



SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:

American Heart Association:
www.heart.org

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Revised 2016

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What causes Sudden Cardiac Arrest?

Inherited (passed on from family) **conditions present at birth of the heart muscle:**

Hypertrophic Cardiomyopathy – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

Arrhythmogenic Right Ventricular Cardiomyopathy – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

Marfan Syndrome – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Inherited conditions present at birth of the electrical system:

Long QT Syndrome – abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

NonInherited (not passed on from the family, but still present at birth) **conditions:**

Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

Aortic valve abnormalities – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

Myocarditis – infection or inflammation of the heart, usually caused by a virus.

Recreational/Performance-Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of “false positives”, which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of “false negatives”, since not all cardiac conditions will be identified by additional screening.

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

Student & Parent/Guardian Signatures

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

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date

Sealy I.S.D. Athletic Handbook

*ATHLETIC DEPARTMENT
POLICIES AND GUIDELINES*

OBJECTIVES OF ATHLETICS

1. The primary objective of our program is to develop a sense of responsibility and accountability in all of our athletes. It is our desire that through competitive athletics our students realize that they can determine the course of their own lives. We believe that through our program we can help our students grow into mature, responsible citizens that contribute to our society.
2. We want to ensure that each one of our athletes has an opportunity to be successful. Not every young athlete will have the same level of talent, but every athlete can be praised for his/her work and effort. Every athlete can feel good about himself/herself and his/her role on the team.
3. Sealy ISD coaches will work to ensure that our athletes enjoy participating. When it's time to work, we will work and work very hard, but we also are going to find time for our athletes to have fun.

SEALY ISD ATHLETIC DEPARTMENT **POLICIES AND GUIDELINES** ACADEMICS

All athletes are students first and athletes second. **Your primary reason for being in school is to get an education.** We believe that it takes a special person to be a student and an athlete. You are going to have to work harder, stay up later, and get up earlier, etc., because much of your study time will be taken up by athletics. We know that this is not easy, but we expect you to do it because others before you have been able to do it.

Be organized, do not put off assignments. Write things down. If you are having trouble in class, get help from someone. All of our coaches are also good teachers, and they will be more than happy to help you in any way that they can. However, you have to ask! Your coach will check grades periodically, but it is still your responsibility to get help if you are having trouble. Discipline yourself to do your work so others won't have to!

ATHLETIC CLASS PERIODS

Our coaches believe that we have one of the finest athletic programs in **TEXAS**. This program is designed to make you a better athlete. It is not for any single sport. Its purpose and design is to make you better at all sports. Emphasis will be placed on strength, agility, and conditioning. All athletes participating in the following sports **MUST** be enrolled in an Athletic Period beginning in the Fall Semester: football, volleyball, basketball, golf, baseball, softball and soccer.

The athletic periods will run according to schedule each day. U.I.L guidelines will be followed. We expect our athletes to work year round to become their very best.

BOYS' & GIRLS' ATHLETIC PERIOD

Regardless of what sport is in season we will all go through SAC two to three times a week. Head Coaches in season will determine the workout for that week under the Athletic Director's discretion. This will remain consistent all the way through the year. This isn't something that we will ask baseball to do and then we do something different in football. We believe in making our kids as good athletically as we can, and this will help them regardless of what they play.

ATTENDANCE

ABSENCES – No absence will be excused. Absences because of illness, a school function, a death in the family, will be considered legitimate absence and the athlete will only be required to make up the work that was missed. However, with the exception of an illness, athletes must have their coach's approval **before** any such absence occurs. In other words, if an athlete is going to miss a Wednesday practice because of some school function, he or she should let the coach know as soon as possible and get the coach's approval. If an athlete becomes ill during the day, it is his or her responsibility to notify a coach before they go home.

Any such absence not approved by the athlete's coach before the absence occurred will be considered a deliberate miss and that athlete will be subject to disciplinary action in addition to making up the work missed. If excessive unexcused absences (3 or more) occur during a single season, it will be up to the head coach and athletic director's discretion on means of make-up accountability or suspension of games.

