

Sultan High School Athletic Packet

Prior to the first day of practice, please
complete the following:

- _____ Read and sign Athletic Code
- _____ Read and sign Concussion and Cardiac Arrest Information
- _____ Read and sign Specific Sport Information Consent Form
- _____ Provide Proof of Insurance
- _____ Medical Release Information
- _____ Physicians Physical Exam
- _____ Purchase ASB Card
- _____ Pay Sports Fee
- _____ Pay all previous fines
- _____ Verify all other WIAA Eligibility requirements are met.
(Transfer, Academic, Running Start, Home-Based Learning,
Alternative Learning, Exchange Student, etc.)

All of this information needs to be delivered to the
main office at least one day prior to the
first day of participation.

SULTAN HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES CODE

Philosophy

The philosophy of extra-curricular activity programs is to provide wholesome, rewarding and stimulating opportunities for Sultan High School students. We believe extra-curricular activities provide students the opportunity to develop initiative, leadership, and responsibility. From these experiences a student will have the opportunity to build character and skills needed to lead successful, productive lives.

Participation in extra-curricular activities is voluntary and therefore in some cases selection of participants is necessary. Selection will be based on performance, attitude, conduct, cooperation and an earnest desire to represent the student body and an obligation to themselves, their parents, their school, and their community.

General Regulations

- a. According to Associated Student Body Policies all members of school activity programs must purchase an ASB card and pay all dues and fees as deemed necessary by the club advisor. These fees must be paid prior to participation in any activity event.
- b. Washington Interscholastic Activities Association rules must be followed as mandated for each activity.
- c. Sultan School District Policies and Sultan High School Rules and Policies will be in effect during all school sponsored events.
- d. Participants must travel to and from school-sponsored events in transportation provided by the school. The only exceptions permitted are:
 - i. Injury to a participant which would require alternate transportation
 - ii. Prior arrangements need to be made between the participants' parent/guardian, the advisor or coach, and the administration in writing prior to leaving for or returning from the event.
- e. The extra-curricular activity season shall be that portion of a school and or calendar year during which regularly scheduled practices, rehearsals, events, contests or awards banquets for the specific activity are conducted under the direct supervision of an approved Sultan School District Employee, beginning with the first practice and ending with the last event, typically the end of the season awards night.
- f. School owned equipment and uniforms checked out to a participant in any extra-curricular activity are his/her responsibility. The loss, misuse or damage of equipment or uniforms will be the financial obligation of the participant.
- g. Participants are expected to attend all scheduled practices, meetings, contests and performances, whether or not school is in session. If it is found necessary to miss such, prior arrangements must be made with the activity advisor.
- h. A participant shall not engage in conduct detrimental to the group, activity or the school.
- i. A participant shall not steal or use another's property without permission.

- j. A participant shall not use, consume, possess, transmit, or sell alcoholic beverages, drugs, drug paraphernalia, narcotics, or tobacco (including smokeless tobacco), while involved in extra-curricular activities.
- k. Possession of any weapon (as defined by state weapons policies for schools) by a participant at a school sponsored activity will result in immediate suspension from participation in all extra- curricular events.

Athletic-Only Requirements

- a. Read and sign activities code.
- b. Provide proof of insurance or purchase an insurance plan from an independent company. Information is available in the school office.
- c. Complete the medical release information form.
- d. Read and sign concussion information.
- e. Documentation of an athletic physical exam. Athletic physicals are valid for 24 months and must include a physician's signature and date of the exam. Student-athletes will not be cleared to participate if the physical expires at any point during the season.
- f. Clear all previous fines and return all previous sports equipment issued.
- g. Pay required sports participation fees.
- h. Purchase an ASB card.
- i. Meet Washington Interscholastic Activities Association eligibility rules including:
 - i. Attendance: Each student-athlete must have been in regular attendance the previous semester. (Ref WIAA policy 18.9.0)
 - ii. Residence: Each student-athlete shall live with parent) s)/legal guardian within the Sultan School District and school service area. Any student-athlete who does not reside within the Sultan School District or live with their parent(s) or legal guardian(s) must have permission from the Activities Administrator before turning out for a sport. Transferring students must meet WIAA eligibility rules. (Ref WIAA policy 18.10.0 and 18.11.0)
 - iii. Scholarship: Each student-athlete must be enrolled in a minimum of five (5) classes each semester to be eligible to participate in interscholastic athletics. Students enrolled in five (5) classes must be passing all five (5) to maintain academic eligibility. Seniors on track to graduate may take four (4) classes, and must maintain passing all four (4) to be academically eligible.

