

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION
2022/2023 PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM
 UPDATED APRIL, 2021



PLEASE PRINT

NAME: _____ GENDER _____ AGE _____ DATE OF BIRTH _____

GRADE _____ SCHOOL _____ ACTIVITIES _____

ADDRESS _____

PHYSICIAN'S NAME _____ PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE OF EMERGENCY CONTACT _____
 PLEASE EXPLAIN ALL YES ANSWERS ON A SEPARATE SHEET

	YES	NO
1. Have you had a medical illness or injury since your last check up or physical?		
2. Have you ever been hospitalized overnight?		
3. Have you ever had surgery?		
4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?		
5. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?		
6. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?		
7. Have you ever had a rash or hives develop during or after exercise?		
8. Have you ever passed out during or after exercise?		
9. Have you ever been dizzy during or after exercise?		
10. Have you ever had chest pain during or after exercise?		
11. Do you get tired more quickly than your friends do during exercise?		
12. Have you ever had racing of your heart or skipped heartbeats?		
13. Have you had high blood pressure or high cholesterol?		
14. Have you ever been told you have a heart murmur?		
15. Has any family member or relative died of heart problems or of sudden death before age 50?		
16. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?		
17. Has a physician ever denied or restricted your participation in activities for any heart problems?		
18. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?		
19. Have you ever had a head injury or concussion?		
20. Have you ever been knocked out, become unconscious, or lost your memory?		
21. Have you ever had a seizure?		
22. Do you have frequent or severe headaches?		

	YES	NO
23. Have you ever had numbness or tingling in your arms, hands, legs, or feet?		
24. Have you ever become ill from exercising in the heat?		
25. Have you ever tested positive for COVID?		
26. Do you cough, wheeze, or have trouble breathing during or after activity?		
27. Do you have asthma?		
28. Do you have seasonal allergies that require medical treatment?		
29. Do you or does someone in your family have sickle cell trait or disease?		
30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?		
31. Have you had any problems with your eyes or vision?		
32. Do you wear glasses, contacts, or protective eyewear?		
33. Have you ever had a sprain, strain, or swelling after injury?		
34. Have you broken or fractured any bones or dislocated any joints?		
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
36. If yes, circle appropriate affected area and explain below:		
37. Do you want to weigh more or less than you do now?		
38. Do you lose weight regularly to meet weight requirements for your activity?		
39. Do you feel stressed?		
40. Record the dates of your most recent immunizations for: Tetanus _____ Measles _____ Hepatitis _____ Chickenpox _____		

GRADE NEXT YEAR 22/23 _____

SCHOOL ACTIVITY _____

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF GUARDIAN _____

SIGNATURE OF STUDENT _____



PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____

Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL

Normal

Abnormal Findings

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		

MUSCULOSKELETAL

Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____

Reason: _____

Recommendations: _____

Printed name of Examiner _____

Address: _____ Phone: _____

Date: _____ Signature: _____

Panama Public Schools Athletic Drug Policy

DRUG POLICY

Testing For Alcohol and Illegal or Performance Enhancing Drugs

The Panama Public Schools Board of Education has put into place a drug testing policy. This policy is intended to protect the health and safety of students participating in extracurricular activities. This policy is intended to help set examples for all other students of Panama Public Schools and will give our students another reason to avoid those circumstances where "peer pressure" could lead to bad decisions.

The purpose of this policy is to **PREVENT** and **DETER** alcohol and/or illegal use of drugs, to educate students who participate in extracurricular activities as to the serious physical, mental, and emotional harm caused by alcohol and/or illegal and performance enhancing drug use. Many schools in Oklahoma now require drug/alcohol testing before allowing students to participate in extracurricular activities. The schools find that community support is overwhelmingly in favor of the testing procedures and what they can do for their children.

No student will be allowed to participate until a mandatory drug test is completed. The mandatory test is taken within 14 school days of the first day of school or after enrollment in secondary school activity/activities. The drug testing policy will include any student, grades 7-12 that is involved in school activities where the Oklahoma Secondary Schools Activities Association governs competition. This includes all participants in athletics, band, choir, academic competitions, etc. Before a student may participate in any school sponsored activity he/she will be required to submit to a urine analysis and physical examination prior to the start of the season. Panama High School personnel will conduct drug testing. Each student will be notified as to the time and place of the testing.

Subsequently random drug testing will be conducted twice a calendar month over a course of 38 weeks (This schedule can be altered by administration if deemed necessary). Ten percent of students eligible for drug testing will be chosen from the random drawing computer program. The program will draw from two pools, a 7th and 8th grade pool and a 9th thru 12th pool, ten percent from each pool. These names will be sent to the activities office and those students will be tested again as drawn. Should a test be positive, there will be a 7 confirmation by a second test of the same specimen.

If the sample has a positive result again, the athletic director and/or principal will be notified. The student and guardian will then be called for a conference. Parents/Guardians may request a diagnostic lab testing of the same sample, at their expense. The sample will be kept in possession of personnel administering test until packaged and sent off to testing laboratory. Sample will be sent to the laboratory that supplies testing materials to ensure accuracy of initial test. Student will be treated as testing positive until further notification from testing facility.

First Offense — Suspension from participation in extracurricular activities for 30 school days. This can be reduced by 15 school days after enrolling in a recognized drug/alcohol abuse-counseling program and producing a negative drug test.

Second Offense — (In the same school year) Disciplinary action to be determined by Administration/Coaches and can include but may not be limited to complete suspension from participation in all extracurricular activities for 18 weeks.

