WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION Revised 3-26

2875 Staunton Turnpike - Parkersburg, WV 26104

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM

(Form required each school year on or after May 1". File in School Administration Office)

ATHLETIC PARTICIPATION/ PARENTAL CONSENT

PART I

Name _____ School Year: _____ Grade Entering: _____

Home Address: _____ Home Address of Parents: _____

City: _____ City: _____

Phone: _____ Date of Birth: _____ Place of Birth: _____

Last semester I attended _____(High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up schoolwork and abide by the rules and regulations of the school authorities and the WVSSAC.

PART II - PARENTAL CONSENT

INDIVIDUAL ELIGIBILITY RULES

- Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:
- Must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3) must qualify under the Residence and Transfer Rule (127-2-7)
- Must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
- Must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6) must not have reached your 15th (MS), 19th (HS) birthday before July 1 of the current school year. (127-2-4)
- Must be residing with parent(s) as specified by Rule 127-2-7 and 8.
  unless parents have made a bona fide change of residence during school term. Unless an AFS or other Foreign-Exchange student (one year of eligibility only).
- Unless the residence requirement was met by the 365 calendar days attendance prior to participation. if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
- Must be an amateur as defined by Rule 127-2-11.
- Must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents' consent to your participation. (127-3-3)
- Must not have transferred from one school to another for athletic purposes. (127-2-7)
- Must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
- Must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
- Must follow All Star Participation Rule. (127-3-4)
- Must not have been enrolled in more than (14) semesters in grades 6 to 12.
- Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the VI/VSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of 'WVSSAC' standards will prevent athletes, teams, and schools from being penalized.

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE/ WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school ( ); has football insurance coverage available through the school ( ); is insured to our satisfaction ( ).

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to VWSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: _____ Student Signature _____ Parent Signature _____

PART III - STUDENT'S MEDICAL HISTORY

(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____ /_____ Grade ___ Age ___

Has the student ever had:

Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.,)

Yes No 2. Any hospitalizations?
Yes No 3. Any surgery (except tonsils)?
Yes No 4. Any injuries that prohibited your participation in sports?
Yes No 5. Dizziness or frequent headaches?
Yes No 6. Knee, ankle or neck injuries?
Yes No 7. Broken bone or dislocation?
Yes No 8. Heat exhaustion/sun stroke?
Yes No 9. Fainting or passing out?
Yes No 10. Have any allergies?
Yes No 11. Concussion? If Yes _____
Date

PLEASE **EXPLAIN ANY "YES" ANSWERS OR ANY** OTHER **ADDITIONAL CONCERNS.**

Yes No 12. Have any problems with heart/blood pressure?
Yes No 13. Has anyone in your family ever fainted during exercise?
Yes No 14. Take any medicine?
List:

Yes No 15. Wear glasses _, contact lenses_, dental appliances_?
Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
Yes No 17. Has it been longer than 10 years since your last tetanus shot?
Yes No 18. Have you ever been told not to participate in any sport?
Yes No 19. Do you know of any reason this student should not participate in sports?
Yes No 20. Have a sudden death history in your family?
Yes No 21. Have a family history of heart attack before age 50?
Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ___/___/_____

PART IV-VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____ __

Visual acuity: Uncorrected_____/_____;Corrected_____/_____Pupils equal diameter: Y N

PART V - SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:			Respiratory:			Abdomen:		
Appliances	Y	N	Symmetrical breath sounds	Y	N	Masses	Y	N
Missing/loose teeth	Y	N	Wheezes	Y	N	Organomegaly	Y	N
Caries needing treatment	Y	N	Cardiovascular:					
Enlarged lymph nodes	Y	N	Murmur	Y	N			
Skin - infectious lesions	Y	N	Irregularities	Y	N			
Peripheral pulses equal	Y	N	Murmur with Valsalva	Y	N			

Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

Musculoskeletal: (note any abnormalities)

Neck:	Y	N	Elbow:	Y	N	Knee/Hip:	Y	N	Hamstrings:	Y	N
Shoulder:	Y	N	Wrist:	Y	N	Ankle:	Y	N	Scoliosis:	Y	N

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several Days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge.	0	1	2	3
Not being able to stop or control worrying.	0	1	2	3
Little interest or pleasure in doing things.	0	1	2	3
Feeling down, depressed. or hopeless	0	1	2	3

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

___ Full Approval;

___ Full approval; but needs further evaluation by Family Dentist __ ; Eye Doctor __ ; Family Physician _ ; Other __ ;

___ Limited approval with the following restrictions: _____ ,

___ Denial of approval for the following reasons: _____ __

_____ _____

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant Date

CONCUSSION 101

WITH MORE ATTENTION BEING PAID TO CONCUSSIONS, they're no longer being thought of as simple "bumps on the head" or "bell-ringers." Help keep young athletes protected by better understanding the symptoms, treatment and prevention of concussions.

