



PREPARTICIPATION PHYSICAL EVALUATION 2018-2019
HISTORY FORM - Please be advised that this paper form is no longer the OHSAA standard.

(Note: This form is to be filled out by the student and parent prior to seeing the medical examiner.)

Date of Exam
Name
Sex Age Grade School Date of birth
Address
Emergency Contact: Relationship
Phone (H) (W) (Cell) (Email)

Medicines and Allergies: Please list the prescription and over-the-counter medicines and supplements (herbal and nutritional-including energy drinks/ protein supplements) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

- Medicines Pollens Food Stinging Insects

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

Table with columns: GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS. Includes questions 1-21.

Table with columns: BONE AND JOINT QUESTIONS - CONTINUED. Includes questions 22-25.

Table with columns: MEDICAL QUESTIONS, FEMALES ONLY. Includes questions 26-54.

Explain "yes" answers here

Blank lines for explaining "yes" answers.

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

Signature of Student Signature of parent/guardian Date:

The student has family insurance Yes No If yes, family insurance company name and policy number:



Ohio High School Athletic Association



PREPARTICIPATION PHYSICAL EVALUATION 2018-2019

THE ATHLETE WITH SPECIAL NEEDS - SUPPLEMENTAL HISTORY FORM

PLEASE COMPLETE ONLY IF YOUR STUDENT HAS SPECIAL NEEDS OR A DISABILITY.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1.	Type of disability		
2.	Date of disability		
3.	Classification (if available)		
4.	Cause of disability (birth, disease, accident/trauma, other)		
5.	List the sports you are interested in playing		
		Yes	No
6.	Do you regularly use a brace, assistive device or prosthetic?		
7.	Do you use a special brace or assistive device for sports?		
8.	Do you have any rashes, pressure sores, or any other skin problems?		
9.	Do you have a hearing loss? Do you use a hearing aid?		
10.	Do you have a visual impairment?		
11.	Do you have any special devices for bowel or bladder function?		
12.	Do you have burning or discomfort when urinating?		
13.	Have you had autonomic dysreflexia?		
14.	Have you ever been diagnosed with a heat related (hyperthermia) or cold-related (hypothermia) illness?		
15.	Do you have muscle spasticity?		
16.	Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

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

Signature of Student _____ Signature of parent/guardian _____ Date: _____



PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 1. Consider additional questions on more sensitive issues.
- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet or use condoms?
- Do you consume energy drinks?
2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

Table with columns for EXAMINATION and DATE OF EXAMINATION. Rows include Height, Weight, BP, Pulse, Vision, L20, Corrected, MEDICAL (Appearance, Eyes/ears/nose/throat, Lymph nodes, Heart, Pulses, Lungs, Abdomen, Genitourinary, Skin, Neurologic), MUSCULOSKELETAL (Neck, Back, Shoulder/arm, Elbow/forearm, Wrist/hand/fingers, Hip/thigh, Knee, Leg/ankle, Foot/toes, Functional).

*Consider ECG, echocardiogram, or referral to cardiology for abnormal cardiac history or exam.
^Consider GU exam if in private setting. Having third part present is recommended.
^Consider cognitive or baseline neuropsychiatric testing if a history of significant concussion.

CLEARANCE FORM

Note: Authorization forms (pages 5 and 6) must be signed by both the parent/guardian and the student.

Name _____ Sex M F Age _____ Date of birth _____

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 sports

For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the pre-participation physical evaluation. The student does not present apparent clinical contraindications to practice and participate in the sport(s) as 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. In the event that the examination is conducted en masse at the school, the school administrator shall retain a copy of the PPE. If conditions arise after the student 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 physician or medical examiner (print/type) _____ Date of Exam _____

Address _____ Phone _____

Signature of physician/medical examiner _____, MD, DO, D.C., P.A. or A.N.P.

EMERGENCY INFORMATION

Personal Physician _____ Phone _____

In case of Emergency, contact _____ Phone _____

Allergies _____

Other Information _____

THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL



OHSAA AUTHORIZATION FORM 2018-2019

I hereby authorize the release and disclosure of the personal health information of _____ ("Student"), as described below, to _____ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: _____

School Address: _____

This authorization will expire when the student is no longer enrolled as a student at the school.

NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.