Participant Attendance and Academic Requirements

- a. A participant must be in school the entire day in order to participate in an extra-curricular event or activity that day. An exception would be if a participant had a pre-arranged medical appointment. The participant must provide documentation to the main office regarding the reason for the absence. Extenuating circumstances or school-related circumstances must be approved by the administration. If a student is truant, he/she will be ineligible for the next event/contest.
- b. Students involved in extra-curricular activities must be passing all classes to participate in the school sponsored events or contests.

Field Trip or Pre-arranged absence forms will include current academic standing for “one-time” extra-curricular events. Students must be passing all classes to participate.

For athletics and extra-curricular groups that have multiple events and activities, the Activities Administrator will conduct multiple grade checks during the season. Should a student be passing 5 of 6 classes, the student will be on probation for two weeks. Within the probation period, the student can still participate in contests, but the student, parent, teacher, and administrator will communicate to establish a “Success Plan.” If the student raises the grade to passing, the student is no longer on probation and will be eligible. If after the probation period the student is still failing a class, the student will be ineligible to participate in the next contest and will be ineligible until the student maintains all passing grades. If at the grade check the student is passing 4 or less classes, they shall automatically be ineligible for the next contest and will be eligible again once the student passes all classes. The student can be on probation and be allowed to play in contests if after missing one contest; the student has improved their grades to meet the probation criteria. The probation period ends two weeks after the grade check.

(Athletic-Only)

Should a student athlete earn 6 of 7 passing grades at the end of a semester, the student will be on a two-week probation. During probation, the student can still participate in contests. After two weeks, if the student is passing all classes, the probation ends and the student is eligible. If the student is failing one or more classes, the student is ineligible for three weeks. If a student athlete is passing 5 or less classes at the semester, they shall be ineligible to play in any contest for five weeks. (Ref. WIAA policy 18.6.5)

The student-athlete may continue to practice during the ineligible period if approved by the head coach but they are not eligible to travel.

Drug/Alcohol/Tobacco Use and Possession

The Sultan School District and Sultan High School take a firm stand on student sale, use/abuse and possession of drugs, alcohol tobacco and performance altering or enhancing drugs. The use or possession of any tobacco product at any time, or the carrying, distribution, possession, or being in the vicinity of, or being under the influence of alcohol, illegal drugs, or any controlled (legend) drug, including anabolic steroids, unless prescribed by a physician is forbidden while involved in extra- curricular activities.

Definitions:

Self-Referral: Self-referral of a violation means that prior to being questioned the student admits to the violation before an investigation or inquiry by any school staff or legal authority.

Self-Admission: Self-admission of a violation means that when questioned as part of an investigation, a student admits to the violation.

Proximity: Any student having knowledge that alcoholic beverages, legend drugs, or controlled substances are present where they are located shall have a responsibility to remove themselves from the premises immediately.

Possession/Use of Alcohol, Drugs, Controlled Substances, Drug Paraphernalia, or Tobacco.

First Offense

Source of Information	Actual Possession / Use of Alcohol, Drugs, Drug Paraphernalia, or Controlled Substances	Proximity (Drugs/Alcohol); Possession / Use of Tobacco
Self-Referral	Suspension- 20% of contests or events	Suspension – 15% of contests or events
Self-Admission	Suspension- 30% of contests or events	Suspension – 20% of contests or events
Dishonesty During Administrative Investigation	Suspension- 60% of contests or events	Suspension – 40% of contests or events

*Carry over from season to season will occur if the consequence has not been fulfilled within the current season. Student-athlete must complete the following season in order for the carry over to be completed, otherwise the consequence will continue to carry over to the next season.

The student may opt to reduce the suspension by agreeing to an assessment and then following through on a prescribed counseling program at the parent/guardian's expense.

**** Sultan High School will not differentiate between actual possession or use and proximity for all violations following the first offense.**

Second Offense

Parent notification and suspension from all extra-curricular activities for one calendar year.

Third Offense

Parent notification and suspension from all extra-curricular activities for the rest of their high school career.

The substance abuse offenses/violations mentioned above will accumulate through the participant's high school career, including transfer records from other schools.

Behavior/Personal Conduct

All participants shall act as examples of good citizenship in the school, classroom, and while representing Sultan High School. Conduct that interferes with the educational process is prohibited.

Inappropriate behavior that occurs while the student is engaged in an extra-curricular activity under the direction of the coach or supervisor is subject to disciplinary action. Examples are: Serious disruptive or inappropriate conduct, willful disobedience, harassment (mental, physical and/or sexual), fighting, irregular attendance, vulgarity or profanity in relationship to school activities, travel and competition.

