

Choctaw-Nicoma Park Public School System
Emergency Card & Athletic Paperwork Checklist

Name _____ Birthday _____ Age _____

Parent's Name _____ Home Phone # _____

Address _____ Grade _____

Phone # of Parent During Day: Father _____ Mother _____

In an Emergency, If Parent cannot be contacted:

Notify _____ At _____
Name Telephone Number

Family Doctor _____ Doctor's Phone # _____

Insurance Company _____ Policy # _____

Preferred Hospital _____ Known Allergies _____

The Team Physician, Trainer and Coach may apply first aid until the family doctor can be contacted:

Yes _____ No _____

We give our consent for the coaches, trainers and team physicians to use their own judgment in securing medical aid and ambulance service in case parents cannot be reached:

Yes _____ No _____

Athletic Paperwork Checklist

Please check and initial that you have read each of the following Athletic Forms

	Initial
Helmet Warning (Football Only)	_____
Concussion and Head Injury Fact Sheet(Oklahoma Statute Section 24-155 of Title 70)	_____
Parent Authorization for Student Travel	_____
Student / Parent Athletic Contract	_____
School Insurance Waiver	_____
Drug Test Authorization	_____
Cardiac Arrest	_____
www.studentinsurance-kk.com enrollment (optional)	_____
*Homecoming Parade	_____
*Senior Float Trip	_____
*Advisory Conceal Trip	_____

Date _____ Athlete Signature _____

Date _____ Parent Signature _____

Please sign this form and turn in with a Doctor signed copy of Athletes Physical
(Emergency Information & Athletic Paperwork Checklist and Athletic Physical are the only two forms that should be turned in to a coach)

***Only applies to High School Students**

Acknowledgement of Concussion Warnings

In compliance with Oklahoma Statute Section 24-155 of Title 70, I acknowledge that I have read and understand the CONCUSSION FACT SHEET provided by Choctaw Nicoma Park Public Schools related to potential concussions and head injuries occurring during participation in athletics. I have read the information material provided to by Choctaw Nicoma Park Public Schools related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

Parent Acknowledgement of Athletic Medical Consent Form and Insurance Waiver Policy

Permission is hereby granted to authorize employees of Choctaw Nicoma Park Public Schools (hereinafter called "School") and any attending physician to seek and render emergency medical attention for the above named athlete in the event of an injury or illness which occurs during practice, games or travel thereto related to said athlete's participation therein. School and physician agree that all reasonable efforts will be made to contact athlete's parent or authorized representative prior to any treatment. In the event contact cannot be made with athlete's parent or authorized representative, physician may render treatment necessary for the preservation of athlete's immediate health needs. Further the undersigned does state that they have adequate insurance, agree to assume all responsibility for payment of services rendered and decline to participate in the school insurance plan.

Student/Athlete travel Information

Travel info is for a student-athlete riding the bus to Choctaw Nicoma Park trips. The Athletic Paperwork Checklist form must be signed and on file prior to the date of the trip. By signing the checklist you grant permission for our student athlete to participate in school travel activities.

Helmet warning (Football only)

This is to certify that I have carefully read and fully understand the warning label attached inside and/or outside of the football helmet I have checked out from Choctaw/Nicoma Park Schools Athletic Department. The label reads:

WARNING
NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT
RECEIVE WHILE PARTICIPATING IN FOOTBALL

Do not use the helmet to butt, ram or spear an opposing player. This is in violation of the football rules, and such use can result in severe head or neck injuries, paralysis or death to you, and possible injury to your opponent.

I also understand that football is a potentially injurious sport and agree to accept the risk of injury associated with competition in the sport. No helmet can prevent all such injuries.

Homecoming Parade

Senior Float Trip

Advisory Conceal Trip

This form grants permission for my student/child to participate in the described fieldtrip on the checklist and are aware that they are under supervision of the school-employed sponsors/chaperones just as they would be at school or a school site activity.

STUDENT/PARENT ATHLETIC CONTRACT

Between: _____, athlete, and Choctaw/Nicoma Park Schools.

PURPOSE

The primary purpose of the athletic program in the Choctaw/Nicoma Park School District is to promote the physical, academic, social, emotional, and moral well being of the participants. It is hoped that athletics in our schools will be a positive force in preparing youth for an enriching and vital role in our complex society.

The athletic program is an important and integral part of the total school program and is open to participation by all students regardless of individual ability. Through voluntary participation, the athlete gives time, energy, and loyalty to the program. In order to contribute to the welfare of the group, the athlete must willingly assume certain obligations that may require the individual to make sacrifices not required of other school programs.

In addition to the rules and regulations in the student handbook, athletic participants are also under the guidelines of Choctaw/Nicoma Park Athletic Policies and the regulations of the Oklahoma Secondary Schools Activities Association.

PARTICIPATION

Each student that chooses to participate in school athletics must understand that he/she is engaging in a competitive inter-school activity. Athletes and parents must agree to accept the fact that because of the competitive nature of school athletics, **the coaching staff ultimately decides decisions relating to the degree of playing time of each athlete.**

ATTENDANCE

All team members will attend all scheduled practices, meetings, and games. If circumstances arise whereby the athlete cannot attend a practice or meeting, the coach must be notified prior to the practice or meeting missed by personal contact, phone call, or written statement from parent or guardian. Any athlete, who cuts practice, fails to make scheduled team or individual meetings may be suspended from the team for a period of time to be determined by the coach. Excessive absences from practices, games, or meetings, may be cause for removal from the team unless prior arrangements are made with the coach or principal; an athlete must attend all classes the day of a game to be eligible unless preapproved through a principal. In some cases, practices or games may be required on weekends and school holiday breaks.