Student's Signature _____ Birth date of Student, including year _____

Name of Student's personal representative, if applicable _____


I am the Student's (check one): Parent Legal Guardian (documentation must be provided)


Signature of Student's personal representative, if applicable _____ Date _____

A copy of this signed form has been provided to the student or his/her personal representative

PREPARTICIPATION PHYSICAL EVALUATION 2018-2019
2018-2019 Ohio High School Athletic Association Eligibility and Authorization Statement


This document is to be signed by the participant from an OHSAA member school and by the participant's parent.


 I have read, understand and acknowledge receipt of the **OHSAA Student Athlete Eligibility Guide** which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA website at ohsaa.org.


 I understand that an OHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules.


 I understand that participation in interscholastic athletics is a **privilege not a right**.


Student Code of Responsibility


 As a student athlete, I **understand and accept** the following responsibilities:


 I will **respect the rights and beliefs** of others and will treat others with courtesy and consideration.


 I will be **fully responsible** for my own actions and the consequences of my actions.


 I will **respect the property** of others.


 I will **respect and obey the rules** of my school and laws of my community, state and country.


 I will **show respect to those who are responsible for enforcing the rules** of my school and the laws of my community, state and country.


 I **understand that a student whose character or conduct violates** the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period as determined by the principal.


 **Informed Consent** – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**


 I understand that in the case of **injury or illness requiring treatment by medical personnel and transportation to a health care facility**, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.


 I **consent to medical treatment** for the student following an injury or illness suffered during practice and/or a contest.


 To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school I **consent to the release to the OHSAA any and all portions of school record files**, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received and attendance data.

 I **consent to the OHSAA's use of the herein named student's name**, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

 I **understand that if I drop a class**, take course work through College Credit Plus, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility. I **accept full responsibility** for compliance with Bylaw 4-4-1, Scholarship, and the passing five credit standard expressed therein.

 I **understand all concussions are potentially serious** and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or an athletic trainer working under the supervision of a physician will be required in order for the student to return to participation.

 I **have read and signed** the Ohio Department of Health's **Concussion Information Sheet** and have retained a copy for myself.

 **By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.**

***Must Be Signed Before Physical Examination**

Student's Signature

Birth date

Grade in School

Date

Parent's or Guardian's Signature

Date



2018-2019

LOUISVILLE CITY SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached. This form is required by law to be kept on file.

Student Name _____ <i>Last First Full Middle</i>	Home Phone _____
Current Address _____	City _____, OH Zip _____
Gender: M / F (Circle one)	Date of Birth _____ School _____ Grade _____ Bus # _____

IF PARENTS ARE DIVORCED OR SEPARATED:

Who has legal (court appointed) custody? _____
 Is there a restraining order? _____ Yes _____ No (Select one)
 If yes, the restraining order is against whom? _____
 (Updated copies of these documents MUST be provided to the School)

MY CHILD MAY BE RELEASED to the following individuals if school authorities cannot reach me:
(Please list in preferred calling order; identification from these individuals will be required)

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

Relative or other daycare provider:

Name _____ Daytime Phone _____

MY CHILD MAY NOT BE RELEASED to the following individuals:

1. _____
2. _____

Mother's Name _____	Work Phone _____	Home Phone _____
Address (If different from student) _____		
Email Address _____	Cell Phone _____	
Legal Stepfather's Name _____	Stepfather's Work Phone _____	

Father's Name _____	Work Phone _____	Home Phone _____
Address (If different from student) _____		
Email Address _____	Cell Phone _____	
Legal Stepmother's Name _____	Stepmother's Work Phone _____	

Guardian's Name _____ (If other than parents)	Work Phone _____	Home Phone _____
Email Address _____	Cell Phone _____	

PLEASE COMPLETE AND SIGN REVERSE SIDE

PLEASE COMPLETE PART I OR PART II BELOW – NOT BOTH

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Medical Specialist's Name _____ Phone _____
(For chronic health conditions)

Hospital (Preferred) _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician, or dentist; and (2) transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications taken, and any physical impairments to which a physician should be alerted:

The School Nurse may share health information with appropriate school personnel to aid in present and future education decisions.

Parent/Guardian Signature _____ Date _____

PART II – TO REFUSE CONSENT

(Do not complete if you completed Part I above)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness requiring emergency treatment, I wish the school authorities to take the following action:

Parent/Guardian REFUSAL signature _____ Date _____

PLEASE BE SURE TO SIGN BOTH FORMS BELOW AT THE X'S

2018-2019 ACCIDENT AWARENESS AND INSURANCE WAIVER

Last Name: _____ First Name: _____

Birth Date: _____ Grade: _____

I am aware that the chance exists that I may be seriously injured by my participation in interscholastic athletics.