Personal Conduct of the participant during the activity is expected to exemplary. While the student is in and out of school, these expectations extend beyond the school day. Vandalism, stealing, extortion, assault, charged with a misdemeanor or felony are all potential violations for disciplinary action and or suspension from the activity.

Undesirable behavior not covered in the above, including, but not limited to, violations requiring administrative action as established in the Sultan High School Student Handbook, will be dealt with as follows:

First Offense

Parent notification, immediate suspension from the activity for a minimum, of, but not limited to, one contest.

Second Offense

Parent notification and suspension from all extra-curricular activities for the remainder of the extra-curricular activity season.

Appeals Process

All sanctions may be appealed to the appeals committee. The request for an appeal hearing must be in writing within three (3) school days of the notification of sanctions and addressed to the Activities Administrator. The basis of the appeal must be identified, and limited to whether or not there is adequate evidence of a violation, whether the consequences conform to policy/procedure, and whether due process was provided. The committee will consist of one (1) administrator, one (1) club advisor or coach not involved with the activity, and one (1) SHS Staff member. The appeals hearing will be held within three (3) school days of the request and the decision of the appeals committee will be given within three (3) school days of the hearing.

The aggrieved party may appeal to the superintendent of schools within three (3) school days of the appeals committee decision. The superintendent of schools, after hearing the case, shall render a decision within ten (10) school days of the hearing.

The aggrieved party may appeal the superintendent's decision to the Board of Directors within three (3) school days. The Board of Directors, after hearing the case, shall render a decision on the case within ten (10) school days of the hearing. The decision shall be final.

Advisor/Coach Standards

Any additional specific rules or regulations not covered above with-in the activities code which are established by the advisor of a specific activity must be consistent with district, school and activity policies and be approved by the administration. Any additional rules and regulations must be kept on file in writing with the Activities Administrator.

Verification of Understanding

To be eligible for participation in any activity, event or contest a signed verification by the participant and parent/guardian indicating they have received and read a copy of the Activities Code as well as the specific rules and regulations of an individual extra-curricular activity must be submitted annually by the parent or participant and kept on file in the office.

Proposed Revision 6/2011

The above code is contingent on being approved by the Sultan School District Board of Directors.

Sultan School District: Sultan High School, Sultan Middle School Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> Headaches “Pressure in head” Nausea or vomiting Neck pain Balance problems or dizziness Blurred, double, or fuzzy vision Sensitivity to light or noise Feeling sluggish or slowed down Feeling foggy or groggy Drowsiness Change in sleep patterns | <ul style="list-style-type: none"> Amnesia “Don’t feel right” Fatigue or low energy Sadness Nervousness or anxiety Irritability More emotional Confusion Concentration or memory problems (forgetting game plays) Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none"> Appears dazed Vacant facial expression Confused about assignment Forgets plays Is unsure of game, score, or opponent Moves clumsily or displays incoordination Answers questions slowly Slurred speech Shows behavior or personality changes Can’t recall events prior to hit Can’t recall events after hit Seizures or convulsions Any change in typical behavior or personality Loses consciousness |
|--|

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

RETURN TO PARTICIPATION PROTOCOL

If your child has been diagnosed with a concussion they MUST follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized.

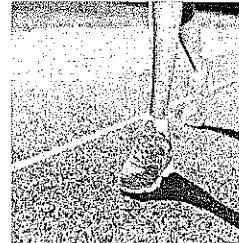
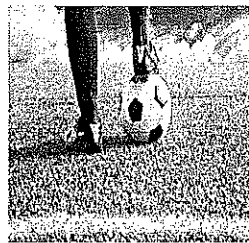
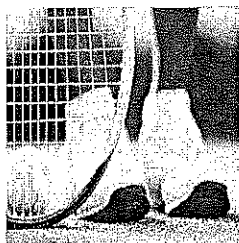
The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



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 beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

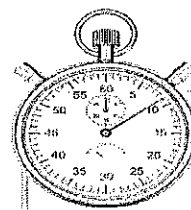
What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, 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 (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore 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!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**

**SULTAN HIGH SCHOOL
EXTRA-CURRICULAR ACTIVITIES CODE
VERIFICATION FORM**

We the undersigned have received and read a copy of this activities Code as well as any additional rules and regulations of an individual extra-curricular activity. I realize that participation on extra-curricular activities is voluntary.

