



PRE-PARTICIPATION PHYSICAL EVALUATION FORM AND PARENTAL CONSENT

No student shall be eligible to represent his/her school in athletics or marching band until there is on file with the school a physical examination and parental consent certificate.

All physicals for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular activity. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation.

The pre-participation evaluation form is designed to identify risk factors prior to participation by way of a thorough medical history and physical examination. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations.

1. The most current version of the OSSAA PPE form should be used; any other form used must contain a minimum of the information requested on the OSSAA PPE form.
 2. The PPE Form must be signed and completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
 3. SIGNATURES
 - The person administering the PPE's signature must be hand-written and dated. No signature stamps will be accepted.
 - The parent/guardian signatures must be hand-written and dated.
 - The student-athlete signature must be hand-written and dated.
 4. DISTRIBUTION
 - History Form retained by Physician/Healthcare Provider
 - Examination Form and Consent and Release Form signed and returned to member school.
 - PPE's should be held to HIPPA standards; however school medical personnel and coaches should be aware of any rescue medications or conditions relevant to the student.
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PREPARTICIPATION PHYSICAL HISTORY FORM

Students should complete and sign this form (with your parents if younger than 18) before your appointment. *History Form is retained by member school and health care provider.*

Name: _____ Date of birth: _____

Date of examination: _____ Grade: _____

Sex at birth (Female or Male): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

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

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). _____

Are your required vaccinations current? _____

- | | | |
|----|--|--------------|
| | | (CIRCLE ONE) |
| 1. | Do you feel stressed out or under a lot of pressure? | YES NO |
| 2. | Do you ever feel sad, hopeless, depressed, or anxious? | YES NO |
| 3. | Do you feel safe at your home or residence? | YES NO |
| 4. | Have you ever tried cigarettes, chewing tobacco, snuff, or dip? | YES NO |
| 5. | During the last 30 days, did you use chewing tobacco, snuff, or dip? | YES NO |
| 6. | Have you ever taken anabolic steroids or use any other appearance/performance supplement? | YES NO |
| 7. | Have you ever taken any supplements to help you gain or lose weight or improve your performance? | YES NO |

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No
1.	Do you have any concerns that you would like to discuss with your provider?			9.	Do you get light-headed or feel shorter of breath than your friends during exercise?		
2.	Has a provider ever denied or restricted your participation in sports for any reason?			10.	Have you ever had a seizure?		
3.	Do you have any ongoing medical issues or recent illness?			HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	11.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
4.	Have you ever passed out or nearly passed out during or after exercise?			12.	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
5.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			13.	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
6.	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?						
7.	Has a doctor ever told you that you have any heart problems?						
8.	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.						

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

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

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

PHYSICAL EXAMINATION

(Physical examination must be performed on or after May 1 for the following school year.)

Name _____ Date of Birth _____ Grade _____ School Name: _____

EXAMINATION					
Height	Weight	Sex at Birth: Male		Female	
BP / (/)	Pulse	Vision R 20/	L 20/	Corrected? Y N	
MEDICAL				NORMAL	ABNORMAL FINDINGS
Appearance					
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span height, hyperlaxity, myopia, MVP, aortic insufficiency)					
Eyes/ears/nose/throat					
Pupils equal					
Hearing					
Lymph nodes					
Heart					
Murmurs (auscultation standing, supine, +/- Valsalva)					
Location of point of maximal impulse (PMI)					
Pulses					
Simultaneous femoral and radial pulses					
Lungs					
Abdomen					
Skin					
HSV, lesions suggestive of MRSA, tinea corporis					
Neurologic					
MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			Duck-walk, single leg hop		
Hip/thigh					

Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared Pending further evaluation For any activities

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the activities outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) _____ Date _____

Address _____ Phone _____ License # _____

Signature of Health Care Professional _____

OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION



UPDATED APRIL 2024

PARENT/GUARDIAN CONSENT FORM

(To be retained by member school with history and parent consent forms)

STUDENT NAME: _____

DATE OF BIRTH: _____

SCHOOL: _____

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 in/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 PARENT/ GUARDIAN _____ DATE _____

SIGNATURE OF STUDENT _____ DATE _____

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS UNDER THE AGE OF 18**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA §
 §
COUNTY OF _____ §

I, _____, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of _____, who is enrolled as a student at _____ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that _____ was the biological sex of the student at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Date and Place

Signature

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS 18 AND OLDER**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA §
 §
COUNTY OF _____ §

I, _____, the undersigned person, being first duly sworn, on oath, state that I am of legal age.
I am enrolled as a student at _____ School, and I intend to compete on a school athletic team during the upcoming school year.
I acknowledge that _____ was my biological sex at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Date and Place

Signature

DEWEY SCHOOLS
2024-2025

M / F

Circle Male or Female

(Print Clearly)

Student's Name

Grade in 2024-2025

To the parent or guardian of Dewey athletes,

Each student athlete must have this form signed, dated and returned to his/her coach.