Louisville High School will **NOT** be held responsible for any medical expense incurred as a result of injury while I am participating in interscholastic athletics. I will pay all medical bills.

Athlete's Signature **X** _____ Date: _____



Parent's Signature **X** _____ Date: _____



2018-2019 ATHLETIC HANDBOOK – CODE OF CONDUCT

Dear Parent/Guardian & Participant:

It is vital that all parties concerned – participant, parent/guardian & school personnel – work together with a clear and common understanding of the policies of the Athletic Department. This knowledge will eliminate a lot of confusion and will enhance the cooperation between home and school.

Please take the time to review the handbook/code of conduct and return this **SIGNED** form to your son/daughter's coach prior to any participation in any Louisville Athletic program.

YES, we have received the Athletic Handbook and are aware of the policies and procedures it contains.

X _____
Athlete's Signature Sport(s) Participating In (2018-2019)



X _____
Parent/Guardian Signature Date Signed



2018-19 Edition

Eligibility Guide For Participation In High School Athletics

Published by the Ohio High School Athletic Association (revised 5/1/18)

Ohio High School Athletic Association

Overview

Participating in your school's interscholastic athletics program will provide some of your most memorable and enjoyable moments ever. Since your school is a member of the Ohio High School Athletic Association, there are standards that must be met in order to be eligible to compete.

The essential eligibility requirements in this publication are **only a summary** of some of the regulations affecting student eligibility. OHSAA eligibility requirements are published in the *OHSAA Handbook*, which can be found in the offices of your principal, your athletic administrator and on the OHSAA website (www.ohsaa.org). Your school district also has the authority to establish additional eligibility standards, including academic and codes of student or athletic conduct.

Any questions you have concerning the OHSAA standards or your athletic eligibility should be reviewed with your school principal or athletic administrator. **You should also meet with these administrators EVERY TIME before you change your course schedule or drop a course.** If you are a transfer student, you must ensure that you and your school administrators have submitted all forms, if applicable, to the OHSAA Office in Columbus.

The bylaws and regulations, including the eligibility standards, of the OHSAA are annually adopted by each member school as a required condition of membership within the Association. You are urged, as a student-athlete, to review these standards carefully since you are responsible for compliance with these standards.

Best wishes as you learn the valuable lessons that come with your participation in interscholastic athletics!

Student-athletes and parents have the opportunity to ask school administrators questions on OHSAA and school eligibility requirements, the school's Athletic Code of Conduct policy and other issues during preseason meetings that the OHSAA requires schools to hold no later than two weeks after the beginning of each sports season. Meetings should include showing a presentation prepared by the OHSAA that reviews key student eligibility issues, healthy lifestyles, sporting behavior, concussion management and sudden cardiac arrest.

OHSAA Regulations On

Scholarship

In order to be eligible for the first grading period upon entrance into grade 9, you must have received passing grades in a minimum of five (5) of the classes for which you received grades in the immediately preceding grading period.

In order to maintain eligibility for grades 9-12, you must have received passing grades in a minimum of five (5) one credit courses, or the equivalent, in the immediately preceding grading period. In addition:

- Summer school, College Credit Plus and other educational options (e.g. work permitted after the conclusion of the grading period) may not be used to bring a student into compliance with scholarship bylaws, nor can they be used to compensate for lack of courses taken in the preceding grading period.
- Your semester or yearly grades have no effect on OHSAA eligibility (although they could, depending upon your school's official grading periods). OHSAA eligibility is dependent upon grades received in the immediately preceding grading period.
- Those taking postsecondary school courses, including College Credit Plus, must comply with OHSAA scholarship regulations.
- The eligibility or ineligibility of a student continues until the start of the fifth school day of the next grading period, at which time the grades from the immediately preceding grading period become effective. **Note:** Check with your principal or athletic administrator for the exact date that eligibility will be determined.

OHSAA Regulations On

Semesters

After establishing ninth-grade eligibility, you are permitted only eight (8) semesters of athletic eligibility.

