

*Parent Signature*

# GUTHRIE HIGH SCHOOL

200 Crooks Drive  
Guthrie, Oklahoma 73044

(405) 282-5906  
FAX (405) 282-8823

*"Home of Champions"*

**DR. MIKE SIMPSON**  
SUPERINTENDENT

**CHRIS LEGRANDE**  
PRINCIPAL

**BRET STONE**  
ASSISTANT PRINCIPAL

**DUSTIN THROCKMORTON**  
ASSISTANT PRINCIPAL

**JON CHAPPELL**  
ATHLETIC DIRECTOR

Dear Parents,

On May 17th between 8:30am-4:30pm, Mercy Primary Care is offering free athletic physicals for your convenience. Guthrie Public Schools is offering free bus transportation during school hours. Students can use their normal travel home. All forms must be completed and returned prior to leaving for the Mercy Clinic.

\*\*\*\*ALL Forms must have parent Signatures\*\*\*\*



Jon Chappell  
Athletic Director

Go Bluejays!

Mercy Primary Care-Guthrie Division  
2919 S. Division  
Guthrie, OK 73044

\*\*Please Sign For Permission to Transport Your Child

\* Parent Signature \_\_\_\_\_

PLEASE fill out All sheets and sign.

Parent & Student

G P S

**GUTHRIE PUBLIC SCHOOLS**  
Athletics Medical Information Form

School Year \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Activity/Activities \_\_\_\_\_

The policy of the Guthrie School System requires that all athletes be covered by health and accident insurance in order to participate in competitive athletics. If you have health and accident insurance, please give us that information. For those who do not have insurance, a special policy is available with several options.

I have hospitalization & medical insurance.

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder \_\_\_\_\_

I want the school insurance. See the Athletic Director for information.

I do not want the school insurance, and I will provide medical coverage for my son/daughter.

My child is presently taking the following medication: *(please do not leave blank - write no or none if applicable)*

\_\_\_\_\_

My child has no particular reaction to food, medication, or environment unless explained as follows: *(please do not leave blank - write no or none if applicable)*

\_\_\_\_\_

X \_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_ Date

X \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date

Parent of Student

## Concussion and Head Injury Acknowledgement

### Guthrie High 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 Guthrie High School related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_, as a student—athlete who participates in  
(PLEASE PRINT STUDENT ATHLETE'S NAME)

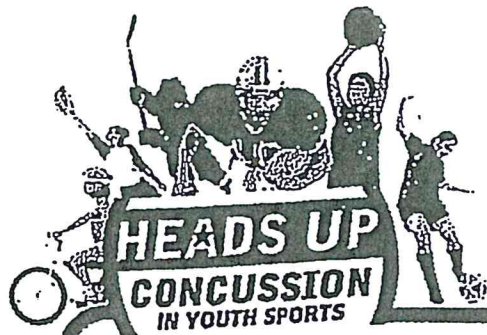
Guthrie Public School athletics and I, \_\_\_\_\_  
(PLEASE PRINT PARENT/LEGAL GURADIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by Guthrie Public School related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

X \_\_\_\_\_  
SIGNATURE OF STUDENT—ATHLETE DATE

X \_\_\_\_\_  
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.*



## A Fact Sheet for PARENTS

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

#### Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

*It's better to miss one game than the whole season.*

Parent & Student



Oklahoma State Department of Health  
Creating a State of Health



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

Guthrie Public Schools  
(NAME OF SCHOOL)

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

X \_\_\_\_\_  
Signature of Student-Athlete                      Print Student-Athlete's Name                      Date

V \_\_\_\_\_  
Signature of Parent/Guardian                      Print Parent/Guardian's Name                      Date

*This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.*



Oklahoma State Department of Health  
Creating a State of Health



## **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.

Parents fill this out.

Parent of Student. > 19.

Updated April 2017

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.

- 1. Have you had a medical illness or injury since your last check up or sports physical? YES NO
2. Do you have an ongoing or chronic illness? YES NO
3. Have you ever been hospitalized overnight? YES NO
4. Have you ever had surgery? YES NO
5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? YES NO
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? YES NO
7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? YES NO
8. Have you ever had a rash or hives develop during or after exercise? YES NO
9. Have you ever passed out during or after exercise? YES NO
10. Have you ever been dizzy during or after exercise? YES NO
11. Have you ever had chest pain during or after exercise? YES NO
12. Do you get tired more quickly than your friends do during exercise? YES NO
13. Have you ever had racing of your heart or skipped heartbeats? YES NO
14. Have you had high blood pressure or high cholesterol? YES NO
15. Have you ever been told you have a heart murmur? YES NO
16. Has any family member or relative died of heart problems or of sudden death before age 50? YES NO
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO
18. Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? YES NO
20. Have you ever had a head injury or concussion? YES NO
21. Have you ever been knocked out, become unconscious, or lost your memory? YES NO
22. Have you ever had a seizure? YES NO
23. Do you have frequent or severe headaches? YES NO
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
25. Have you ever become ill from exercising in the heat? YES NO
26. Do you cough, wheeze, or have trouble breathing during or after activity? YES NO
27. Do you have asthma? YES NO
28. Do you have seasonal allergies that require medical treatment? YES NO
29. Do you or does someone in your family have sickle cell trait or disease? YES NO
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)? YES NO
31. Have you had any problems with your eyes or vision? YES NO
32. Do you wear glasses, contacts, or protective eyewear? YES NO
33. Have you ever had a sprain, strain, or swelling after injury? YES NO
34. Have you broken or fractured any bones or dislocated any joints? YES NO
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO
36. If yes, check appropriate box and explain below.
37. Do you want to weigh more or less than you do now? YES NO
38. Do you lose weight regularly to meet weight requirements for your sport? YES NO
39. Do you feel stressed out? YES NO
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 \_\_\_\_\_

Doctor -

Updated April 2017

### PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM \_\_\_\_\_

Name X \_\_\_\_\_ 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 \_\_\_\_\_