

# Warner Athletic Dept.

## Emergency Care Permission Form

Athlete's Name (print): \_\_\_\_\_

Sport(s): \_\_\_\_\_

As parent/legal guardian of the named athlete, I hereby authorize the staff of Warner Public Schools to provide medical care for my student. This includes permission to authorize medical transportation in the event of injury, accident, or illness. I also authorize qualified medical personnel to provide emergency medical care for my student if necessary.

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Mother Phone: \_\_\_\_\_ Father Phone: \_\_\_\_\_

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

Relationship to athlete: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Copy of Insurance Policy on File: Yes: \_\_\_\_\_ No: \_\_\_\_\_

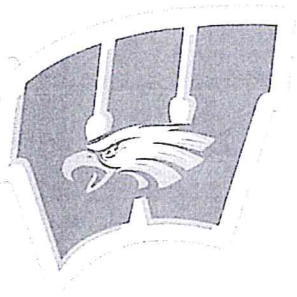
Athlete's allergies, chronic illnesses, or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Warner Athletic Dept.

## Code of Conduct for Extra-Curricular Activities

Warner Public Schools has established a reputation for high achievement and exemplary student behavior and discipline. We feel that it is important that our students represent themselves and our school community with the utmost respect and sportsmanship. This document is to notify constituents and participants of our expectations and consequences of Conduct Code violations.

### Conduct in Competition

Each participant should maintain modesty, humility, and graciousness in both victory and defeat. We expect all members of extracurricular activities to maintain emotional control in all circumstances.

### Conduct at School

Each participant and representative should always expect to be role models and examples for all students. Each rule, policy, and procedure set forth by Warner Public Schools or the Oklahoma Secondary Schools Activities Association is expected to be followed without question.

### Conduct at Other Schools

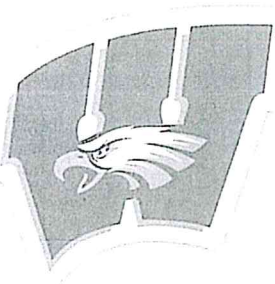
Warner Public Schools expects its students and representatives to maintain the same discipline that is expected at Warner on extracurricular trips and at other school facilities. Students will dress and act in a manner that has come to be expected by Warner administration.

The following items may be cause for dismissal from Extra-curricular Activities

1. Immorality, profanity, or obscenity as determined by WPS officials. Social Media is included.
2. Lying, stealing, or cheating are unacceptable.
3. Consistent violation of student handbook or team rules.
4. Possession, threat, or use of a weapon of any kind.
5. Assault and battery at any time.
6. Destruction of property whether school or private.
7. Possession of any illegal substance including: vape items, illegal drugs, alcohol, or tobacco
8. Disrespect of any extracurricular authority/official, teammate, or coach at any time.
9. Habitual tardiness or absences.
10. Extracurricular activity privileges may be revoked at any time by WPS officials.

Student Name (print & sign) \_\_\_\_\_

Parent Name (print & sign) \_\_\_\_\_



# Warner Athletic Dept.

## Concussion and Head Injury Acknowledgement Form

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 Warner Public Schools related to potential concussions and head injuries occurring during participation in athletics.

I, \_\_\_\_\_,  
(please print name)

as a student-athlete who participates in Warner High School athletics and

I, \_\_\_\_\_,  
(please print name)

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

Student-Athlete \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Received: \_\_\_\_\_ Date \_\_\_\_\_





# Warner Athletic Dept.

## Sudden Cardiac Arrest Acknowledgement Form

I, \_\_\_\_\_  
(please print student name)

as a student-athlete who participates in Warner JH/HS athletics and

I, \_\_\_\_\_  
(please print parent/guardian name)

as the parent/legal guardian, have received and read Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians provided by Warner Public Schools related to cardiac awareness during participation in athletic programs. I understand the content and warning signs as well as the seriousness of sudden cardiac arrest (SDC) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

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SIGNATURE OF STUDENT

DATE

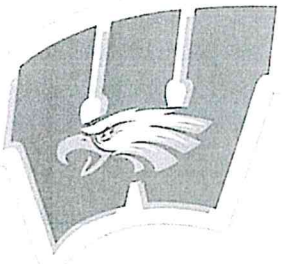
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SIGNATURE OF PARENT/ LEGAL GUARDIAN

