2020-2021
SWD Athletic Participation Packet

Superior Balance between Academics, Athletics, School Pride and Community Engagement

#PantherExcellence
### Fall Sports
- **Football**
  - Coach: D. Wimes

- **JV Football**
  - Coach: Willie Starks
  - Coach A. Partridge, Jr.

- **Cross Country**
  - Coach: N. Hudson
  - R. Green

- **Fastpitch Softball**
  - Coach: B. Foreman
  - Coach: J. White

- **Varsity Volleyball**
  - Coach: K. Parrish
  - Coach: N. Fambro

- **JV Volleyball**
  - Coach: Rossie Williams
  - Coach: N. Fambro

- **Football Cheerleading**
  - Varsity Coach: R Manuel
  - JV Coach: K Stubbs

- **One Act Play**
  - Coach Jamelia Potter

### Winter Sports
- **Girls Basketball**
  - Coach: K. Richey-Walton

- **Boys Basketball**
  - Coach: E. Brown

- **Girls JV Basketball**
  - Coach: T. Montgomery

- **Boys JV Basketball**
  - Coach: W. Smoak

### Spring Sports
- **Girls Varsity & JV Track**
  - Coach: N. Hudson
  - Tamara Neal

- **Boys Varsity & JV Track**
  - Coach: B Mullins
  - Charles Milam

- **Girls Lacrosse**
  - Coach: K. Richey-Walton

- **Boys Lacrosse**
  - Coach: K. Reese

- **9th Boys Grade Basketball**
  - Coach: B. Sanders

- **Co-Ed Varsity & JV Wrestling**
  - Coach: K. Johnson

- **Swimming**
  - Coach: N. Narker
  - M. Beal-Paker

- **Basketball Cheerleading**
  - Varsity Coach: R Manuel
  - JV Coach: K Stubbs

- **Boys Soccer**
  - Coach: K. Johnson
  - Coach: M. Hammonds

- **Girls Soccer**
  - Coach: K. Narker

- **Varsity & JV Baseball**
  - Head Coach: T. Taylor
  - JV Head Coach: M. Benton
  - Assistants: J Hatchett, J. Bing and V. Greer

- **Gymnastics**
  - Coaches: B. Foreman, J. Minor
Student participation in athletic and extracurricular activities is a privilege afforded to students by the DeKalb County School District (District). As a condition of your Student’s participation in District extracurricular and athletic programming, including summer practice and/or conditioning programs, parent/guardian must sign the following release. Please understand that Student’s participation in athletic and extracurricular activities and events during the summer or regular school year is entirely voluntary, as is your execution of the below waiver. Signature of this form is required to allow for Student participation.

IN CONSIDERATION OF __________________________________________________________________________ (Student) being allowed to participate in the DeKalb County School District’s Summer 2020 athletics and/or extracurricular programs and related events and activities, the undersigned acknowledges and agrees to the following:

I understand that the risks of injury and illness (ex: communicable diseases, such as influenza, tuberculosis, pneumonia, hepatitis and COVID-19) to Student from the activities involved in these programs are significant. Further, Student may sustain physical injury or illness (minimal, serious or catastrophic) in connection with his/her participation and interaction with other students, including the potential for permanent disability and death. While safety rules, equipment, and hygiene may reduce these risks, the risks of serious injury and illness cannot be eliminated. The risk to have contact with individuals, who have been exposed to, who are currently infected with or who have been diagnosed with one or more communicable diseases, including but not limited to COVID-19, other medical conditions, diseases, or infections does exist. It is impossible to eliminate the risk that Student could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease if he/she elects to participate in District athletic or extracurricular activities and events. In addition to the risk of infection posed to Student by possible infection, this may put others that Student has close contact with at risk of infection. I understand that if Student, Student’s family or household members have underlying health conditions or a compromised immune system, they may be more susceptible to risk of infection and/or illness, including COVID-19, and I have carefully considered these risks and consulted as appropriate with a licensed healthcare provider prior to making any decision regarding Student’s voluntary participation in athletic or extracurricular activities.