ELIGIBILITY

To be eligible for athletics, the athlete must be in compliance with Oklahoma Secondary Schools Association policies. In general terms, the policy states that an athlete must be passing all classes he/she is enrolled in to be eligible. Grades will be checked on a weekly basis and also at the end of each semester.

SPORT CHANGES

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

JOBS

The athlete shall not obligate him/her self to a job that in any way interferes with practice, meetings, or game time.

PERSONAL HEALTH PRACTICES

Due to the harmful effect upon the health of the individual, all athletes will refrain from the use of: tobacco, alcoholic beverages, and abusive drugs of any kind. Verification, by a teacher or administrator, of possession, or being under the influence of any abusive **drugs or alcohol at any time after his/her sports season has started**, (based on OSSAA calendar) will result in immediate dismissal from the team and suspension for the remainder of that sport season. The athlete will also be placed on probation and a second offense will result in suspension from all athletic programs for the remainder of the year. Verification, by a teacher or administrator of possession of any type of tobacco or **tobacco product at any time after his/her sport has started** (based on OSSAA calendar) will result in a warning, probation, and team discipline action (set by each program). Second offense will result in dismissal from the team for the remainder of that sport season.

Verification, by a teacher or administrator of possession of or being under the influence of use of drugs, alcohol, or any type of tobacco products during an **off-season program** will result in a warning, probation, and team discipline action (set by each program). Second offense will result in a dismissal of the remainder of the off-season program.

NOTE: Consequences will apply to infractions committed either outside of school hours or during school and school activities.

PERSONAL APPEARANCE

Grooming plays a part in the safety of athletics. Athlete will be expected to adhere to grooming codes that allow safety standards to be followed according to each sport. These standards may vary from sport to sport and the head coach of each team will be charged with the responsibility that these grooming standards are followed. Grooming codes in some sports such as wrestling, are governed by the Oklahoma Secondary Schools Association. These guidelines will be followed when applicable.

TRANSPORTATION

Athletes must travel to and from contest, away from Choctaw/Nicoma Park Schools, in transportation provided by the school. The only exceptions are:

- #1 injury to a participant, which should require alternate transportation,
- #2 prior arrangements between the participate/guardian and the coach (in the form a signed note) for the athlete to ride with a parent/guardian,
- #3 special arrangements approved by the transportation director and the athletic director.

PRACTICE AND GAME CONDUCT

Unsportsmanlike conduct of any type will not be tolerated in the Choctaw/Nicoma Park School District. A display of unsportsmanlike conduct toward an opponent of profanity during practice or a game will result in counseling by the coach and possible suspension. Any athlete who is disqualified by a game official may be held out of one or more games as determined by the coach, principal, athletic director, and OSSAA.

AWARDS

Completion of the sports season is required in order for the athlete to be eligible for consideration of a letter, team, or individual award. (Exception: injury with limited participation). No letters or award will be given to any athlete suspended for the remainder of the season for an athletic policy violation.

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

What is sudden cardiac arrest?

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

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

How common is sudden cardiac arrest in the United States?

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

Are there warning signs?

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

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

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

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

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

Can you screen for cardiac abnormalities?

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

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

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

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

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

Removal from play/return to play

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

Choctaw High School

**14300 N.E. 10th Street
Choctaw, Oklahoma 73020
(405) 390-6120**

**CHOCTAW/NICOMA PARK PUBLIC SCHOOLS
Comprehensive Drug Testing and Prevention Program**

Drug testing consent form and basic information

Students within the C/NP Public School District must consent to a random testing procedure in order to be eligible for participation in extracurricular programs. Through a confidential random number generating process, a percentage of all participating students will be tested each month.

The C/NP School District in an effort to protect the health and safety of its extracurricular activities students from illegal and/or performance-enhancing drug use and abuse; thereby setting an example for all other students of the C/NP School District adopted the policy for drug testing of those students participating in extracurricular activities.

Although the C/NP School District Board of Education, Administration and staff desire that every student in the C/NP Public School District will refrain from using or possessing illegal drugs, district officials realize that the power to restrict the possession or use of illegal and performance-enhancing drugs can be limited. The sanctions imposed for violations of this policy will be limitations solely upon limiting the opportunity of any student who is determined to be in violation of this policy to a student's privilege to participate in extracurricular activities. No suspensions from school or academic sanctions will be imposed for violations of this policy. This policy will be viewed as a supplement to all other district policies, rules, and regulations of the C/NP School District regarding possession or use of illegal drugs.

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers 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 sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below. | | |
| 14. 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 |
| 15. 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 |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 17. 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"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for: | | |
| | | | Tetanus _____ Measles _____ | | |
| | | | Hepatitis _____ Chickenpox _____ | | |

Explain "Yes" answers on a separate sheet.

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

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

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

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

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

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____