DATE

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**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 office designated by the principal.**



# Warner Athletic Dept.

## Extracurricular Activities Participant Alcohol and Illegal or Performance Enhancing Drugs Contract

### Statement of Purpose and Intent

Participation in school sponsored extracurricular activities at the school district is a privilege and not a right. Such privilege is governed by the attached policy on Testing for Alcohol and Illegal or Performance enhancing drug use of any kind is incompatible with participation in extracurricular activities on behalf of the school district. Students who participate in activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship and training. Accordingly, student extracurricular activities participants carry a responsibility to themselves, their fellow students, their nparents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol or illegal or performance enhancing drugs.

### Participation in Extracurricular Activities

For the safety, health and well-being of students, the district has adopted the attached policy and this Student Extracurricular Activities Participant Alcohol and Illegal or Performance Enhancing Drugs Contract (the "Contract") which shall be read, signed and dated by the student, parent or custodial guardian and sponsor or coach before such student shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed contract.

### Student Section

I understand after having read the policy and this contract that, out of care for my safety and health, the district enforces the rules applying to the consumption or possession of alcohol and illegal or performance enhancing drugs. As a student extracurricular participant, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol and illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate the policy regarding the use or possession of alcohol and illegal or performance enhancing drugs any time during the school year, I understood upon determination of that violation I will be subject to the restrictions of my participation as outlined in the policy.

Student Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent (and Adult Student) Section

We have read and understand the policy of this contract. We desire that the student, named above, participate in the district's extracurricular activities and we hereby agree to abide by all provisions of the school district's policy. We accept and consent to the method of obtaining urine samples, testing



and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time. We further agree and consent to the disclosure of the sampling, testing, and resulting as provided for in this program. This consent is given pursuant to all state and federal privacy statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refusal to Submit to Alcohol/Drug Test

If an extracurricular activities participant/student refuses to submit to an alcohol or drug use test as authorized under this policy, such student shall not be eligible to participate in any extracurricular activities including meetings, practices, performances, or competitions for eighteen (18) continuous/successive school weeks. Suspensions will extend into the next school year if applicable.

Obtain the signature of each sponsor/coach for all activities in which you are involved.

_____ Sponsor/Coach Signature	_____ Team/Activity	_____ Date
_____ Sponsor/Coach Signature	_____ Team/Activity	_____ Date
_____ Sponsor/Coach Signature	_____ Team/Activity	_____ Date
_____ Sponsor/Coach Signature	_____ Team/Activity	_____ Date
_____ Sponsor/Coach Signature	_____ Team/Activity	_____ Date

## Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

### What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

### How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

### What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system:** Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **NonInherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life:** Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic:** Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

### What are the warning signs that Sudden Cardiac Arrest may occur?

- Fainting, passing out, or seizure - especially during or right after exercise
- Chest pain or discomfort - especially with exercise
- Excessive Shortness of breath - with exercise
- Racing heart or irregular heartbeat - with no apparent reason
- Dizziness or lightheadedness - especially with exercise
- Unusual Fatigue/Weakness - with exercise
- Fainting - from emotional excitement, emotional distress, or being startled
- Family history of sudden cardiac arrest prior to the age of 50

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

### What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.



### **When is a student athlete required to be removed from play?**

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

### **What is required for a student athlete to return to play?**

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

### **What are the current recommendations for screening student athletes?**

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

### **What is the treatment for Sudden Cardiac Arrest?**

- **RECOGNIZE Sudden Cardiac Arrest**
  - Collapsed and unresponsive
  - Abnormal breathing
  - Seizure-like activity
- **CALL 9-1-1**
  - Call for help and for an AED
- **CPR**
  - Begin chest compressions
  - Push hard/fast (100/min)
- **AED**
  - Use an AED as soon as possible
- **CONTINUE CARE**
  - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,  
begin CPR, and use an AED as soon as possible!***



## 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/](http://www.cdc.gov/TraumaticBraininjury/)
- [www.oata.net](http://www.oata.net)
- [www.ossaa.com](http://www.ossaa.com)
- [www.nfhslearn.com](http://www.nfhslearn.com)

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