Self-Referral — As an option for a first offense only, a student may self-refer to the principal, athletic director, or coach/sponsor before being asked to submit to a drug or alcohol test. A student may be allowed to remain active in activities once the following conditions are met:

- A. A conference is held with principal, athletic director, and parent/guardian.
- B. An alcohol or drug use test is provided by the student and is not positive.
- C. Proof of enrollment in a recognized substance abuse education/counseling program is provided to the school.

NOTE: Any student who uses the self-referral option will automatically be tested whenever a random testing is performed by the school district until the end of the scheduled school year.

No student may participate until a testing has been completed. Should a student refuse to submit to an alcohol/drug test, or fail to complete the test in the allotted time, that student can be treated as testing positive. If a student leaves the area during the test, without permission, that will be considered tampering with the test and disciplinary action will be taken which may include but not be limited to being treated as a positive test.

Parent Signature _____



Panama High School Student Extracurricular/Athletic Contract

Between: _____, student, and Panama High School
(Student Name)

Purpose

Participation in athletics is a privilege, not a right. The athlete must earn this privilege through dedication, desire and discipline. Without the pursuit of those, the athlete can in no way do justice to him/herself or to the school. The athlete must discipline him/herself to be a good citizen and student in order to achieve athletic excellence. The faculty of Panama High School believes that tradition of winning is established and maintained upon these principles. In order for a determined course of action for the pursuit of athletic achievement and the character training of young persons, the following "Athletic Policies" must be understood and agreed to between the school, the student athlete and parents.

Attendance

All team members of each sport will attend all scheduled practices and meetings. No practices can be missed. If circumstances arise whereby the student cannot attend a practice or meeting, the coach must be notified prior to the practice or meeting missed by personal contact, phone call or written statement from the parent or guardian. Any athlete who cuts practice, fails to appear for a game, fails to make scheduled team or individual meetings, or fails to attend school on game day or practice days, may not be allowed to suit up for any game or games for a period of time to be determined by the coach or Athletic Director. Excessive absences from team practices, game or meetings may be cause for removal from athletics. All athletes are required to attend classes regularly. Athletes delinquent in class attendance are subject to disciplinary action. Lack of attendance in classes may result in failure of class work, resulting in ineligibility in athletics.

Eligibility

To be eligible for athletics, the athlete must be in compliance with Panama School Policies concerning incorrect or illegal enrollment and the rules and regulations of the Oklahoma Athletic Association. Eligibility for weekly athletic participation shall be determined by a weekly grade check. The athlete must be passing to be eligible for any competition that week.

Sport Changes

It is recommended that all athletes participate in as many sports as they are capable. Once an athlete begins the in-season training period of a sport, he should not quit while that sport is in season. Any athlete who quits a sport to participate in another sport shall be subject to being withheld from participation until the season of the sport dropped by the athlete is over. It shall be the prerogative of the coach of the in-season sport to release the athlete to another sport. No athlete may participate in a second sport until the athlete has been cleared for the first sport by obtaining a written release. When an athlete is released, that athlete shall be free to try out for any sport of his/her choosing.

Uniforms/Equipment

Athletic uniforms and equipment are not to be worn or used by any student except during practice of school sponsored events in which he/she participates. Equipment issued to an athlete is his/her responsibility for the return or replacement. If the equipment is neither returned, replaced, or paid for, the letter award shall not be awarded nor any further equipment issued to the participant for any sport.

Jobs

Panama Schools recognize and understand the need for some students to work during the school year. With this in mind it is the student's responsibility to communicate information that will prevent interference with scheduled school events.

Equipment, Fees and Physical Examination

All athletes will be required to replace lost gear either by payment or with the equivalent of the lost article. All athletes will be required to have assigned physician's examination and concussion form in file, before competing in varsity competition. All athletes will be required to clear with their coaches on gear before entering another sport. The school or athletic department assumes no financial responsibility for injuries occurring to athletes nor for ambulance fees.

Training Rule

BASIC TRAINING RULE. The 1st violation of any basic training rules listed below can be suspension for at least one game at the discretion of the coach and administration. The 2nd violation for any of the basic training rules listed may result in removal from the team.

1. Influence or possession of alcohol.
2. Influence or possession of illegal drugs.
3. Drug Abuse
4. Insubordination
5. Taunting- Either in person or through electronic/social media
6. Provocation- Either in person or through electronic/social media
7. Fighting
8. Stealing
9. Other disciplinary situations which shall arise.

Denial from participating with the team for a period of time to be determined by the coach/principal may result from the above list.

Any athlete who is removed from a team for disciplinary reasons will not be able to practice or play another sport during the season of the sport from which they were removed.

PANAMA HIGH SCHOOL ATHLETIC CONTRACT

I have read and understand the rules in the Panama High School Athlete Contract. I understand that if I have not kept my agreement to fulfill the above obligations. I will be removed from Football, Basketball, Softball, Baseball, Golf, Cheerleading or any other sport or school activity I might be involved or participating in.

Date: _____

Student Signature: _____

Parent/Guardian Signature: _____



Concussion and Head Injury Acknowledgement

Panama

(NAME OF SCHOOL)

In compliance with Oklahoma Statute Section 24-155 of Title 70 , this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Panama related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in

(PLEASE PRINT STUDENT ATHLETE'S NAME)

Panama

(NAME OF SCHOOL)

athletics and I, _____

(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by Panama related to concussions and head injuries occurring

(NAME OF SCHOOL)

during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.



CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- 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 behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach's rules for safety and the rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards---IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

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

Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete

Print Student Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date



This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system:** Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life:** Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***