PROMPTNESS – **Always be on time!** The athlete is responsible for his/her own time. During school, athletes will have a designated amount of time after the athletic period bell to be dressed and ready to go. Tardiness will result in disciplinary measures according to the sport. On trips, the bus waits for no one. **Excessive tardiness will not be tolerated.** If you must miss or if you are late to an athletic period/practice, be sure that it cannot be helped. Do not make appointments on our time. If you must be absent or late, talk to your coach before the athletic period. If you fail to do so, you are subject to disciplinary action.

ACADEMICALLY INELIGIBLE

We hope all of our athletes take care of their business in the classroom, but we know there are going to be times where we have some of them come up short. When a student is academically ineligible their primary focus should be to work toward good academic standings. During this time they are still expected to attend practice and be a part of the team when not actively working toward academic eligibility. Practice is not optional because you are ineligible. We understand if you may be late to practice because you are getting extra help or something, but if you are part of the team then you will be treated like part of the team.

ATTITUDE – WORK HABITS

Your attitude toward the sport will, many times, determine how successful you are at that sport. If you work hard, attend practice, study the sport and listen when the coach corrects your mistakes, then you will enjoy the sport more and have greater success. Do not be a griper or complainer. Negative attitudes benefit no one. Positive attitudes help us all. Learn to take both praise and criticism from your coach. He or she is only trying to make you better. Different coaches have different personalities, so each one may offer criticism in a different manner, but the intent of the criticism is the same: to make you a better player. **There is no substitute for hard work.** The harder you work, the better you get. Do not allow yourself to be mentally or physically lazy.

CHAIN OF COMMAND

If a player or parent has a problem or conflict with a coach, there is a proper chain of command to follow. **First, talk to the coach with whom you have the conflict or problem. Second, visit with the head coach of that sport.** Be respectful, honest, and direct, and you will receive the same treatment in return. If you are not satisfied or the problem is not resolved, then go to step three. **Talk with the girl's coordinator or the athletic director.** Again, be honest and respectful and you will be treated that way in return. If you still feel that the problem is not resolved to your satisfaction **then you should take the problem to the Principal.** This way seems like the long way to go, but almost any problem can be solved in this manner.

By following the proper channels many potential future conflicts can be avoided.

COACHES/TEACHERS/ADMINISTRATORS

Each coach, teacher and administrator at Sealy ISD is a professional. Working with young people is what they do to earn a living, and they have spent a great deal of time and money training to be good at what they do. Therefore, they will be treated with the respect to which they are entitled. These people should receive “yes ma’am/yes sir,” “no ma’am/no sir” responses from players when talking to them. They in return will treat players with respect. Whenever one of these people is speaking to you, either individually or as a group, you will give him or her your undivided attention and look him or her in the eye. If a player is disrespectful to a coach, teacher, or administrator, or in violation of athletic policies, he or she will be disciplined. This discipline may be extra physical work or game suspension(s). If the behavior persists on the part of the student athlete, he or she may be removed for the program.

CONDUCT

The athletes who have preceded you have helped us build a well-respected program. We want to be known as a class act. Do not do anything that would detract from this. Our athletic teams are noted for clean, tough, competitive play. We **do not** “shoot off our mouths” on or off the field. Praise your opponents and play to your ability. We expect you to conduct yourselves as ladies and gentlemen at all times. We know that each of you

do not have the same ability, but we expect each of you to perform to the best of your ability at all times. Misconduct will not be tolerated and will result in disciplinary actions according to the sport.

PROGRAM DISCIPLINE

Our goal is for all athletes to represent our program in a positive fashion all the time. Unfortunately our student athletes will make some poor decisions and we want to deal with them when they do. We want to reinforce positive behavior and address negative behavior. There are so many things that can come up discipline wise that it is impossible to list them all out. There are lots of gray areas on most of these discipline issues, so they will be evaluated on a case by case basis. We are going to have level of offenses. Each offense will be deemed as a level 1, level 2, or level 3.

