# Fort Ann Central School
# Emergency Medical Authorization For Athletics

Student Name: _____ Birthdate: _____

Name of adult that student resides with: _____

Parent/Guardian: _____

Address: _____

_____

Phone: _____

Employer: _____

Work Phone: _____

Parent/Guardian: _____

Address: _____

_____

Phone: _____

Employer: _____

Work Phone: _____

## Emergency Contacts

Name: _____

Phone: _____

Name: _____

Phone: _____

## Medical Information (write NONE if not applicable)

All information regarding the student's medical history: _____

_____

Medications student is currently taking: _____

Allergies: _____ Diet Restrictions: _____

## Consent of parent or guardian for emergency treatment

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery are obtained prior to the performance of such surgery.

**Parent/Guardian Signature:** _____ Date: _____

# Interval Health History for Athletics

| | |
|---|---|
| Student Name: | DOB |
| School Name: **Fort Ann Central School** | Age |
| Grade (check): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 | Limitations: ☐ NO ☐ YES |
| Sport | Date of last Health Exam: |
| Sport Level: ☐ Modified ☐ Fresh ☐ JV ☐ Varsity | Date form completed: |

**MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.**

## Does or Has Your Child

| General Health | No | Yes |
|---|---|---|
| Ever been restricted by a health care provider from sports participation for any reason? | ☐ | ☐ |
| Ever had surgery? | ☐ | ☐ |
| Ever spent the night in a hospital? | ☐ | ☐ |
| Been diagnosed with mononucleosis within the last month? | ☐ | ☐ |
| Have only one functioning kidney? | ☐ | ☐ |
| Have a bleeding disorder? | ☐ | ☐ |
| Have any problems with hearing or have congenital deafness? | ☐ | ☐ |
| Have any problems with vision or only have vision in one eye? | ☐ | ☐ |
| Have an ongoing medical condition? | ☐ | ☐ |
| If yes, check all that apply:<br>☐ Asthma ☐ Diabetes<br>☐ Seizures ☐ Sickle cell trait or disease<br>☐ Other: | | |
| Have Allergies? | ☐ | ☐ |
| If yes, check all that apply<br>☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine<br>☐ Pollen ☐ Other: | | |
| Ever had anaphylaxis? | ☐ | ☐ |
| Carry an epinephrine auto-injector? | ☐ | ☐ |
| **Brain/Head Injury History** | **No** | **Yes** |
| Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion? | ☐ | ☐ |
| Receive treatment for a seizure disorder or epilepsy? | ☐ | ☐ |
| Ever had headaches with exercise? | ☐ | ☐ |
| Ever had migraines? | ☐ | ☐ |

## Does or Has Your Child

| Breathing | No | Yes |
|---|---|---|
| Ever complained of getting extremely tired or short of breath during exercise? | ☐ | ☐ |
| Use or carry an inhaler or nebulizer? | ☐ | ☐ |
| Wheeze or cough frequently during or after exercise? | ☐ | ☐ |
| Ever been told by a health care provider they have asthma or exercise-induced asthma? | ☐ | ☐ |
| **Devices / Accommodations** | **No** | **Yes** |
| Use a brace, orthotic, or another device? | ☐ | ☐ |
| Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? | ☐ | ☐ |
| Wear protective eyewear, such as goggles or a face shield? | ☐ | ☐ |
| Wear a hearing aid or cochlear implant? | ☐ | ☐ |
| **Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.** | | |
| **Digestive (GI) Health** | **No** | **Yes** |
| Have stomach or other GI problems? | ☐ | ☐ |
| Ever had an eating disorder? | ☐ | ☐ |
| Have a special diet or need to avoid certain foods? | ☐ | ☐ |
| Are there any concerns about your child's weight? | ☐ | ☐ |
| **Injury History** | **No** | **Yes** |
| Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling? | ☐ | ☐ |
| Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game? | ☐ | ☐ |
| Have a bone, muscle, or joint that bothers them? | ☐ | ☐ |
| Have joints that become painful, swollen, warm, | ☐ | ☐ |

| Student Name: | | DOB: | |
|---|---|---|---|

| DOES OR HAS YOUR CHILD | | |
|---|---|---|
| or red with use? | | |
| Ever been diagnosed with a stress fracture? | ☐ | ☐ |

| HEART HEALTH | | |
|---|---|---|
| **Ever complained of:** | | |
| Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)? | ☐ | ☐ |
| Lightheadedness, dizziness, during or after exercise? | ☐ | ☐ |
| Chest pain, tightness, or pressure during or after exercise? | ☐ | ☐ |
| Fluttering in the chest, skipped heartbeats, heart racing? | ☐ | ☐ |

| DOES OR HAS YOUR CHILD | | |
|---|---|---|
| **Ever been told by a health care provider** | | |
| They have or had a heart or blood vessel problem? | ☐ | ☐ |

If yes, check all that apply:

