

Name _____



Please read and keep pages 7-10.
Complete and return page 1 - 6.

Cascia Hall Student Pre-participation Evaluation

2017-18 Academic Year

PARENTS PLEASE READ

A current Pre-participation Evaluation must be provided each year by:

- (1) all new students entering Cascia Hall for the first time,
- (2) all Middle School students because they take Physical Education classes, and
- (3) all Upper School students who plan to participate in extracurricular athletics.

The "Evaluation" must be completed by your personal physicians after **May 1**.

Instructions:

- **Parents** complete pages 1, 2, and 4.
- **Physicians** complete page 3.
- **Parents** return completed form to the Registrar in the main school office before sports practice begins or by August 1, whichever comes first. **Do not return this form to the coaches.**

Please print:

Student Name _____ Grade Entering _____

Date of Birth _____ Gender _____ Home Phone _____

Home Address _____

City _____ State _____ Zip+4 _____

CASCIA HALL

2520 South Yorktown Avenue Tulsa, OK 74114-2803

(918) 746-2600 FAX (918) 746-2636 Email: Info@casciahall.com Web Site: www.casciahall.com

Parents: Please complete this survey prior to physical examination.

STUDENT'S NAME _____ AGE _____ DATE ____ / ____ / ____

MEDICAL HISTORY QUESTIONS:

YES NO

- 1. Injury or illness since last checkup? _____
- 2. Chronic illnesses, hospitalizations or surgeries? **If yes, explain below.** _____
- 3. Allergies to medications, insects, food? _____
- 4. Dizziness, passed out, chest pain with exercise, history of sudden death in close relative (50 years or younger)? _____
- 5. Any medications or supplements of any type? **Please list below.** _____
- 6. History of hypertension or murmur? _____
- 7. Ever been restricted from sports by a physician? _____
- 8. Any skin problems? _____
- 9. Concussion, "knocked out", unconsciousness, memory loss, seizure or severe/frequent headaches? **If yes, explain.** _____
- 10. Stinger, burner, pinched nerve, numbness/tingling in extremities? _____
- 11. Problems while exercising in the heat? _____
- 12. Asthma, allergies, wheezing, difficulty breathing, chest pain? **If yes, explain.** _____
- 13. Glasses, contacts, vision or eye problems? **If yes, explain.** _____
- 14. Strain, sprain, fracture, joint pain or swelling? _____
- 15. Concerns about weight: Do you lose weight regularly for your sport? _____
- 16. Feel stressed out? _____
- 17. Female only: Menstrual history? _____

Explanations: _____

Medications/Supplements:

Name _____ Dosage _____ Reason _____
 Name _____ Dosage _____ Reason _____
 Name _____ Dosage _____ Reason _____
 Name _____ Dosage _____ Reason _____

PHYSICAL EXAMINATION

NAME _____ AGE _____ GRADE _____ DATE ____/____/____
 Height _____ Weight _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)
 Vision: R.20/____ L.20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

MEDICAL:	Normal	Abnormal	MUSCULOSKELETAL:	Normal	Abnormal
Appearance	_____	_____	Neck	_____	_____
Eyes/Ears/Nose/Throat	_____	_____	Back	_____	_____
Lymph Nodes	_____	_____	Shoulder/Arm	_____	_____
Heart	_____	_____	Elbow/Forearm	_____	_____
Pulses	_____	_____	Wrist/Hand	_____	_____
Lungs	_____	_____	Knee	_____	_____
Abdomen	_____	_____	Leg/Ankle	_____	_____
Genitalia (males only)	_____	_____	Foot	_____	_____
Skin	_____	_____			

IMMUNIZATION RECORD: Please attach a copy of immunization record from physician's office. For more information: <http://imm.health.ok.gov>

Guide to Immunization Requirements in Oklahoma

Please read the bullets below for essential information.