Things that will be looked at:

Conduct detrimental to the program

Quitting

Stealing

Fighting

Gang Activity

Disrespectful to school personnel

Negative Issues on Social Media, (Pictures, comments etc)

Level 1 Offense

A level 1 offense is something that results in immediate removal from the program. They are out of athletics and will have to go through the readmission procedure before the next season starts. In some instances they may be removed from athletics entirely for the remainder of the school year or for the remainder of their time at Sealy.

Level 2 Offense

A level 2 offense is a poor choice but it had some major implications and they must be addressed. Most level 2 offenses will be dealt with by some form of running punishment. If it was severe enough then there may also be some missed time as well. A second level 2 offense can result in the same disciplinary procedures as a level 1— again it depends on what happened.

Level 3 Offense

A level 3 offense is minor behavioral problems that we want to get fixed. ISS time or suspensions are level 3 offenses. Most of these will be dealt with in athletics with bear crawls. If we continue to have the same problems we will treat them as a level 2 offense.

ELIGIBILITY

An athlete must maintain a 70 average in all classes to be eligible for extracurricular activities. In addition, the athlete must have the correct number of credits at the beginning of the school year.

9 th	Must be promoted to 9 th grade
10 th	Must have 5 credits
11 th	Must have 10 credits
12 th	Must have 15 credits

In order to attend a Division I or II university on an athletic scholarship, the athlete must meet all requirements of the NCAA. High School student athletes should check with the Athletic Director or High School Counselor for these requirements. If an athlete fails two grading periods in a row they will be put on an athletic academic probationary contract.

EQUIPMENT and UNIFORMS

Sealy ISD will issue the proper equipment for each sport. **The athlete will be held responsible for his or her own equipment.** Athletes will be held responsible for lost or stolen equipment. The athlete it was issued to will pay for equipment lost or stolen. Any athlete caught in the equipment room or borrowing another's equipment will be subject to disciplinary action. **Any athlete who is caught stealing will be automatically placed under a level 2 offense and disciplined accordingly.**

An athlete will not be allowed to participate in another sport until his or her equipment record is clear in the previous sport. An athlete that does not take care of his or her equipment or hang it up correctly in their locker will be disciplined according to the sport. Dress should reflect pride and class; both in uniform and out. We will furnish your uniform and each coach will set equipment and uniform guidelines. Take care of your equipment.

FORMS

All incoming 7th, 9th and 11th grade athletes and any athlete who has never had a physical are required to have a physical examination before participating in any athletic contest. All other physicals are kept on file. An athlete who moves into the district should have a copy of his or her physical examination or make arrangements to get it. In addition to a ***“Medical Examination Form”***, all athletes must have a completed ***“Medical History Form”*** an ***“Acknowledgment of Rules Form”*** a ***“Permit for Participation Form”*** and an ***“UIL Steroid Agreement Form”*** that you received in your physical packets and the ***“Handbook Acknowledgement Form”*** (located in the back of this handbook) on file before participating in any athletic contest. Please see to it that your paperwork is completed, signed properly, and up-to-date.

ELIGIBILITY TO PLAY FOOTBALL/VOLLEYBALL (HIGH SCHOOL ONLY)

Any student that is going to play high school football/volleyball must go through our strength and condition program in the spring semester. This is so our kids are learning hard work and getting prepared for the upcoming season. We don't want to let any kids not work out in the spring while all their teammates are and then show up in August ready to go. They should have been getting ready with us. This is announced after each season ends. If a student not in athletics the prior year wants to play then he/she will be allowed to participate at the beginning of 2-a-days for football or volleyball.

LETTERING

The first time a student letters on a varsity team he/she shall receive a school athletic jacket. This is ordered at the end of the season and presented to the athlete. All additional patches or decorations for the jacket will be the responsibility of the individual student. Students participating in athletics at the sub varsity levels will be recognized for their efforts at assemblies in the fall or spring for each of the sports in which they took part. To letter, an athlete must meet three requirements.