I understand that Dewey Schools **does not** provide student athletic insurance.

I am aware of my child's potential insurance needs in the event of accident or injury occurring during game, practice or participation in a school sport or activity.

Additional insurance information can be found by going to the following website.
www.studentinsurance-kk.com

Parent or Guardian's signature

Date

Concussion Facts

Parents & Caregivers



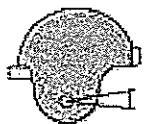
What is a concussion?

When an athlete gets their "bell rung" or gets "lit up" they have suffered a concussion. Concussions are a type of *traumatic brain injury (TBI)*. When a child or adolescent sustains a concussion, their brain may bounce or twist inside the skull, sometimes stretching or damaging brain cells and causing chemical changes within the brain. This movement interrupts the brain's functioning and can impact your child physically, emotionally, cognitively, and behaviorally.



How do concussions happen?

Concussions are caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. Common causes are falls and being hit against or by another person or object. Your child's head does not have to be struck to cause a concussion - a body-to-body hit has the potential to cause a concussion.



Can concussion risk be reduced?

YES! There are ways to reduce your child's risk of a concussion. Talk to your child about practicing good sportsmanship and following coaches' instructions for safe game play. Make sure bicycle, athletic, and ATV helmets fit properly and are worn consistently. While a helmet doesn't prevent a concussion, it does protect your child's head from more severe head injuries. Make sure your child's school and sports organizations have established concussion policies and protocols; they should have procedures in place for coach training and returning to learn and play after a concussion.



Can my child keep playing after a concussion?

The brain needs time to heal after a concussion. A youth athlete who *continues to play* or who *returns to play too soon* - before the brain has finished healing - has a greater chance of getting another concussion. A **repeat concussion that occurs while the brain is still healing can be very serious and can affect a child for a lifetime**. It can even be fatal. If you suspect your child has sustained a concussion during a practice or a game, make sure they are **immediately removed from play**. Do not allow your child to return to play on the same day as the injury.



SIGNS AND SYMPTOMS

There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may observe these signs in your child or your child may report symptoms to you.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feels tired
- Tingling
- Does not "feel right"
- Seems dazed, stunned

Emotional/Behavioral

- Becomes irritable
- Becomes sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes, such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can't recall events before or after the hit
- Feels sluggish, hazy, foggy, or groggy
- Feels "slowed down"
- Repeats questions or answers questions more slowly
- Confusion
- Forgets routine things

DANGER SIGNS

If one or more of these signs emerges after a hit to the head or body, **IMMEDIATELY** call 911 or take your child to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

Learn more: concussion.health.ok.gov | 405.271.3430

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OKLAHOMA
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RETURN TO PLAY:

BACK TO SPORTS AFTER A CONCUSSION



Before you begin:



An athlete's progression through the return to play protocol should be monitored by a designated return to play case manager, such as a coach, athletic trainer, or school nurse.



Each step should take a *minimum* of 24 hours; it should take at least one week to proceed through the full return to play protocol. This process can take several weeks or months, depending on the individual and the injury.



If concussion symptoms return at any step during the return to play process, the protocol must be stopped. The athlete may only resume return to play activities when they have been symptom-free for a *minimum* of 24 hours. Return to play progression must resume at the step *before* symptoms reemerged.

Example: An athlete going through return to play protocol has progressed to Step 5 (practice and contact) when concussion symptoms return. Return to play activities must be halted until the symptoms stop and remain absent for at least 24 hours. At that point, the return to play protocol resumes; however, the athlete restarts at Step 4 (heavy non-contact activity), the step before concussion symptoms reemerged.