Therefore:

1. I, for myself and on behalf of Student and Student’s parents, guardians, heirs, executors, administrators, assigns and next of kin, knowingly and freely acknowledge and assume all such risks, both known and unknown, and full responsibility for Student’s participation; and

2. I, for myself and on behalf of Student and Student’s parents, guardians, heirs, executors, administrators, assigns and next of kin, hereby release, discharge, indemnify, and agree to hold harmless the DeKalb County School District (DCSD), Members of the DCSD Board of Education, its past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, hereinafter “DCSD releases”, from any and all liability arising out of or in connection with Student’s participation in athletic and extracurricular activities and related events. For purpose of this Release, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that Student and Student’s parents, guardians, heirs, executors, administrators, assigns and next of kin have or may have against the DCSD releases because of Student’s personal, physical, or emotional injury, accident, illness or death, or because of any loss of or damage to property that occurs to Student or Student’s property during participation in athletic and extracurricular activities and related events due to acts of passive or active negligence by DCSD releases other than actions involving fraud or actual malice.

3. I, for myself and on behalf of Student and Student’s parents, guardians, heirs, executors, administrators, assigns and next of kin, assume all liability and responsibility for any and all potential or real risks, injuries or even death which may result from Student’s participation in athletic and extracurricular activities and related events. I represent and warrant that I know of no mental or physical condition or illness, including symptoms, infection or known exposure of Student to COVID-19 or other communicable disease, that would make it unsafe for Student to participate in interscholastic athletics, sports teams/clubs and events, whether based upon risk to Student or other participants. I understand, acknowledge, and agree that the DCSD School District shall not be liable for any injury/illness suffered by the Student or another individual which arises out of and/or is associated with Student’s participation in athletic and extracurricular activities and related events.
4. I further understand that the District has established rules and regulations pertaining to conduct, behavior, activities, health/hygiene and the safety/wellbeing of all students by which my child must abide during participation in this program. These include rules to mitigate the risk of spread of communicable disease, including but not limited to COVID-19. Student and I accept the risk and will be responsible for his/her failure to abide by these rules.

5. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual concern regarding my child’s wellness and fitness for participation whether mental or physical, I will immediately remove my child from participation and bring to attention of a coach, District staff or nearest official immediately. This requirement includes immediate notice and removal of Student from athletic and/or extracurricular participation due to any COVID-19 (or other communicable disease) symptoms, confirmed or suspected infection and confirmed or suspected exposure; and

6. I, the parent/guardian, assert that I have explained to Student: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, the importance of health-safety guidelines to mitigate the risk of spread of COVID-19 or other communicable disease, and that Student understands and agrees to abide by this agreement.

By signing below, Parent/Guardian and Student hereby grant permission for Student’s participation in Summer 2020 Athletic and/or Extracurricular Activities and Events for DeKalb County School District. Signing below indicates acknowledgement that Undersigned and Student have carefully reviewed and agree to all above terms of athletic participation, including voluntary waiver, release and assumption of risk, fully understand its terms, along with the risk, and acknowledge that it has been signed freely, voluntarily and without inducement.

Name of Student (Printed):

Name of Parent/Guardian (Printed):

Parent/Guardian Signature:

Student Signature:

Date Signed:
DEKALB COUNTY ATHLETIC PARTICIPATION CONSENT FORM

(Printed must be on or after April 1, for the next school year) Three parental signatures required. All information must be provided.

