

MEDICAL FORMS CHECKLIST

(Before you try-out, you must have the following submitted)

- Physical Exam Form
 - Physical Exam Form must be signed and dated by a physician
 - Physical Exam Form must cover the student-athlete throughout their entire sports season
 - Physical Exam Form expires 13 months from the date signed by the physician
- Medical Consent Form

MEDICAL CONSENT FORM**Parent/Guardian Consent**

- **Part A:** Parent/Guardian Permission to Participate – I hereby give permission for the named student to engage in CIAC or East Catholic High School approved interscholastic activities, intramurals, or physical education classes. I also give consent for the student to accompany the team or group on trips or for competitions. I understand that in the vent of injury, reasonable action will be taken by the school, its representative, trainer, or coach to secure appropriate medical care, as indicated in part C below. In such event, my insurance coverage will be the primary insurance for such provided care. I understand that there is a supplemental policy provided by the school through an independent organization.
- **Part B:** Parent/Guardian and Student Rule Awareness Verification – I have read and understand the rules, regulations, policies, and responsibilities as stated in the East Catholic High School student handbook, as well as the CIAC rules and regulations, and penalties for violations of either. I understand and accept these rules, regulations, policies, and accompanying penalties as a condition for participation.
- **Part C:** Parent/Guardian Medical Consent – I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the student, by a physician, qualified nurse, certified athletic trainer, and/or hospital urgent care center during all periods of time in which the student is away from his/her legal residence as a member of a team of group activity. Further, I hereby waive, on behalf of myself and the student, any liability of East Catholic High School, the Office of Catholic Schools, the Archdiocese of Hartford, its agents, or employees, arising out of such medical treatment.

Concussion Consent

- Symptoms of a concussion may include: headache or dizziness, nausea or vomiting, blurred or double vision, oversensitivity to sound/light/touch, ringing in ears, feeling foggy or groggy.
- Signs and symptoms of a concussion overview – A concussion should be suspected if any one of more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above
- Signs of a concussion may include: confusion/disorientation/irritability, trouble resting/getting comfortable, lack of concentration, slow response/drowsiness, incoherent/slurred speech, slow/clumsy movements, losing of consciousness, amnesia/memory problems, acts silly/combative/aggressive, repeatedly asks same questions, dazed appearance, restless/irritable, constant attempts to return to play, constant motion, disproportionate/inappropriate reactions, and balance problems.
- State law requires that a coach must immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: **a)** is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or **b)** is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.
- Return to Play Protocol Overview: Currently, it is impossible to accurately predict how long an individual's concussion will last. There must be a full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete must resume participation until they have received written medical clearance from a licenses health care professional(physician, physician assistant, advanced practice registered nurse, athletic trainer) trained in the evaluation and management of concussions.
- Concussion Management Requirements: **1.** No athlete shall return to participation in the athletic activity on the same day of concussion **2.** If there is any loss of consciousness, vomiting, or seizures, the athlete must be immediately transported to the hospital **3.** Close observation of an athlete must continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms **4.** Any athlete with signs or symptoms related to a concussion must be evaluated by a licensed health care professional.(physician or physician assistant, advanced practice practical nurse, athletic trainer) trained in the evaluation and management of concussions **5.** The athlete must obtain an initial written clearance from one of the licensed health care professionals identified above directing him/her into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity **6.** After the RTP protocol has been successfully administered(no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.
- Medical clearance RTP protocol (Recommended one full day between steps): Rehabilitation stage: **1.** No activity – Functional exercise: complete physical and cognitive test until asymptomatic. School may need to be modified. Objective: Recovery **2.** Light aerobic exercise – Functional exercise: walking, swimming, or stationary cycling maintaining intensity, <70% of maximal exertion; no resistance training. Objective: Increase heart rate. **3.** Sport specific exercise without contact – Functional exercise: Skating drills in hockey, running drills in soccer, no head impact activities. Objective: Add movement. **4.** Non-contact sports drills – Functional exercise: progression to more complex training drills, i.e. passing drills in football; may start progressive resistance training. Objective: Exercise, coordination, and cognitive load. **5.** Full contact sports drills – Functional Exercise: Following final medical clearance, participate in normal training activities. Objective: Restore confidence and assess functional skills by coaching staff. **6.** Full activity – Functional exercise: No restrictions. Objective: Return to full athletic participation. *If at any time signs or symptoms should worsen during the RPT progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, he/she may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to his/her medical provider.

Sudden Cardiac Arrest Consent

- 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 SCA 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.
- What are the risks of participating 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 can die from it.
- Removal from play: Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care professional trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.
- Return to play: Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider.
- To summarize: SCA is, by definition, sudden and unexpected. SCA can happen in individuals who appear healthy and have no known heart disease. Most people who have SCA die from it, usually within minutes. Rapid treatment of SCA with a defibrillator can be lifesaving. Training in recognition of signs of cardiac arrest and SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone who has had an SCA(National Heart, Lung, and Blood Institute).

MEDICAL QUESTIONNAIRE
(Please answer in detail where applicable)

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| Is your child allergic to any general medications? | |
| Is your child allergic to bee stings or does he/she otherwise carry an EpiPen? | |
| Is your child allergic to any foods? | |
| Has your child ever suffered an epileptic seizure? | |
| Has your child ever been diagnosed with any form of health disease? | |
| Does your child have asthma? | |
| Has your child suffered a concussion during the past 4 years? | |
| Has your child ever suffered an injury to their neck involving nerves, vertebrae or discs that impacted him/her for a week or longer? | |
| Has your child ever fractured a bone, or suffered shoulder/hip separation during the past 4 years? | |
| Has your child been hospitalized for any injury or been operated on during the past 4 years? | |
| Does your child have any other chronic conditions not noted above? | |

DISCLOSURE

(We have read and understand the Medical Consent Form and understand the severities associated with concussions and sudden cardiac arrest, and the need for immediate treatment of such injuries or suspected condition.)

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|---------------------------|--|
| Parent/Guardian Signature | |
| Student Signature | |
| Date | |