WHEN IN DOUBT, SIT THEM OUT

Athletes should not begin the return to play protocol on the same day of the injury. A licensed health care professional must evaluate the athlete and provide written clearance for the athlete to return to activity.

Continuing to play, or returning to play too soon, after a concussion increases the chances of sustaining another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

RETURN TO PLAY PROTOCOL

STEP 1: BACK TO REGULAR ACTIVITIES



Goal: Complete normal activities and remain symptom-free for at least 24 hours



STEP 2: LIGHT AEROBIC ACTIVITY



Goal: Minimal increase in heart rate
Time: 5-10 minutes
Feels easy: walking \leq 2 mph, stretching exercises
NO weight lifting, resistance training, jumping, or hard running.



STEP 3: MODERATE ACTIVITY



Goal: Noticeable increase in heart and respiratory rates with limited body and head movement
Time: Less time than typical routine
Feels fairly easy to somewhat hard: brisk walking (15 min/mile)
NO head impact activities. NO helmet or other equipment use.



STEP 4: HEAVY NON-CONTACT ACTIVITY



Goal: High-intensity activity without contact
Time: Close to typical routine
Non-contact training drills in full uniform, weight lifting, resistance training, running, high-intensity stationary cycling.



STEP 5: PRACTICE AND CONTACT



Goal: Return to practice, full contact as applicable to sport



STEP 6: RETURN TO PLAY



Goal: Return to full game play, practice, and competition



Learn more: [concussion.health.ok.gov](https://www.concussion.health.ok.gov) | 405.271.3430

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RETURN TO LEARN PROTOCOL

OVERVIEW

Every student will experience a concussion differently. One student may spend an extended time in one return to learn phase, while another may not need a particular phase at all.



PHASE 1

No school

A licensed health care provider should provide written clearance for a student to return to school after a concussion. A concussion management team should be assembled and begin to develop a plan for the student.



PHASE 2

Half-day attendance with accommodations

The concussion management team leader should meet with the student and their parents to review information from the health care provider (e.g., current symptoms and recommended accommodations), concussion management team member roles and responsibilities, and the initial concussion management plan.



PHASE 3

Full-day attendance with accommodations

Monitor the student for worsening or reemerging symptoms during class. The concussion management team should be communicating on a regular basis to evaluate progress and collaborating to revise the concussion management plan as needed based on any changes in symptoms or symptom severity.



PHASE 4

Full-day attendance without symptoms

When the student can participate in all classes and has been symptom-free for at least 24 hours, they may begin the return to play protocol for physical activities at school (e.g., gym, PE classes, athletics participation).



PHASE 5

Full school and extracurricular involvement

For most students, accommodations for concussion recovery are temporary and informal. When recovery is prolonged, however, formal support services (e.g., an individualized education plan, a response to intervention protocol, or 504 plan) may be needed to support the student.

To learn more about supporting students returning to learn after a concussion, visit <https://concussion.health.ok.gov>

Contact us: concussion@health.ok.gov | 405.271.3430

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RETURN TO LEARN:

BACK TO CLASS AFTER A CONCUSSION

WHAT IS A CONCUSSION & HOW CAN IT IMPACT LEARNING?

A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or body that moves the head and brain rapidly back and forth, causing the brain to bounce or twist in the skull. Concussion symptoms can impact a student physically, cognitively, and emotionally. These symptoms may disrupt the student's ability to learn, concentrate, keep track of assignments, process and retain new information, tolerate light and noise, and appropriately regulate emotions and behaviors. School professionals play a vital role in creating a culture that values safety and open communication, encourages students to report symptoms, and supports students throughout the process of recovery. Teachers and other school staff can provide symptom-based classroom accommodations while the student's brain continues to heal from the concussion. Supports can be lifted as the brain heals and concussion symptoms no longer keep the student from full classroom participation.

After a concussion, it is as important to rest the brain as it is the body. Students will need an initial break, usually 2 to 3 days, from cognitive activities such as problem solving, concentrating or heavy thinking, learning new things, memorizing, reading, texting, computer or mobile device time, video games, and watching television. Upon clearance from their health care provider, students can gradually return to learning activities.

Providing appropriate support for a student returning to school after a concussion requires a collaborative team approach. Teachers, school counselors, school nurses, school administration, parents/guardians, the student, and the student's health care provider are examples of these team members. Continuous communication between students, caregivers, health care providers, and school staff is vital to ensure the student's individual needs are understood and consistently met by their support team throughout recovery.