	KG-6th	7th - 11th	12th
VACCINES	Total doses		
DTaP (diphtheria, tetanus, pertussis)	5 DTaP/DTP★	1 Tdap ◇	No additional doses are required
IPV/OPV (inactivated polio/oral polio)	4 IPV/OPV ◀	No additional doses are required once a child has completed the required number of doses. If a child or student has not completed all of the required doses by the time they enter pre-school, kindergarten, or any grade above kindergarten, the doses must be completed on schedule.	
MMR (measles, mumps, rubella)	2 MMR		
Hib (<i>Haemophilus influenzae</i> type b)	_____		
HepB (hepatitis B)	3 HepB ■		
HepA (hepatitis A)	2 HepA		
Varicella (chickenpox)	1 Varicella or had chicken pox.		

- ★ If the 4th dose of DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTP/DTaP is not required.
- ◇ Tdap (Tetanus, diphtheria, and pertussis) booster (only one dose of Tdap is required.)
- ◀ If the 3rd dose of IPV/OPV is administered on or after the child's 4th birthday, then the 4th dose of IPV/OPV is not required.
- Students 11 through 15 years of age who have not received HepB vaccine may receive a 2 dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of pediatric hepatitis B vaccine.

CLEARANCE:

_____ CLEARED _____ CLEARED AFTER COMPLETING EVALUATION/REHABILITATION FOR:

_____ NOT CLEARED FOR: _____ REASON: _____

RECOMMENDATIONS: _____

NAME OF PHYSICIAN (print): _____ DATE: ____/____/____

ADDRESS: _____ CITY/STATE/ZIP: _____

SIGNATURE OF PHYSICIAN: _____ MD / DO PHONE: _____

INFORMED CONSENT AND ACKNOWLEDGMENT AGREEMENT

CASCIA HALL SCHOOL SPORTS PROGRAMS:

I/We _____ parents and/or guardians of _____ who is a student at Cascia Hall, and wishes to participate in the sports program at Cascia Hall, and in consideration of allowing our son/daughter or ward (hereinafter referred to as the "student athlete") to try out and/or participate in the sports program, give our consent for such participation by the student athlete, and further agree as follows:

We understand that our student athlete is required to be in good physical shape and condition and that the activities which he/she will be asked and expected to participate in are strenuous and require physical and athletic agility. These activities will not be confined to any one site or venue, but rather a variety of sites and places throughout the year.

It has also been explained to us that in any sport there is a significant risk of injury and that the student athlete's participation in a sports program in general could lead to serious or catastrophic injury, including death. We have also discussed this with the student athlete and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this sports program by our student athlete.

We also understand that the student athlete may travel to locations off campus for the purpose of participation in the sports program and that transportation may be provided to him/her by the coaches, advisors, volunteers, and/or the school. We also consent to such transportation.

We represent to you that, to the best of our knowledge and belief, our student athlete has no physical, medical or mental disability or other limitation that would restrict his/her ability to fully participate in this activity as described and explained to us. We have been informed that the student athlete must be examined by a physician, submit an executed physician's evaluation and approval form, prior to participation in the activities described above, and we agree to such examination.

We agree to, and by the signing of this agreement, individually and on behalf of the student athlete, release Cascia Hall, all coaches, assistant coaches, volunteers, staff of Cascia Hall, the Order of St. Augustine and the Board of Directors from any claim by ourselves, the student athlete, any heirs, executors and assigns, from any claims, including but not limited to, damages for death or injury to the student athlete and any claims for loss or damage, of whatever type or nature which may arise out of his/her participation in the Cascia Hall sports program.

In witness whereof, I/we have affixed our signatures to this agreement this _____ day of _____ 20____, at Cascia Hall Preparatory School, Tulsa. Oklahoma.

Parent/Guardian Signature Date

Parent/Guardian Signature Date



Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

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 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.

Cascia Hall Concussion and Head Injury Acknowledgement

Dear Cascia Hall Parent:

As of July 1st, 2010, Oklahoma State Statute Section 24-155 of Title 70 (Senate Bill 1700), went into law. SB 1700 requires schools to develop guidelines for dealing with sports-related concussion management and designate which *Licensed Health Care Provider* will evaluate your child during their athletic participation.

In this packet you find the following:

- List of Requirements and Recommendations for the implementations of SB 1700 at Cascia Hall.
- Cascia Hall's Concussion Management Procedures
- Oklahoma State Department of Health Sudden Cardiac Arrest Information

Please read through this packet and **return this cover sheet AND Sudden Cardiac Arrest form with ALL appropriate signatures** as acknowledgement of reading this packet and with the understanding of Cascia Hall's Concussion Management Procedures.