He / She must compete in a specified number of interscholastic contests at the varsity level.

He / She must be recommended for lettering by the Athletic Director or by the coach.

He / She must complete the season in good standing as a team member.

Letter requirements for each sport are as follows:

Football/Soccer – To letter in varsity football/soccer, an athlete must be on the varsity team for at least ½ the season.

Basketball & Volleyball – To letter in varsity basketball or volleyball, an athlete must be on the varsity team for at least ½ the season.

Power Lifting – To letter in power lifting, an athlete must participate in three power lifting meets and complete all lifts in at least two meets.

Track – To letter in track, an athlete must represent the school in at least one-half of the regular varsity meets and score a minimum of 10 points or point at the district track meet.

Golf – To letter in golf, a student must compete in two regular season tournaments and the district tournament as a member of the varsity team.

Tennis – To earn a letter in tennis, a student must compete in at least one-half of the regular season tournaments and the district tournament as a member on the varsity team and win at least one set.

Baseball & Softball – To letter in varsity baseball or softball, an athlete must compete in a minimum of ten games at the varsity level. If no Junior Varsity team is fielded due to lack of numbers, student must compete in a minimum of 30 innings to letter.

All final decisions concerning athletic letters will fall under the discretion of the coach of the sport and the athletic director.

INJURY OR ILLNESS

If you have an injury, it is your responsibility to report it to your head coach and the athletic trainer. He/she will either treat the injury or if the injury is too severe for him/her to handle, he/she will refer you to your family physician.

If you do not come to school, call one of these numbers **daily**. Boys: (979) 885-3515 ext. 8021 Girls (979) 885-3515 ext. 8020 and let the coach know you will not be at school or workout.

If you are sick or injured we do not expect you to work out, **but if you are at school we do expect you to be at practice, in the required uniform following your group from station to station and learning as much as you can.** If your illness requires a visit to a physician, bring us a note from the physician telling us how long you will be out. If an athletic injury occurs then inform your coach and athletic trainer. Allow the athletic trainer to evaluate the extent of the injury and determine if a doctor's assistance is needed. **We will treat what a doctor says as law; you will not be allowed to return to practice until the doctor releases you.** We will keep a file of these doctor's notes, so please be sure and get one. Example: If you injure yourself in practice or during competition, it is important that you inform your coach or trainer. If we are not informed and you go to the doctor for supplemental school insurance to cover you we must have documentation.

If you have any injury that needs rehab you will stay in the program and receive treatment and perform your rehab exercises. If you have a prolonged medical condition that prohibits you from participating and it is something that cannot be rehabbed or treated then you will have your schedule changed and be removed from the athletic period.

LOCKER ROOM

During the course of the season you will spend a great deal of time in this room. **Take care of it like it is your own; it is.** Keep it clean by putting trash and tape in the trash can. Do not wear muddy shoes or steel cleats in this area. Make this room a more pleasant place for everyone.

The locker room is also a private place. It is a place where your team family meets. What is said in the locker room should stay there. Do not be a busy body, a rumor can grow until it disrupts a whole team. There are to be no pictures or videos taken in the locker room will result in a level two offense.

Each locker room will have guidelines posted for teams to abide by. Each team member is expected to know these guidelines and follow them. Failure to adhere to these guidelines will result in disciplinary measures according to the sport.

The athlete will be responsible for keeping his or her locker neat and clean for hygienic and organizational reasons. Your coach will explain to you how your locker is to be kept. If music is played there will be **NO vulgarity or profanity allowed.**

QUITTING POLICY

We hope that all students that want to participate in athletics do so, but there are always going to be students that tried a sport and found out that it wasn't what they were thinking. We want to encourage students to try a sport and then not punish them if they realize that it wasn't what they wanted to dedicate their time to. Our policy is that our students have until district play starts to determine if they like how things are going and how things are being run in the program. If a student is still with us when district begins then they are with us until the end, so if a student quits after we have started district play they have to be readmitted into the athletic program and cannot start the next sport until the season of the sport they started is over. (Under a coach's supervision)

Students wanting to be readmitted into athletics will have to run 3 miles for 5 consecutive school days. This is so students have to think about whether or not they really want back in. They made the decision to quit and we want them to show us some commitment over a period of a few days before we let them back in.

