



Oklahoma State Department of Health
Creating a State of Health



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

(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.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the 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.

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 pain with exercise; 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.

Concussion and Head Injury Acknowledgement

Bowring Public School

87 CR 3304

Pawhuska, OK 74056

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by _____ related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in

(PLEASE PRINT STUDENT ATHLETE'S NAME)

athletics and I, _____

(NAME OF SCHOOL)

(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

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

(NAME OF SCHOOL)

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

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

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

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

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

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- 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
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach's rules for safety and the rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards—IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBrainInjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

BOWRING SCHOOL PHYSICAL

NAME: _____ GRADE: _____ DOB: _____ AGE: _____

HOME ADDRESS: _____

PARENTS NAME: _____ HOME PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

- | | |
|---|--------|
| 1. Have you ever been told not to participate in any sport activity? | Yes No |
| 2. Have you ever been knocked out or lost memory from a head injury? | Yes No |
| 3. Have you ever had a fracture, dislocation, sprain or other injury? | Yes No |
| 4. Do you have any vision problems or loss of an eye? | Yes No |
| 5. Have you ever had heart or blood pressure problems? | Yes No |
| 6. Do you have any illnesses now? | Yes No |
| 7. Do you take any medicine every day? | Yes No |
| 8. Have you ever had a serious illness or loss of body part? | Yes No |
| 9. Have you ever fainted or blacked out during exercises? | Yes No |
| 10. Do you have allergies (hay fever, hives, asthma, etc.)? | Yes No |
| 11. Have you been hospitalized for an operation or any other reason? | Yes No |
| 12. Do you have any worries about your health, or other questions you would like to discuss with a physician? | Yes No |

Explain any questions answered with YES (use back of sheet if needed).

Date of last tetanus booster: _____

Student _____ has my permission for physical examination and my permission to participate in school sports.

Parent or Legal guardian

Date

PHYSICIANS USE ONLY

Height _____ Weight _____ Blood Pressure _____ H.E.E.N.T. _____
Neck _____ Lungs _____ Heart _____ Hernia _____ Abdomen _____
Dental _____ Skin _____ Neurological _____
Muscular skeletal _____

Approved

Disapproved