Parent/Guardian (Print)

Date

Parent/Guardian (Signature)

Date

Extra-Curricular Participant (Print)

Date

Extra-Curricular Participant (Signature)

Date

Sultan School District: Sultan High School, Sultan Middle School

Student/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Sultan School District believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or student you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and student prior to participation in Sultan School District athletics. If you have questions regarding any of the information provided in the pamphlet, please contact the athletic director at your school.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

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

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) 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.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

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 athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- 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, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP _____ / _____	Pulse _____	Vision R 20/ _____ L 20/ _____	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

*Consider GU exam if in private setting. Having third party present is recommended.

*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ 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 preparticipation physical evaluation. The athlete 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. If conditions arise after the athlete 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 (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

SULTAN HIGH SCHOOL ATHLETICS
EMERGENCY LOCATOR AND MEDICAL INFORMATION SHEET

STUDENT NAME _____ BIRTH DATE _____

PARENTS NAME(S) _____ HOME PHONE _____

CELLULAR PHONE/PAGER NUMBER _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S EMPLOYER _____ BUSINESS PHONE _____

MOTHER'S EMPLOYER _____ BUSINESS PHONE _____

IF NOT LIVING WITH PARENTS, GIVE NAME AND ADDRESS OF PEOPLE WITH WHOM CHILD LIVES:

NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT PERSON _____

RELATIONSHIP TO STUDENT _____ PHONE _____

PREFERRED PHYSICIAN _____ PHONE _____

PREFERRED HOSPITAL _____ PHONE _____

LIST ANY AND ALL EXISTING MEDICAL CONDITIONS:

DESCRIBE ANY SIGNS AND SYMPTOMS COACHES SHOULD LOOK FOR:

LIST ANY AND ALL LIMITATIONS THE COACHES SHOULD BE AWARE OF:

LIST ANY TREATMENT PROCEDURES THE COACHING STAFF SHOULD FOLLOW:

LIST ANY FOOD OR MEDICAL ALLERGIES:

IF THE PARENTS AND/OR AUTHORIZED PHYSICIAN ABOVE CANNOT BE REACHED AT THE TIME OF AN EMERGENCY, AND IF IMMEDIATE OBSERVATION OR TREATMENT IS URGENT IN THE JUDGEMENT OF THE SCHOOL AUTHORITIES, DO YOU AUTHORIZE AND DIRECT THE SCHOOL AUTHORITIES TO SEND THE STUDENT TO THE HOSPITAL OR DOCTOR MOST EASILY ACCESSIBLE AND FOR SUCH DOCTOR TO RENDER SUCH OBSERVATION AND TREATMENT AS IS IMMEDIATELY NECESSARY?

YES _____ NO _____

PARENT SIGNATURE _____ DATE _____

Print, read, and sign
the Specific Sport Information
Consent form.

These forms are also available
on the website.

SUBSCRIBE NOW!

Be sure to click the orange SUBSCRIBE button to your left and subscribe to the Sultan sports teams you wish to get schedule updates for and follow us on our official Twitter page @SHSTurks. As always, this is the place we make any and all changes to our schedules and instant schedule change alerts will be sent to subscribers and on Twitter.

The screenshot shows an iPad displaying the Cascade Athletics website. The top status bar indicates 'iPad', signal strength, '9:40 PM', and a 23% battery level. The browser address bar shows 'cascadeathletics.com'. The website header includes navigation links for 'Vols', '9th', 'School Diers', 'Cascad...', 'WPA Netw...', 'WPA Netw...', 'WPA Netw...', 'www.wpa...', 'www.wpa...', and 'www.wpa...'. Below the header is a 'Cascade Athletics 2020' banner with a 'CASCADIA CONFERENCE' logo and a list of sports: Boys Sports (Football, X-Country, Basketball, Wrestling, Baseball, Golf, Soccer, Track) and Girls Sports (Cheer, Soccer, Volleyball, X-Country, Basketball, Golf, Softball, Track). A search bar is present with 'School: Sultan (IA)' and buttons for 'Login', 'Register', and 'Contact'. A 'Red Tag Savings' banner is visible. The main content area features the 'SULTAN HIGH SCHOOL TURKS' logo and a team photo. To the left of the photo is a 'BOYS' section with links for Fall Sports, Winter Sports, Basketball, Wrestling, and Spring Sports. To the right is a 'GIRLS' section with links for Fall Sports, Winter Sports, Basketball, and Spring Sports. On the right side of the page, there are social media icons for Twitter, Facebook, and Instagram, and a 'Subscribe' button. At the bottom right, there is a 'This Space Available' advertisement for 'CLICK HERE To Become an Advertising Sponsor!' and a 'Support High School Athletics' link.