- The semesters are taken in order of attendance once ninth-grade eligibility has been established.
- Semesters are counted toward eligibility whether you participate in interscholastic athletics or not.
- There are exceptions to this regulation, so please arrange a meeting with your principal or athletic administrator to review these exceptions.

OHSAA Regulations On

Age

When a high school student (grades 9-12) turns 20 years of age, he/she becomes ineligible for interscholastic athletics.

- There is an exception to this bylaw, so please arrange a meeting with your principal or athletic administrator to review this exception within Bylaw 4-2-1.

OHSAA Regulations On

Residence

If your parent(s) or legal guardian live outside of Ohio, you are ineligible unless one of the exceptions to the residence bylaw is met. These exceptions to the out-of-state residency bylaws are found within Bylaw 4-6.

OHSAA Regulations On

Non-Enrolled Students

Legislation permits non-enrolled students (home educated, non-public, community school, STEM students) to have participation opportunities at the public high school that the student would be entitled to attend under the tuition statute, i.e., the school located in the parents' residential district or attendance zone for multiple high school districts. There is an additional option for home-educated and non-public school students. If you are participating via this legislation, note that the language says you shall be given the "same opportunities" to participate – not greater opportunities – and that you must meet the same eligibility requirements as other students. In addition, once you establish eligibility at a high school, a transfer to a different high school means you may lose eligibility for interscholastic athletics for a period of time at your new school.

For more information on participation opportunities for non-enrolled students, go to the Eligibility section of the OHSAA website (www.ohsaa.org).

OHSAA Regulations On

Transfers

Once your eligibility is established at a high school, a transfer to a different high school may mean you will lose eligibility for interscholastic athletics for a period of time at your new school. For the specifics on the period of ineligibility, visit www.ohsaa.org.

- If you are new to this school as a transfer student, all required paperwork must be submitted to the OHSAA by your school administrator, and, depending on your situation, the state office may have to grant approval for eligibility. Immediate eligibility insofar as transfer is concerned will be granted only if one of the exceptions to the OHSAA transfer regulation has been met or if you have not participated in the sport within 12 months immediately preceding your transfer.
- To determine if you qualify for an exception or you have other questions on these regulations, arrange a meeting with your principal or athletic administrator. If questions remain, ask them to contact the OHSAA.

OHSAA Regulations On

Awards

You may receive awards valued at \$400 or less from any source as a result from participation in any sport in which you are an interscholastic athlete. You may never accept cash awards, however.

OHSAA Regulations On

Amateurism

You will lose your amateur status in a sport and forfeit your eligibility if you:

- Compete for money or other compensation.
- Capitalize on your athletic fame by receiving money, merchandise or services.
- Sign a contract or make a commitment to play professional athletics.
- Receive services, merchandise or any form of financial assistance from a professional sports organization.
- Compete with a professional athletics team even if no pay is received.
- Enter into an agreement with a sports or marketing agent.

Expenses for travel, meals and lodging may be accepted provided they are available to all participants and they are not contingent upon your team's and/or your finish. A form is available at www.ohsaa.org to maintain amateur status and must be submitted to the OHSAA.

OHSAA Regulations On

Recruiting

You may be declared ineligible if you are recruited by a person or group of persons to transfer to or enroll in a high school for athletic purposes. This may include your transferring to a school at which one of your former school coaches has been hired. In addition, any attempt by you to recruit a prospective student-athlete for athletic purposes is also prohibited. A violation may also affect the eligibility of the school team.

OHSAA Regulations On

Open Gyms/Facilities

School officials may designate open gyms/facilities, the sport to be played, the grade levels involved and may also limit participants to those from your school. You may participate in open gyms/facilities, but remember:

- No one from the respective school may be excluded from participating;
- No one shall be required to attend;
- No school officials may invite selected students or determine the teams;
- No school officials may transport students to or from either school or non-school facilities;
- No timing or written scoring may be kept, and
- No coaching or instruction may be provided.

The OHSAA may impose penalties against you, your school and/or your coach for violating these regulations.

OHSAA Regulations On False Information

If you compete under a name other than your own or provide false information in an attempt to establish athletic eligibility, you may immediately become ineligible.