☐ Chest Tightness or Pain
☐ High Blood Pressure
☐ High Cholesterol
☐ New fast or slow heart rate
☐ Has implanted cardiac defibrillator (ICD)
☐ Heart infection
☐ Heart Murmur
☐ Low Blood Pressure
☐ Kawasaki Disease

| DOES OR HAS YOUR CHILD | | |
|---|---|---|
| ☐ Has a pacemaker | | |
| ☐ Other: | | |
| **FEMALES ONLY** | **NO** | **YES** |
| Have regular periods? | ☐ | ☐ |
| **MALES ONLY** | **NO** | **YES** |
| Have only one testicle? | ☐ | ☐ |
| Have groin pain or a bulge, or a hernia? | ☐ | ☐ |
| **SKIN HEALTH** | **NO** | **YES** |
| Currently have any rashes, pressure sores, or other skin problems? | ☐ | ☐ |
| Ever had a herpes or MRSA skin infection? | ☐ | ☐ |
| **COVID-19 INFORMATION** | | |
| Has your child ever tested positive for COVID-19? | ☐ | ☐ |
| If **NO, STOP.** Go to Family Heart Health History. If **YES,** answer questions below: | | |
| Date of positive COVID test: | | |
| Was your child symptomatic? | ☐ | ☐ |
| Did your child see a health care provider for their COVID-19 symptoms? | ☐ | ☐ |
| Was your child hospitalized for COVID? | ☐ | ☐ |
| Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)? | ☐ | ☐ |

## FAMILY HEART HEALTH HISTORY

A relative has/had any of the following:

Check all that apply:

☐ Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy
☐ Arrhythmogenic Right Ventricular Cardiomyopathy?
☐ Heart rhythm problems: long or short QT interval?
☐ Brugada Syndrome?
☐ Catecholaminergic Ventricular Tachycardia?
☐ Marfan Syndrome (aortic rupture)?
☐ Heart attack at age 50 or younger?
☐ Pacemaker or implanted cardiac defibrillator (ICD)?

A family history of:

☐ Known heart abnormalities or sudden death before age 50?
☐ Structural heart abnormality, repaired or unrepaired?
☐ Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?

| Student Name: | | DOB: | |
|---|---|---|---|

| If you answered **YES** to any questions give details. Sign and date below**.** |
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| Parent/Guardian Signature: | Date: |
|---|---|

**Fort Ann Central School**
**Athletics Department**
**Dominic Murray Sudden Cardiac Arrest Prevention Act**

The Dominic Murray Sudden Cardiac Arrest Prevention Act is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.[1]

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). All public schools must have a staff member trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life[1]. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

**The signs or symptoms are:**

Fainting or seizure, racing heart, palpitations, irregular heartbeat, dizziness, lightheadedness, extreme fatigue, chest pain or discomfort, excessive shortness of breath, excessive unexpected fatigue

**Student's Personal Risk Factors are:**

Use of diet pills, performance enhancing supplements, energy drinks, or drugs, elevated blood pressure or cholesterol, history of health care provider ordered tests for heart related issues

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[1] Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

[2] SCA Prevention Toolkit – Eric Paredes Save A Life Foundation (epsavealife.org)

**Fort Ann Central School**
**Athletics Department**
**Dominic Murray Sudden Cardiac Arrest Prevention Act**

**Student's Family History Risk Factors are:**

Family history of known heart abnormalities or sudden death before 50 years of age, family members with unexplained fainting, seizures, drowning, near drowning or car accidents before 50 years of age, structural heart abnormality repaired or unrepaired, any relative diagnosed with the following:

Arrhythmogenic Right Ventricular Cardiomyopathy, Heart rhythm problems, long or short QT interval, Brugada Syndrome, Catecholaminergic Ventricular Tachycardia, Marfan Syndrome- aortic rupture, Heart attack at 50 years or younger, Pacemaker or implanted cardiac defibrillator (ICD).

SCA in students at risk can be triggered by athletic activities. To decrease any chance of SCA in a student, the Interval Health History for Athletics must be completed and signed by a parent/guardian before each sports season unless a physical examination has been conducted within 30 days before the start of the season. This form has questions to help identify changes since the last physical examination or health history was completed. School personnel may require a student with health or history changes to see a healthcare provider before participating in athletics.

Finally, the law requires any student who has signs and symptoms of pending SCA be removed from athletic activity until seen by a **physician**. The physician must provide written clearance to the school for the student to be able to return to athletics.

Please contact the State Education Department's Office of Student Support Services for questions at studentsupportservices@nysed.gov or 518-486-6090.

**Student Athlete Name: _____**

**I have read and understand the above information as it pertains to my student athlete.**

**Parent/ Guardian Signature: _____Date: _____**

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[1] Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

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# PARENT & ATHLETE CONCUSSION INFORMATION SHEET

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

[ INSERT YOUR LOGO ]

**"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

HEADS UP

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