- A concussion is defined as a "trauma-induced alteration in mental status that may or may not involve loss of consciousness."
- This can be caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth.
- Concussion signs and symptoms can appear immediately or not be noticed until days or even weeks after the injury.

HOW TO REMAIN SAFE ON THE FIELD

- Make sure all helmets and safety equipment are sport specific, properly fitted and refurbished according to industry standards.
- Follow sports safety rules and use proper techniques.
- Practice good sportsmanship.

YOU HAVE A CONCUSSION – NOW WHAT?

- **Report symptoms**: Tell a coach, parent or athletic trainer if you suspect an athlete has a concussion.
- **Get checked out**: Only a health care professional experienced with concussion management can tell if a concussion has occurred and when it is OK to return to play.
- **Rest and gradually return to activity:** After resting for the first 24 to 48 hours, gradually return to activities. It's OK to return to daily living with mild symptoms, just be cautious as to not exacerbate symptoms.
- **Give time to recover**: It's important to allot time to heal. Another concussion sustained while the brain is healing can result in long-term problems or even death in rare cases.
- **Take it slow at first**: After the physician or athletic trainer gives the OK to return to activity, an athlete shouldn't jump in all at once. The athletic trainer will work with the athlete to develop a safe plan for progressively returning to play.
- **Seek more information**: If there are concerns or questions, don't hesitate to bring them up to a health care provider such as an athletic trainer or physician.

Sources: NATA, Sanford Orthopedic Sports Medicine, Center for Disease Control and Prevention, Heads Up Concussion, Fifth Annual Youth Sports Safety Summit

Infographic handout provided by the National Athletic Trainers' Association (Updated 2023)

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

2 MILLION athletes are expected to suffer a sports injury this year
Many of these athletes will be prescibed OPIOID PAIN KILLERS
75% of High School HEROIN users started with prescription drugs

HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 28.4% used medical opioids at least once over a three year period.
- 11% of high school athletes have used an opioid medication for non medical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

WHAT ARE OPIOIDS??

Opioids are a powerful and addictive type of prescription painkiller that have similar chemical properties and addiction risks as herion. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects

These drugs may lead to: dependence, tolerance, accidental overdose, coma and death

The most common prescribes opioid painkillers in West Virginia are:

- Oxycodone (OxyContin)
- Hydrocodone (Lortab and Vicodin)

HOW TO PROTECT YOUR CHILD

- Talk to your healthcare provider about alternative pain management treatment options.
  - First-time prescription opioids users have a 64% higher risk of an early death, than patients who use alternative pain medication.
- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's in take of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

NON - NARCOTIC PAIN MANAGEMENT ALTERNATIVES

Physical Therapy
Chiropractic
Massage Therapy
Acupuncture
Over-the-Counter Medication

WVSSAC

SUDDEN CARDIAC ARREST AWARENESS

All coaches are required to complete the NFHS Sudden Cardiac Awareness course annually.

What is Sudden Cardiac Arrest?

- Occurs suddenly and without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricle tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

What are the symptoms/warning signs of Sudden Cardiac Arrest?

- SCA should be suspected in any athlete who has collapsed and is unresponsive.
- Fainting, a seizure, or convulsions during physical activity.
- Dizziness or lightheadedness during physical activity.
- Unusual fatigue/weakness.
- Chest pain.
- Shortness of breath
- Nausea/vomiting.
- Palpitations (heart is beating unusually fast or skipping beats).
- Family history of sudden cardiac arrest under 50.

ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities).
- A blow to the chest (Commotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis).
- Recreational/Performance Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/idiopathic).

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

What is the treatment for Sudden Cardiac Arrest?

- Act immediately: time is critical to increase survival rate.
- Activate emergency action plan.
- Cal 911.
- Begin CPR.
- Use Automated External Defibrillator (AED).

Where can one find additional information?

- Contact your primary health care provider.
- American Heart Association (www.heart.org)