Print Name: ____________________________ Male ______ Female ______

Address: ________________________________

(Street) ________________________________ (City) ________________________________ (Zip) ________________________________

Student Lives with: ________________________ Relationship: ________________________

(Telephone Home) ________________________ Work: ____________________________ Coll: __________________________

This information is for the school year 20__-20__ Your grade level will be ________ (7, 8, 9, 10, 11, or 12)

Parental Consent Form for Athletic Participation

By its nature, participation in inter-scholastic athletics and intra-scholastic sports clubs includes a risk of injury which may range in severity from minor to long-term catastrophic, including permanent paralysis or death. Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate this risk. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches or club supervisors, follow a proper conditioning program and inspect their equipment daily.

I (We) hereby give consent for ________________ to:

(print Participant's Full Name)

1) Compete in athletics in the Dekalb County School District in the following Georgia High School Association approved sport(s).

Please circle each sport you approve.

- Baseball - Basketball - Golf - Volleyball - Swimming & Diving - Lacrosse
- Gymnastics - Cross County - Football - Softball - Wrestling - Track & Field
- Tennis - Rodeo Team - Soccer - Cheerleading

2) To accompany any school team or sports club of which the participant is a member on any of its local or out of town trips. I understand that transportation may or may not be provided by the Dekalb County School District. In the event transportation is not provided by the School District, transportation will be the student's responsibility.

3) I release and waive, and further agree to indemnify, hold harmless or reimburse the Dekalb County School District, the Board of Education, its successors and assigns, its members, agents, employees, and representatives thereof, as well as trip supervisors, form and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages, or injury arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or rendering of emergency medical procedures or treatment if any.

4) I have insurance for coverage of my son/daughter in the form indicated below. Please initial by the type of insurance coverage you have. You must provide a copy of the insurance card or policy benefits as indicated.

- My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in inter-scholastic athletics (including, but limited to, Varsity and Junior Varsity Football) and inter-scholastic clubs and activities.

   (Attach a copy of card).

   Insurance Company Name: ____________________________

   Name of Insured: ____________________________

   Policy Number: ____________________________

   I have purchased the Benefit Plan provided by the Dekalb County School District (Attach a signed copy of benefit plan).

5) I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible. (Students found illegally enrolled out of their school attendance zone could be ruled ineligible for GHSA competition for one full year).

By signing this permission form, you acknowledge that you have read and understand the risk of participation and agree to the above terms. This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing. Parents or student who do not wish to accept any of these terms or risk should not sign and participation will be denied.

______________________________

SIGNATURE(S) PARENT(S) or GUARDIAN(S) Date:

______________________________

SIGNATURE OF STUDENT-ATHLETE Date:
PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: ___________________________ Date of birth: ________________________

Date of examination: _______________ Sport(s): ____________________________

Sex assigned at birth (F, M, or intersex): ____________________________ How do you identify your gender? (F, M, or other):

List past and current medical conditions: __________________________________________

Have you ever had surgery? If yes, list all past surgical procedures: ___________________________

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). ____________________________________________

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): __________________________________________

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(A sum of =3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS
(Explain "Yes" answers at the end of this form. Circle questions if you don’t know the answer.)

Yes | No
---|---
1. Do you have any concerns that you would like to discuss with your provider? | | |
2. Has a provider ever denied or restricted your participation in sports for any reason? | | |
3. Do you have any ongoing medical issues or recent illness? | | |