CONCUSSION SIGNS TO WATCH FOR IN THE CLASSROOM

- Increased problems paying attention or concentrating
- Increased problems remembering or learning new information
- Longer time needed to complete tasks or assignments
- Difficulty organizing tasks or shifting between tasks
- Inappropriate or impulsive behavior during class
- Greater irritability or more emotional than usual
- Less ability to cope with stress
- Difficulties handling a stimulating school environment (lights, noise, etc.)
- Physical symptoms (headache, fatigue, nausea, dizziness)

EXAMPLES OF SCHOOL SUPPORTS BASED ON CONCUSSION SYMPTOMS



- Reduce assignments and homework to key tasks only and base grades on adjusted work.
- Provide extra time to work on assignments and take tests.
- Provide written instructions, study guides, and/or help for classwork.
- Limit tests to one per day.
- Allow students to demonstrate understanding of a concept orally instead of in writing.
- Provide class notes and/or allow students to use a computer or tape recorder to record classroom information.



- Allow time to visit the school nurse for treatment of headaches or other symptoms.
- Provide rest breaks.
- Provide extra time to go from class to class to avoid crowds.
- If students are bothered by light, allow sunglasses, blue light blocking glasses, or sitting in a less bright location (e.g., draw blinds, sit them away from windows).
- If students are bothered by noise, provide noise-reducing headphones and a quiet place to study, test, or spend lunch or recess.
- Do not substitute concentration activities for physical activity (e.g., do not assign reading instead of PE).



- Develop an emotional support plan (e.g., identify an adult with whom they can talk if feeling overwhelmed).
- Locate a quiet place students can go when feeling overwhelmed.
- Students may benefit from continued involvement in certain extracurricular activities, such as organizational or academic clubs, as approved by their health care provider.
- Arrange preferential seating, such as moving the student away from windows (e.g., bright light) or talkative peers, or closer to the teacher.

• **Keep do structure and consistency:** make sure all teachers are using the same strategies.

Concussion Facts

Youth Athletes



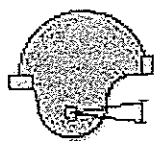
What is a concussion?

When an athlete gets their "bell rung" or gets "lit up" they have suffered a concussion. Concussions are a type of *traumatic brain injury (TBI)*. Concussions are caused by a bump, blow, hit, or jolt to the head or body that moves the head and brain rapidly back and forth. Falling or being hit against or by another person or object are common causes of concussions. Your head doesn't have to be struck to cause a concussion; for example, a body-to-body hit has the potential to cause a concussion.



What does a concussion do to my brain?

When you experience a concussion, your brain may bounce or twist inside your skull, sometimes stretching or damaging brain cells and causing chemical changes within the brain. A concussion interrupts your brain's functioning. When your brain is injured by a concussion, the injury can affect you physically, emotionally, behaviorally, and/or cognitively (how you think).



Can the risk of concussion be reduced?

YES! There are ways to reduce your risk of a concussion. Practice good sportsmanship and follow your coach's instructions for safe game play. If you play contact sports, learn the fundamentals and appropriate techniques. Make sure bicycle, athletic, and ATV helmets fit properly and are worn consistently. While a helmet doesn't prevent a concussion, it does protect your head from more severe injuries.



Can I keep playing after a concussion?

Your brain needs time to heal after a concussion. If you *continue to play or return to play too soon* - before your brain has finished healing - you have a greater chance of getting another concussion. A **repeat concussion that occurs while your brain is still healing can be very serious and can affect you for a lifetime**. It can even be fatal. If you think you may have sustained a concussion during a practice or game, **immediately talk to your coach, game official, athletic trainer, or parent/guardian and remove yourself from play**. Do not return to play on the same day as the injury. You need to see a health care professional to be evaluated for a concussion and given written clearance to return to play.



SIGNS AND SYMPTOMS

There are many signs and symptoms of a concussion. **Concussion symptoms may appear minutes, hours, or days after the initial injury.** Symptoms may be physical, emotional, behavioral, or cognitive (affect thinking). You may notice these symptoms yourself or someone else may observe them. If you experience any of these symptoms after a blow to the head or body, tell someone immediately.