OHSAA Regulations On Instruction

There are restrictions on the instruction you can receive from school coaches outside of your season. Some of these regulations are also different for team sports vs. individual sports. Before receiving instruction outside the season from your school coaches, visit www.ohsaa.org, go to the General Sports Regulations and review the section on Individual Skill Instruction to ensure all regulations are being followed. Some other key notes on these regulations:

- Besides during the season of your sport, school coaches may also provide team instruction for a maximum of 10 days between June 1 and July 31. This would include such activities as volleyball, field hockey, soccer, basketball, ice hockey, lacrosse, baseball or softball teams competing in tournaments or 'shootouts,' football teams participating in 7-on-7's, or coaches conducting or taking teams to instructional camps.
- Between August 1 and May 31 and outside defined "no contact periods," school coaches may also provide individual instruction outside the season of play. There are restrictions for team sports and some individual sports, so review the OHSAA's Individual Skill Instruction regulations to ensure all standards are being followed.
- Individual skill instruction from non-school coaches may be received in any sport by a squad member at any time in individual or group lessons *provided* that this instruction does not violate any Board of Education, school administrators' or coaches' policies.
- It is a violation if a coach suggests your participation in instructional programs outside the school season is mandatory.

OHSAA Regulations On Non-School Teams

If you compete on a non-school team or in non-school competition as an individual in the same sport during your school team's season (example: non-school soccer during the school's soccer season), you may lose eligibility. There are also certain restrictions regarding tryouts, practices and competitions with non-school teams before, during and after your school season. Before participating with a non-school team, visit www.ohsaa.org, go to the General Sports Regulations and review the sections on Non-School Programs/Teams to ensure all regulations are being followed. Some other key notes on these regulations:

- A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, football, ice hockey, lacrosse, soccer, softball and volleyball) may not partici-

pate in an athletic contest, tryouts or any type of team or group training or practices on or with a non-school squad in the same sport during the school's interscholastic season once you become a member of the school team.

This would include college teams and/or college tryouts.

- In the individual sports of bowling, cross country, golf, gymnastics, swimming and diving, tennis, track and field and wrestling, however, you may practice and try out for a non-school team but **may not compete in a contest during your school season.**
- A member of an interscholastic squad in a team sport (baseball, basketball, field hockey, ice hockey, lacrosse, soccer, softball and volleyball) may try out, practice and compete on non-school teams before and after the school season from August 1 to May 31 (there are exceptions for baseball and softball) provided:
The OHSAA's '50 percent limitation' regulation is maintained, meaning the number of students from the same school team on the roster of the non-school team is limited to five (5) students in the sports of soccer, field hockey, ice hockey and lacrosse; four (4) students in the sports of baseball and softball; three (3) students in the sport of volleyball, and two (2) students in the sport of basketball. ***School football team members are prohibited from competing on non-school teams except from June 1 to July 31. All football activities during the June 1 to July 31 period must be non-contact and the only football equipment permitted are helmets and cleats.*** **Note:** Seniors are exempt from these limitations after the conclusion of their sport season.
- There is no limit on the number of students from the same school team that may participate on the same non-school team from June 1 to July 31.
- Check the OHSAA Sport-by-Sport Regulations (available at www.ohsaa.org) for the date you must cease participation on non-school teams in order to be eligible for OHSAA tournament competition along with penalties for non-compliance with this date.

OHSAA Regulations/Cautions On Alcohol, Tobacco, Drugs and Steroids

The OHSAA does not permit the use of any form of alcohol, tobacco or illegal drugs at the site of any interscholastic contests. Besides the health risks involved, use of any of these items will result in you being disqualified from contests and likely facing additional school and legal penalties. There are additional issues related to illicit drugs, such as anabolic steroids and some prescription drugs used with the goal of aiding performance. If you use anabolic steroids or other performance-enhancing drugs of which the OHSAA is aware, you are ineligible for interscholastic competition until medical evidence indicates that your system is free of these drugs.

Another prominent issue is the use of supplements. The increased availability of these items allows student-athletes access to a wide variety of products aggressively marketed in fitness and strength training magazines and websites. Often their marketing campaigns include promises, endorsed by faulty research claims, of extraordinary weight loss, explosive power or tremendous strength gains. It is important for coaches, athletic administrators and parents to educate themselves about what substances student-athletes may be using and about the potential risks involved with uneducated supplement use.

The OHSAA website, www.ohsaa.org, offers a wealth of information for parents, coaches and students about these topics and other healthy lifestyles/sports medicine issues.