HEART HEALTH QUESTIONS ABOUT YOU

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
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<tr>
<td>6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?</td>
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<td></td>
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<tr>
<td>7. Has a doctor ever told you that you have any heart problems?</td>
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<tr>
<td>8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography</td>
<td></td>
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</tr>
</tbody>
</table>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Do you get light-headed or feel shorter of breath than your friends during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you ever had a seizure?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?</td>
<td></td>
<td></td>
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<tr>
<td>13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BONE AND JOINT QUESTIONS</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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</tr>
<tr>
<td>14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?</td>
<td></td>
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<tr>
<td>15. Do you have a bone, muscle, ligament, or joint injury that bothers you?</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?</td>
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<tr>
<td>18. Do you have grain or testicle pain or a painful bulge or hernia in the groin area?</td>
<td></td>
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<tr>
<td>19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?</td>
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<tr>
<td>20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?</td>
<td></td>
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<tr>
<td>21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?</td>
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<tr>
<td>22. Have you ever become ill while exercising in the heat?</td>
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<tr>
<td>23. Do you or does someone in your family have sickle cell trait or disease?</td>
<td></td>
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<tr>
<td>24. Have you ever had or do you have any problems with your eyes or vision?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL QUESTIONS (CONTINUED)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Do you worry about your weight?</td>
<td></td>
<td></td>
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<tr>
<td>26. Are you trying to or has anyone recommended that you gain or lose weight?</td>
<td></td>
<td></td>
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<tr>
<td>27. Are you on a special diet or do you avoid certain types of foods or food groups?</td>
<td></td>
<td></td>
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<tr>
<td>28. Have you ever had an eating disorder?</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEMALES ONLY</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. When was your most recent menstrual period?</td>
<td></td>
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<tr>
<td>32. How many periods have you had in the past 12 months?</td>
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</tbody>
</table>

Explain “Yes” answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: ________________________________

Signature of parent or guardian: _______________________

Date: ____________________

# PREPARTICIPATION PHYSICAL EVALUATION

## PHYSICAL EXAMINATION FORM

Name: _______________________________ Date of birth: __________________

### PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

### EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BP: / ( ) Pulse</th>
<th>Vision: R 20/ L 20/ Corrected: Y N</th>
</tr>
</thead>
</table>

### MEDICAL

**NORMAL**  **ABNORMAL FINDINGS**

**Appearance**
- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)

**Eyes, ears, nose, and throat**
- Pupils equal
- Hearing

**Lymph nodes**

**Heart**
- Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)

**Abdomen**

**Skin**
- Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis

**Neurological**

### MUSCULOSKELETAL

**NORMAL**  **ABNORMAL FINDINGS**

**Neck**

**Back**

**Shoulder and arm**

**Elbow and forearm**

**Wrist, hand, and fingers**

**Hip and thigh**

**Knee**

**Leg and ankle**

**Foot and toes**

**Functional**
- Double-leg squat test, single-leg squat test, and box drop or step drop test

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*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.*

Name of health care professional (print or type): __________________ Date: __________________

Address: ___________________________ Phone: __________________

Signature of health care professional: ___________________________ MD, DO, NP, or PA

PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: __________________________ Date of birth: __________________________

☐ Medically eligible for all sports without restriction
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

☐ Medically eligible for certain sports

☐ Not medically eligible pending further evaluation
☐ Not medically eligible for any sports

Recommendations: __________________________

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): __________________________ Date: __________________________

Address: __________________________ Phone: __________________________

Signature of health care professional: __________________________ MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies:

Medications:

Other information:

Emergency contacts:
DEPARTMENT OF ATHLETICS
STUDENT/Parent CONCUSSION AWARENESS FORM

SCHOOL

DANGER OF CONCUSSION
Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussions. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial - that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION
• Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
• Nausea or vomiting
• Blurred vision, sensitivity to light and sounds
• Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
• Unexplained changes in behavior and personality
• Loss of consciousness (NOTE: This does not occur in all concussion episodes)

BY-LAW 2.68 GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, or (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give ____________________________ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2016-2017 school year. This form will be stored with the athletic physical form and other accompanying forms required by the ____________________________ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT

SIGNED: ____________________________ ____________________________
Student Parent or Guardian

DATE ____________________________
Georgia High School Association
Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: ________________________________________________

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly: This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR! You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn - and it’s easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim’s side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song “Staying Alive.”
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _______________________________ High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _______________________________ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)  Student Name (Signed)  Date

Parent Name (Printed)  Parent Name (Signed)  Date

(Revised: 5/19)
Child's Name

Parent's Name

Parent's Address

Work # Home #

Hospital Preference

Primary Physician

Insurance Company

Insurance Card#