SCHEDULING CONFLICTS

Conflicts will arise in which an athlete will be participating in some other extracurricular activity. These conflicts are handled using the following rule. **A district contest will always take precedence over a non-district contest and a district contest will always take precedence over a field trip.** Using this rule, all participants will be given an opportunity to compete in the major contests or events of any extracurricular activity. The Athletic Department will do everything possible to avoid conflicts of this type.

An athlete participating in multiple sports that do not begin at the same time will not be allowed to participate in the competitions of the latter sport until the season of the previous sport is complete.

SUBSTANCE ABUSE

An Extracurricular Drug Testing Policy is in place. You may refer to it on the SISD Web site or the SHS Code of Conduct Handbook.

Students who represent Sealy ISD by their participation in any University Interscholastic League activity are expected to exemplify the highest standards of conduct and safe, healthy behavior. Use of alcohol, tobacco, and /or drugs **will not be tolerated.**

Specifically, students are expected not to sell, deliver, possess, give, use individually or be present at social gathering where alcoholic beverages or controlled substances are made available to minors. (Use or possession of other forms of drugs or controlled substances may be dealt with differently according to the law.) An athlete agrees to abide by this Substance Abuse Policy and its consequences for his/her entire tenure at Sealy High School.

Sealy ISD has set a standard for a trace and a positive test results.

TRACE: If the test indicates traces of an illegal substance, a conference with the student and parent or adult representative, the campus principal, and a coach shall be requested if the athlete plans to continue to participate in any athletic event. The student and parent or adult representative shall be advised of substance abuse counseling available to the student and family. A trace will fall under Level 2 offense which is explained on page 6 of the athletic handbook.

POSITIVE TEST RESULT: If the test is positive for an illegal substance, the campus principal shall schedule and conduct a due process conference within five school days. The consequences which are listed below as strikes shall begin immediately upon notification to the athletic director by the laboratory of a positive test. The athletic director will also be asked to participate in the conference. The student athlete will also follow the guidelines that are listed in the Sealy ISD Drug Policy for a positive test results

This is not based on a year-to-year format and is not contingent on school being in session. To ensure consistency among different groups, the following uniform penalties for failure to adhere to these guidelines will be implemented:

Alcohol Consequences for High School and Middle School/High School Drug Testing Consequences

1st Strike

8 Miles, 8,000 yards bear crawls, 500 word essay over alcoholism or drug abuse, team and parent apology, 1 hour counseling with Head Coach or Athletic Director
Must be completed before competition play

2nd Strike

Mandatory suspension of 2 games, 2 scrimmages or 1 tournament, 15 miles, 15,000 yard bear crawls, 1,000 word essay on Leadership, 5 hours of community service
Must be completed before competition play

3rd Strike

6 week suspension, 25 miles, 20,000 yards bear crawls, 10 hours of community service, possibility of 2 Alcohol Anonymous meeting

4th Strike

Meeting with the parents, athlete, athletic director and High School Principal about the next steps needed to help our athlete with recovery and/or removal from athletic programs.

*All punishment will be under coach's supervision and mandatory daily practice through each level of offense.

*If Strike 1 offense occurs and the athlete goes one full year without another occurrence with alcohol or drug abuse he/she will repeat Strike 1. If Strike 2 is reached in same year then the following levels will be carried out for the rest of the athlete's career at Sealy High School.

Strikes will be carried out only if the Athletic Director is informed by the athlete, athlete's parents, Sealy ISD administration or local authorities.