OHSAA Regulations On Preparticipation Evaluations and Consent Forms

Before the student's first practice (or prior to the student's first participation should he/she join the team after the season has started), each student must have had a physical examination within the past year and an examination form signed by a medical examiner must be on file at your school. Ask your athletic administrator or licensed athletic trainer about the electronic preparticipation evaluation, the PrivIT Profile, that the OHSAA has launched.

- Physical examinations are valid for participation for 13 months from the date of the exam except for those that take place from May 1-June 1. Those exams are valid for one year plus through the end of the next school year's spring sports season.

In addition, no student will be eligible unless that student and his or her parents have signed the OHSAA Authorization Form, the OHSAA Eligibility & Authorization Statement, the Concussion Form and the Sudden Cardiac Arrest Form, all of which must be on file at your school.

OHSAA Regulations and Expectations On Concussion and Sudden Cardiac Arrest Management

It is everyone's responsibility to take the necessary precautions to reduce the likelihood of brain injuries and sudden cardiac arrest.

In Ohio, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion, such as loss of consciousness, headache, dizziness, confusion or balance problems, shall be immediately removed from the contest or practice and shall not return to play that same day. Thereafter, the student shall not return to practice or competition until cleared with written authorization from a physician or health care provider approved by the local board in accordance with state law.

Sudden Cardiac Arrest (SCA) is the most common

cause of death among student-athletes, and dizziness, loss of breath and a racing heart are often symptoms that are overlooked. In many cases, recognizing the signs of cardiac trouble means student-athletes can continue their athletic participation.

Each school is required to review both its concussion and sudden cardiac arrest management protocols with students and their parents; each student and his or her parent(s) must review and sign both the Ohio Department of Health's "Concussion Information Sheet" and a "Sudden Cardiac Arrest Information Sheet" prior to participation, and parents and students are highly encouraged to review short video presentations on both concussions and sudden cardiac arrest. Check with your school administrators on where to find these videos.

OHSAA Regulations and Expectations On Sporting Behavior

The OHSAA's vision for positive sporting behavior is built on expectations. It calls on the school community – administrators, teachers, coaches, students, parents and fans – to strive for positive sporting behavior in everything they do by teaching the values of ethics, integrity, equity, fairness and respect.

As a student-athlete, you are expected to accept the responsibility and privilege of representing your school and community while participating in school sports. You are expected to:

- Treat opponents, coaches and officials with respect, and
- Ensure your actions do not incite fans or other participants or attempt to embarrass, ridicule or demean others.

The OHSAA has established a policy for students ejected for unsporting behavior or flagrant fouls. If you are ejected:

- You will be ineligible for all contests for the remainder of that day, and
- You will be ineligible for all contests at all levels in that sport until two regular season/tournament contests are played at the same level as the ejection (one contest in football).

If you are ejected a second time in a season, you are subject to additional, more stringent penalties, including a maximum penalty of suspension from play for the remainder of the season in that sport.

As a participant in school sports, you are expected to act with dignity, speak with courtesy and play with pride. In short, Respect The Game!

Note: The complete OHSAA ejection policy for unsporting behavior can be found in the *OHSAA Handbook* and is posted at www.ohsaa.org.

Interscholastic Athletics Why We Play The Games

For many of you, playing on your school teams may be the last time you will participate in competitive athletics. As a participant, you should work hard, have fun and strive to be the best. But just as important, you should also strive to be the best students, teammates and members of your community in preparation for the next phase of your life as a responsible adult and productive citizen.

The purpose of interscholastic athletics is to enrich your middle school and high school experiences; promote citizenship and sportsmanship; instill a sense of pride in community; teach lifelong lessons of teamwork and self-discipline, and help you grow physically and emotionally. In short, interscholastic athletic programs are educational in nature and therefore complement a student's school experience.

Other sporting organizations promote free player movement, are primarily designed to promote athletic development of the individual, and provide a showcase for the athletic talents of those individuals. However, these organizations do not share the primary educational purposes of OHSAA member schools and therefore cannot provide the unique type of competition created by the OHSAA through our member schools.

Statistics show that students who participate in interscholastic athletics programs tend to have higher grade-point averages, better attendance records, lower dropout rates and fewer discipline problems than the general student population. Statistics also show that only one percent of all high school participants will earn a Division I college athletic scholarship and approximately five percent will play collegiately in any division. Unlike major colleges and professional sports teams, interscholastic athletic programs do not exist to entertain spectators.