Physical

- Headache or pressure in the head
- Dizziness, balance problems
- Nausea or vomiting
- Sensitivity to noise, ringing in ears
- Sensitivity to light, blurry or double vision
- Feel tired
- Tingling
- Do not "feel right"
- Seem dazed, stunned

Emotional/Behavioral

- Become irritable
- Become sad or depressed
- More emotional than usual
- Anxious or nervous
- Personality or behavioral changes such as becoming impulsive

Cognitive

- Trouble thinking clearly
- Trouble concentrating
- Trouble remembering, can't recall events before or after the hit
- Feel sluggish, hazy, foggy, or groggy
- Feel "slowed down"
- Repeat questions or answer questions more slowly
- Confusion
- Forget routine things

DANGER SIGNS

If one or more of these symptoms emerges after a hit to the head or body, **IMMEDIATELY** call 911 or get someone to drive you to the nearest emergency room.

- One pupil larger than the other
- Drowsy or cannot wake up
- Headache that gets worse and does not go away
- Slurred speech, weakness, numbness
- Decreased coordination
- Loss of consciousness
- Repeated vomiting or ongoing nausea
- Shaking or twitching (convulsions or seizures)
- Unusual behavior, increased confusion, restlessness, or agitation

Learn more: concussion.health.ok.gov | 405.271.3430

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RETURN TO PLAY:

BACK TO SPORTS AFTER A CONCUSSION



Before you begin:



An athlete's progression through the return to play protocol should be monitored by a designated return to play case manager, such as a coach, athletic trainer, or school nurse.



Each step should take a *minimum* of 24 hours; it should take at least one week to proceed through the full return to play protocol. This process can take several weeks or months, depending on the individual and the injury.



If concussion symptoms return at any step during the return to play process, the protocol must be stopped. The athlete may only resume return to play activities when they have been symptom-free for a *minimum* of 24 hours. Return to play progression must resume at the step *before* symptoms reemerged.

Example: An athlete going through return to play protocol has progressed to Step 5 (practice and contact) when concussion symptoms return. Return to play activities must be halted until the symptoms stop and remain absent for at least 24 hours. At that point, the return to play protocol resumes; however, the athlete restarts at Step 4 (heavy non-contact activity), the step before concussion symptoms reemerged.

WHEN IN DOUBT, SIT THEM OUT

Athletes should not begin the return to play protocol on the same day of the injury. A licensed health care professional must evaluate the athlete and provide written clearance for the athlete to return to activity.

Continuing to play, or returning to play too soon, after a concussion increases the chances of sustaining another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect an athlete for a lifetime. It can even be fatal.

RETURN TO PLAY PROTOCOL

STEP 1: BACK TO REGULAR ACTIVITIES



Goal: Complete normal activities and remain symptom-free for at least 24 hours



STEP 2: LIGHT AEROBIC ACTIVITY



Goal: Minimal increase in heart rate
Time: 5-10 minutes
Feels easy; walking \leq 2 mph, stretching exercises
NO weight lifting, resistance training, jumping, or hard running.



STEP 3: MODERATE ACTIVITY



Goal: Noticeable increase in heart and respiratory rates with limited body and head movement
Time: Less time than typical routine
Feels fairly easy to somewhat hard: brisk walking (15 min/mile)
NO head impact activities. NO helmet or other equipment use.



STEP 4: HEAVY NON-CONTACT ACTIVITY



Goal: High-intensity activity without contact
Time: Close to typical routine
Non-contact training drills in full uniform, weight lifting, resistance training, running, high-intensity stationary cycling.



STEP 5: PRACTICE AND CONTACT



Goal: Return to practice, full contact as applicable to sport



STEP 6: RETURN TO PLAY



Goal: Return to full game play, practice, and competition



Learn more: [concussion.health.ok.gov](https://www.concussion.health.ok.gov) | 405.271.3430

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OKLAHOMA
State Department
of Health



Concussion and Head Injury Acknowledgement

(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 _____ related to potential concussions and head injuries occurring during participation in athletics.

(NAME OF SCHOOL)

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

_____ athletics and I,

(NAME OF SCHOOL)

_____ (PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

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

(NAME OF SCHOOL)

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

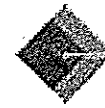
SIGNATURE OF STUDENT-ATHLETE

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.



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.

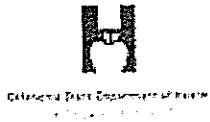
Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their 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 (gaspings). 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!***



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.