Go Commandos!

Stephanie Seney ATC, LAT
Head Athletic Trainer
(918) 901-4737 (cell)
sseney@casciahall.com

I, _____, as a **student-athlete** at Cascia Hall, and I, _____, as **parent/legal guardian**, have read this packet, which has been provided to us by Cascia Hall Preparatory School, related to concussions and head injuries occurring during athletic participation and understand the content and warnings, and accept the inherent risks involved there-in.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

A List of Requirements and Recommendations
For the Implementation of Oklahoma Statute 24-155 of Title 70
(Senate Bill 1700)
Concussion and Head Injury Awareness and Management
(Updated July 2013)

REQUIREMENTS

1. An acknowledgement statement from student-athlete and parent/guardian must be on file annually with the school district prior to the beginning of the athlete's practice/competition.
2. Athletes who are suspected of sustaining a concussion or head injury during practice or game must be removed from participation at that time.
3. Determine for your district the definition of "a licensed health care provider trained in the evaluation and management of concussions".
4. An athlete who has been removed from participation may not participate until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives "written clearance" to return to participation from that health care provider.
5. All district coaches view the 20-minute free video "Concussion in Sports: What You Need to Know" at the National Federation website at www.nfhslearn.com and that documentation of viewing be kept on file in the district.

RECOMMENDATIONS

6. Set forth policy and procedures for reporting and tracking student-athletes that have been determined to suffer a concussion or head injury.
7. Set forth policy and procedures for a step by step process for student-athletes that have been determined to suffer a concussion or head injury in order to facilitate the student-athletes safe return to practice and/or participation in competitive events.
8. Provide relevant information to all staff on where information on concussion and head injuries can be found on the OSSAA website at www.ossaa.com, the National Federation of State High School Associations website at www.nfhs.org, the Oklahoma Athletic Trainers Association website at www.oata.net, the Center for Disease Control website at www.cdc.gov/TraumaticBrainInjury.

Cascia Hall Sports Medicine Concussion Management Procedures

Pre-Season

All athletes will perform a baseline neurological assessment (at Cascia, this is SWAY) before participating in their sport.

Coaches will be required to review concussion management procedures, including but not limited to reviewing “Concussion in Sports: What You Need to Know”, provided by the National Federation of State High Schools Association and reviewing the procedures specific to this school.

This form will accompany the “Concussion/Head Injury Fact Sheet”, our emergency procedures guide and athlete medical forms to all practices and games.

At Practices or Games

If during the course of practice or a game the athlete is suspected of having a concussion, the athlete will be removed from participation. At that point, one of two courses of action will take place.

1. If **BOTH** the team physician, athletic trainer or both **are present**:
The athlete will be evaluated by these licensed professionals and a recommendation for further participation will be made. The athlete will be further evaluated in the following days, comparing their baseline neurological status to their current condition. Only the team physician or athletic trainer will be allowed to clear the athlete for return to practice or competition.
2. If the team physician or athletic trainer are **NOT present**:
The athlete is to be removed from further practice or competition without the possibility of return. If the athlete is deemed stable by the coaching staff, the athlete is released to the custody of their parents with the instructions to take overnight concussion precautions (listed in the Concussion/Head Injury Fact Sheet). If the athlete is not stable, the athlete should be transported for emergency evaluation. In either situation, the athlete should report to the athletic trainer the next day of school attendance for neurological testing compared to the baseline.

*****IN EITHER INSTANCE, IF YOUR CHILD IS REMOVED FROM ATHLETICS DUE TO A SUSPECTED HEAD INJURY AND NOT ALLOWED TO RETURN, *YOUR CHILD MUST HAVE A WRITTEN CLEARANCE FROM A PHYSICIAN BEFORE BEING ALLOWED TO RETURN TO ATHLETIC PARTICIPATION.******

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pain with exercise; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Can you screen for cardiac abnormalities?

The annual sports preparticipation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA.

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the preparticipation examination reveals an indication for these tests.

Senate Bill 239 – The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

Removal from play/return to play

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).