As your parents can attest, middle school and high school go by in a blur, but your memories of participating in school sports will stay with you for a lifetime. The OHSAA wants to make sure your time as an interscholastic athlete is meaningful and memorable.

The privilege of participating in educational athletics is one of the most exciting experiences of your life. You must earn the privilege to participate. Please maintain the proper perspective in this journey and remember why we play the games.

A Look At The Ohio High School Athletic Association

Participating in your school's interscholastic athletics program is not only a privilege, but also provides memorable experiences. The role of the OHSAA is to:

- Help ensure students are provided a positive environment for athletic participation;
- Ensure all rules, regulations and decisions are fair and equitable for all schools and participants;
- Ensure athletes play under safe conditions, and
- Ensure school sports programs remain a vital part of your educational experience.

Like the other 820 public and non-public high schools and approximately 800 7th and 8th grade schools, your school has volunteered to become a member of the OHSAA. Ohio is one of the top ranked states in the country in regards to participation with over 350,000 high school students competing in 26 sanctioned sports.

The OHSAA Executive Director and his staff are based in Columbus and their primary responsibilities are to:

- Interpret the rules and regulations for member schools;
- Conduct tournaments for high schools including sectionals, districts, regionals and state tournaments, and
- Serve as educators for officials, coaches, administrators and student-athletes and their parents.

To continue as a member of the OHSAA, each school's governing boards annually affirm that their schools will follow the OHSAA bylaws and regulations approved by the membership. Any changes to the bylaws must be approved by a majority vote of member school principals. The OHSAA Board of Directors has the authority to change general sports regulation, sport-by-sport regulations and tournament regulations based on recommendations from the Executive Director's staff.

The OHSAA does not charge schools any membership fees or tournament entry fees. Schools are provided rule-books, educational materials and other printed items along with catastrophe insurance coverage for all participants at a cost of approximately \$600,000 annually. Additionally, schools are reimbursed for many of their tournament expenses and in some sports have the opportunity to keep a portion of receipts from the sale of tournament tickets.

Other key programs and initiatives of the OHSAA include:

- Providing annual scholarships totaling over \$100,000 to students who excel in athletics and academics;
- Licensing, registering and training nearly 17,000 contest officials, and
- Ensuring coaches are certified to work with student-athletes through an on-going coach education program.

2018-2019

Ohio High School Athletic Association

Eligibility Checklist

For High School Students Enrolled and/or Participating at an OHSAA Member School (Updated 5/1/18)

Before you play, you must be eligible. Please review the following checklist with your parents. Unchecked boxes may mean you are NOT eligible. For questions, see your principal or athletic administrator.

- I am officially enrolled in an OHSAA member high school or participating in accordance with state law.
- I am enrolled in at least five one credit courses or the equivalent, each of which counts toward graduation.
- I received passing grades in at least five one credit courses or the equivalent, each of which count toward graduation, during the immediately preceding grading period.
- I have a biological and/or adoptive parent who lives in Ohio.
- I have not changed schools without a corresponding move by my parents or legal guardian or by qualifying for one of the exceptions to the OHSAA transfer regulation.
- If I have changed schools (transferred), I have followed up with my new school to ensure that all proper forms (if applicable) have been submitted to the OHSAA Office.
- I understand I am permitted only eight semesters of eligibility taken in order of attendance, whether I play or not, once I have become eligible for athletics at grade 9.
- I understand I will become ineligible once I turn 20 years old.
- I have not received an award, equipment or prize in a sport in which I compete interscholastically valued at greater than \$400 per item per source.
- I am competing under my true name and have provided my school with my correct home address.
- I have not competed in a **mandatory** open gym/facility, conditioning or instructional program outside the school season.
- I have not been coached or provided instruction **by a school coach** in a team sport in which I participate other than during my sport season, during an instructional period approved by the OHSAA or for no more than 10 days between June 1 and July 31.
- I am not competing on a non-school team or in non-school competition as an individual **during my school team's season** in the same sport.
- I have not been recruited for athletic purposes to attend this school.
- I am not using anabolic steroids or other performance-enhancing drugs.
- I have had a physical examination within the past year and it is on file at my school.
- My parents and I attended a preseason meeting at my school which the OHSAA requires to be held no later than two weeks after the beginning of each sports season. We viewed a presentation prepared by the OHSAA to review key eligibility issues, healthy lifestyles and sporting behavior.
- My school also reviewed with my parents and me its concussion management protocol, we reviewed and signed the Ohio Department of Health's "Concussion Information Sheet" prior to participation and we reviewed a short presentation on concussions available at no cost at www.nfhslearn.com.
- My school also reviewed with my parents and me the Sudden Cardiac Arrest video, and we reviewed and have signed the Ohio Department of Health's "Sudden Cardiac Arrest Information Sheet" prior to participation and we reviewed a short presentation on Sudden Cardiac Arrest.
- My parents and I have signed the OHSAA Authorization Form and the OHSAA Eligibility and Authorization Statement, and they are on file at my school.