:

TRAVEL

All team members are expected to travel to and from competition in school provided vehicles. Extenuating circumstances that necessitate an exception to this rule must be presented to the coach of the team **by the parents or legal guardian** of the student involved. This must be done in writing before the trip begins, and students will only be allowed to leave with their parents or legal guardian.

GROOMING GUIDELINES – Follows Sealy ISD Hand Book (Tattoos, Earrings)

- No earrings will be worn by boys during the athletic period or athletic event.
- No unusual piercings (nose, eyebrow, etc.)
- Hair must be natural colors only (shades of blue, bright red, pink, etc are not natural hair colors)

These guidelines will help us be uniform in our appearance and promote a positive image when we participate and travel as a team.

SEALY I.S.D ATHLETIC HANDBOOK ACKNOWLEDGEMENT FORM

Because participation in extracurricular activities is a privilege and not a right, Sealy I.S.D. is authorized to set higher standards for participants of extracurricular activities than it would for those students who choose not to participate in these activities. Therefore, this Athletic Handbook extends beyond the Sealy I.S.D. Code of Conduct not only in types of behavior prohibited, but also in corresponding consequences and jurisdiction for imposing discipline. We have both read the Sealy I.S.D. Athletic Department Handbook and fully understand all of the policies of the Sealy I.S.D. Athletic Department Handbook. We both agree to abide by and support these policies.

Athlete's Printed Name _____

Athlete's Signature _____

Date _____

Parent's or Guardian's Printed Name _____

Parent's or Guardian's Signature _____

Date _____

(The Athletic Director will deal with any circumstance not covered in the Athletic Guidelines.)

PLEASE RETURN SIGNED FORM TO THE ATHLETIC DIRECTOR



CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:

A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student;

(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;

(3) the treating physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play; and

(4) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;

(B) have provided the treating physician's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;

(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;

(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and

(iv) understands the immunity provisions under Section 38.159.

Parent or Guardian Signature

Date

Student Signature

Date

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

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

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

<p>I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL</p>		
Student Signature: _____	Parent/Guardian Signature: _____	Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
brachial blood pressure while sitting

Vision: R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

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

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

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

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

SEALY ATHLETICS CONSENT TO TREAT FORM

Name:

DOB:

Address:

Home phone:

Physician:

Allergies:

If So, please list

Other Medical alerts:

If so, please list

Removable dental work?

Contacts:

Parent, Guardian or Close Relative Contact in case of Emergency

Phone	Name	Relationship
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Phone	Name	Relationship
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Phone	Name	Relationship
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If, in the judgment of any school representative, the student (named above) should need immediate care and treatment as may be given by any physician, trainer, nurse, or school representative, and I do hereby indemnify and save harmless the school and any school or hospital representative from any claim by any person whomsoever on account of such care and treatment of said student.

Signature of Parent or Guardian

EXHIBIT A
SEALY ISD
Consent to Participation in
Mandatory Student Drug Testing Program

We have read and understand the policy governing Sealy ISD's Mandatory Drug Testing Program. We understand that as a condition of participation in extracurricular programs and a condition for parking and driving on school premises at Sealy high School, the student named below must participate in the drug testing program. By our signatures below, we authorize Sealy ISD to conduct drug testing on any urine specimen/breathalyzer testing that the named student will provide on the dates and times specified by the Sealy ISD school officials.

We understand that at the time of test, we, at our own discretion, may provide a copy of any medical prescription or doctor's verification related to any medicines the student may be taking. If we provide this information in a sealed envelope to school personnel, we understand that the sealed envelope will be forwarded unopened to the designated testing lab. We further understand that the lab will be instructed to consider the student's use of such medication to assure an accurate outcome of the drug testing. The prescription drug information will not be disclosed by the testing lab to any SISD school official.

Student ID#

Students Name

Male Female (Check one)

Signature of Parent/ Guardian
Signature of Student

Date
Date



University Interscholastic League



Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

School Year (to be completed annually) _____