular program are to give students direction in developing self-discipline, responsibility, pride, loyalty, leadership, teamwork, respect for authority, and healthy living habits.

Because participation in extracurricular activities is a privilege and not a right, GISD is authorized to set higher standards for participants of extracurricular activities than it would for those students who choose not to participate in these activities. Therefore, this *Extracurricular Code of Student Conduct* extends beyond the *Greenville ISD Student Code of Conduct* not only in types of behavior prohibited, but also in corresponding consequences and jurisdiction for imposing discipline. In case of a conflict between this Code and the activity or sport specific campus handbook, the Code will prevail. This *Extracurricular Code of Student Conduct* will be enforced with all students grades 7-12 participating in extracurricular activities:

- regardless of whether school is in session;
- regardless of whether the offense occurs on or off school property or at a school-related event;
- regardless of whether the student is directly involved with the extracurricular activity at the time the prohibited conduct occurs;
- regardless of whether the extracurricular activity is in-season; and
- regardless of where or when the conduct occurs.

It is possible that a student who violates the *Greenville ISD Student Code of Conduct* will incur consequences from both the appropriate school administrator and from his or her coach or sponsor for the same particular violation. It is also possible that a student participating in extracurricular activities could violate the *Extracurricular Code of Student Conduct* and be subject to discipline by a coach or sponsor without having violated the *Greenville ISD Student Code of Conduct*.

### III. Conduct Expectations

The following conduct is expected of all participants. Failure to meet these expectations can result in disciplinary action by the coach or sponsor:

- Student Commitment to a team or organization is expected for the entire season or activity. Students are encouraged to participate in more than one extracurricular activity; however, students may not quit one sport or organization in order to participate in another while the sport or club that he or she quit is still active, unless the sponsors/coaches from BOTH activities agree to the change.
- Students who participate in extracurricular activities that involve competition among schools and school districts will conduct themselves in a sportsmanlike manner at all times. This includes behavior toward visiting teams or hosting teams as well as the opponent's fans. GISD participants will be noted for clean, tough, competitive play. Praise your opponents and play beyond your ability.
- Students should arrive to practices (including workouts), meetings, and events on time and be prepared.
- Students who cannot be present for a practice (including workouts), meeting, or event should call the coach, sponsor, team captain, or club president as soon as they are aware that they will be absent. Missed practices, meetings, or workouts will be made-up; however, disciplinary action may still be taken if a participant is absent more than two times in a semester.
- Injured or ill students who are unable to participate, but are able to attend a practice (including workouts), meeting or event are required to dress appropriately and sit or stand with the rest of the group.
- Students are required to show respect at all times to coaches and sponsors.
- Students will follow the dress code in the *Student Handbook*. They shall refrain from wearing hair styles or hair colors that draw attention to themselves. Male students participating in are encouraged to be clean shaven. Coaches may require students to follow stricter guidelines.

I have read the Greenville ISD *Extracurricular Code of Student Conduct* and the Greenville ISD Notice concerning drug testing of students participating in extracurricular activities, and agree to adhere to these rules as a condition for my voluntary participation in Greenville ISD extracurricular activities. I understand that failure to do so will result in disciplinary measures related to my extracurricular participation.

**Signature Required on Front of Packet**

I have read the Greenville ISD *Extracurricular Code of Student Conduct* and the Greenville ISD Notice concerning drug testing of students participating in extracurricular activities, and understand requirements for my child's voluntary participation in Greenville ISD extracurricular activities. I understand the consequences that my child will face if he or she fails to adhere to these rules and agree to such terms.

**Signature Required on Front of Packet**

## **GISD STUDENT DRUG TESTING POLICY**

The purpose of this letter is to inform you of the school's drug testing policy for students participating in extracurricular activities in grades 7-12. This policy and the program that supports it is designed not for punitive measures, but to eliminate the potential threat to the student's health and safety that can occur if students are using or under the influence of alcohol or illegal drugs while participating in interscholastic athletics or any other extracurricular activity. We want the testing program to deter drug and alcohol use and help students live drug free. Please note the following key points of the program:

1. All screenings may include alcohol, marijuana, cocaine, opiates, amphetamines, methamphetamines, PCP, steroids and other controlled substances.
2. Participating students will be randomly tested throughout the school year if participating in any extracurricular activity.
3. Random testing will occur from time to time during the school day.
4. A random test will take place at the school of the student or at another school testing site. All students participating in extracurricular activities will be eligible for selection for a random test.
5. Students will not be notified in advance of any drug test. Students will be called to the school testing site by a school official, probably the principal. Every effort will be made to call the student at a time that is least disruptive to the student's academic schedule.
6. Students will remain under school supervision until an adequate sample (approximately 30 ml) is provided. If a student has not provided a sample by the time the testing is concluded (3 hours), then the student will be ineligible to participate until a negative sample is provided at the next random test. Students will have up to 3 hours to provide an adequate sample, and they will have access to their school materials during that time.
7. The cut-off level for a positive marijuana test result is 50 mg/ml. This level is in compliance with the Department of Transportation and National Institute of Drug Abuse standards.
8. Any sample registering below 92 degrees Fahrenheit will be rejected. Also, if the lab technician suspects tampering has occurred, the sample will be rejected and another sample must be provided. If tampering occurs in a direct attempt by the student not to comply with the policy, then, in the absence of extenuating circumstance, the student will be removed from the team.
9. Students will be asked to empty their pockets before entering the bathroom.
10. Once a student tests positive, receives counseling, and is reinstated, he or she will be retested once a month (or at each random) for as long as he or she participates in extracurricular activities for the remainder of their school career at the students' expense. An initial positive will result in a 30-day suspension/counseling period. A second positive test will result in a semester suspension/counseling period.

## **ATHLETIC TRAINING ROOM INFORMATION**

### **WHAT IS AN ATHLETIC TRAINER?**

*Recognized by the American Medical Association as an Allied Health Profession, the Licensed/Certified Athletic Trainer is a well-trained professional and an integral part of a complete athletic program. The role of the Licensed/Certified Athletic Trainer includes prevention, treatment and rehabilitation of athletic injuries as well as education and counseling of athletes. A Licensed/Certified Athletic Trainer has a thorough knowledge of anatomy, physiology, nutrition, conditioning, and other related areas. The Greenville Independent School District employs one full-time, licensed/certified athletic trainer to assist you in facilitating the most appropriate care for your child. Feel free to contact me if you have any questions regarding your child's injury.*

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Assistant Athletic trainer: Ian Underwood MS,LAT,ATC    E-mail: underwoodi@greenvilleisd.com