Student Printed Name _____

Parent/Guardian Printed Name _____

Student Signature _____

Parent/Guardian Signature _____

Student Date _____

Parent/Guardian Date _____

NOTE: This form has been provided as a service to the OHSAA membership for schools to utilize with student-athletes and their parents/guardians. Use of this form is at the sole discretion of each member school.

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not "feel right."*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified healthcare professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to Learn (School)

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.
5. For more information, please refer to Return to Learn on [the ODH website](#).

Resources

ODH Violence and Injury Prevention Program
<http://www.healthy.ohio.gov/vipp/child/returntoplay/>

Centers for Disease Control and Prevention
<http://www.cdc.gov/headsup/basics/index.html>

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Ohio law prohibits your child from returning to a game or practice on the same day he/she was removed.
4. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
5. Your athlete should complete a step-by-step exercise -based progression, under the direction of a qualified healthcare professional.
6. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.

<http://www.healthy.ohio.gov/vipp/child/returntoplay/concussion>

Ohio Department of Health Concussion Information Sheet

2018-2019

For Interscholastic Athletics

I have read the Ohio Department of Health's Concussion Information Sheet and understand that I have a responsibility to report my/my child's symptoms to coaches, administrators and healthcare provider.

I also understand that I/my child must have no symptoms before return to play can occur.



Athlete

Date

Athlete *Please Print Name*



Parent/Guardian

Date




2018 - 2019
LOUISVILLE HIGH SCHOOL
OHSAA MANDATORY PRESEASON
PRESENTATION

*The Powerpoint can be found on leopardathletics.org
Click on MORE, then FORMS

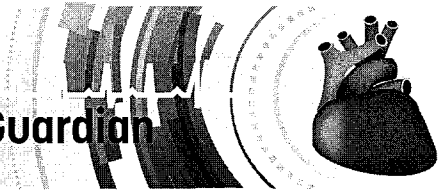
*** PLEASE BE SURE TO SIGN & DATE FORM BELOW ***

**By signing this form below, as Student Athlete along with
Parent/Guardian/Caregiver of named athlete,
you acknowledge **COMPLETING & UNDERSTANDING**
the entire Ohio High School Athletic Association (OHSAA)
Preseason Powerpoint Presentation.**

 Athlete's signature _____ Date _____

 Parent/Guardian's signature _____ Date _____

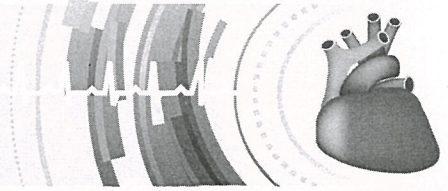
Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
 - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
 - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
 - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
 - 1) Structural heart disease. This may or may not be present from birth
 - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
 - 3) Situational causes. These may be people with completely normal hearts who are either are hit in the chest or develop a heart infection
- Warning signs in your family that you or your youth athlete may be at high risk of SCA:
 - o A blood relative who suddenly and unexpectedly dies before age 50
 - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- Warning signs of SCA. If any of these things happen with exercise, see your health care professional:
 - Chest pain/discomfort
 - Unexplained fainting/near fainting or dizziness
 - Unexplained tiredness, shortness of breath or difficulty breathing
 - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
 - ❖ Link 1: Early recognition
 - Assess child for responsiveness. Does the child answer if you call his/her name?
 - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
 - ❖ Link 2: Early CPR
 - Begin CPR immediately
 - ❖ Link 3: Early defibrillation (which is the use of an AED)
 - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
 - If an AED is not available, continue CPR until EMS arrives
 - ❖ Link 4: Early advanced life support and cardiovascular care
 - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form 2018-2019



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.



Parent/Guardian Signature



Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date