Dear Student:

The Superintendent would like to take this opportunity to welcome you to the Brownsville Independent School District. We hope this letter will aid in the process of completing all necessary health forms to participate in the University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center. For any student participating in University Interscholastic League, extracurricular programs, and/or alternative educational programs, will be required to have a physical on file prior to participation which includes all practices. Physicals are valid for one school year. This packet includes the following forms:

Pre-Participation Medical History and Pre-Participation Physical
The Medical History Form must be completed annually by parent and/or guardian and student in order for the student to participate. The questions are designed to determine if the student has developed any condition which would make it hazardous to participate. The Pre-Participation Physical Form must be on file for each student before the first day of participation. This physical MUST be completed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners. Examination forms signed by any other health care practitioner will not be accepted. The physician must sign and print their name in the space provided.

Physical Exam Providers
Below are several options where you can take your child for a physical:

- Your family physician
- Valley Day & Night Clinics
- BISD Campus Care Centers at Clinica 22
- New Horizon Medical Center
- Operation Lone Star (Porter High School: July 22-26, 2019)

For a list of additional providers, contact your coach, director, and/or program sponsor.

Immunizations
Immunizations are required to assist in the health and well-being of student participation. The immunizations are required of all students and are consistent with the Texas Department of Health and local BISD policies. Refer to your designated campus nurse for updates on immunizations.

Emergency Information
All sections must be completed. If you have a medical insurance plan that is an HMO/PPO and you are not from the Brownsville area, it is advised that you designate a local physician as your primary care physician. This will assist in the event a medical referral is necessary for an injury or illness.

Health Insurance
Medical insurance is required of all students participating in University Interscholastic League, extracurricular programs, and/or the Brownsville Academic Center in case of injuries. If your insurance does not cover injuries during your participation, you will be financially responsible for any and all medical costs associated with any injuries. You must provide a photocopy of the front and back of your insurance card when you submit the packet. The District also provides affordable Student Accident Insurance which can be purchased at the families' expense. You may request a copy of this insurance plan and forms by calling the Employee Benefits/Risk Management Department at 956-548-8061.

Secondary Insurance Coverage
The Brownsville Independent School District provides an insurance coverage for all students involved in University Interscholastic League and/or extracurricular programs for grades 6-12. The insurance coverage that is provided is supplemental to the student's personal insurance. Once the primary insurance has paid its benefits, the BISD insurance will pay at a **REASONABLE AND CUSTOMARY RATE** of the remaining balance. If the student has no insurance, then BISD insurance becomes primary and will pay at a **REASONABLE AND CUSTOMARY RATE UP TO POLICY LIMITS**. It must be understood that after reasonable and customary benefits have been met, there still may be a balance due that must be paid, unless the physician is a member of the network. Physicians within the network provide zero balance billing. Trainers will have a list of the in-network providers. **THE PARENT/GUARDIAN IS RESPONSIBLE FOR ALL COSTS NOT COVERED BY THE INSURANCE PROVIDED**. Charges for treatment of injuries shall not be charged to BISD or any employee of BISD. It is the responsibility of the parent/guardian to file with the insurance. It is also the responsibility of the parent/guardian to notify BISD Personnel regarding any and all medical services for injuries received by the participant. The Brownsville Independent School District **WILL NOT** be held responsible for medical or other costs related to injuries received by the participant except to provide the insurance coverage as outlined above.

No student will be permitted to participate in any practices, University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs prior to all documents being on file with BISD.

If you have any questions in regards to any of the information listed above, please contact your coach, director, and/or program sponsor. Best of luck to all of you!

Brownsville Independent School District Participation Form for Secondary Programs

BISD does not discriminate on basis of race, national origin, sex, religion, age, or disability in employment or provision of services, programs, or activities.

Name of Student: _____ School ID#: _____ Grade: _____

Sex (circle one): M F DOB: _____ School: _____

Name of Parent or Guardian: _____ Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Attention School Authorities: This form and all other inserts that pertain to your program must be updated and signed annually by both the student and parent/guardian and be on file at your school before the student may participate in any practice session or contest before, during, or after school.

Parents' or Guardians' Permit For Student Participation

I hereby give my consent for the above student to participate in University Interscholastic League approved sports, marching band, extracurricular programs, and/or alternative educational programs. The student will be allowed to travel with the coaches, directors, or other representative of the school on any approved trips in which the student is eligible.

It is understood that even though precautionary measures are taken whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the Brownsville Independent School District assumes any responsibility in case an accident occurs.

I have read and understand the University Interscholastic League rules included in this packet and agree that my son/daughter will abide by all of the University Interscholastic League rules and/or program requirements.

The undersigned agrees to be responsible for the safe return of all athletic equipment and/or uniforms issued by the school to the above named student. If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whosoever on account of such care and treatment of said student.

The UIL Athletic Parent Information Manual is located at www.uiltexas.org/files/athletics/manuals/parent-information-manual.pdf.
The UIL Music Resources are located at www.uiltexas.org/music/resources-forms

Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Circle any activity in which this student is allowed to participate:

Baseball Basketball Cross Country Football Golf Soccer Softball Swimming/Diving Tennis Track Volleyball Powerlifting

Marching Band Cheerleading Dance Team BAC

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature Date

BISD does not discriminate on basis of race, national origin, sex, religion, age, or disability in employment or provision of services, programs, or activities.

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth_____

Height _____ Weight_____ % Body fat (optional) _____ Pulse _____ BP___/___ (___/___, ___/___)
brachial blood pressure while sitting

Vision: R 20/_____ L 20/___ Corrected: ☐ Y ☐ N Pupils: ☐ Equal ☐ Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It ***must*** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. **** Local district policy may require an annual physical exam.***

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

☐ Cleared

☐ Cleared after completing evaluation/rehabilitation for: _____

_____

☐ Not cleared for:_____ Reason: _____

Recommendations: _____

_____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

2017

This **MEDICAL HISTORY FORM** must be completed ***annually*** by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____

Address _____ Phone _____

Grade _____ School _____

Personal Physician _____ Phone _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

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

	Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	☐	☐
2. Have you been hospitalized overnight in the past year?	☐	☐
Have you ever had surgery?	☐	☐
3. Have you ever had prior testing for the heart ordered by a physician?	☐	☐
Have you ever passed out during or after exercise?	☐	☐
Have you ever had chest pain during or after exercise?	☐	☐
Do you get tired more quickly than your friends do during exercise?	☐	☐
Have you ever had racing of your heart or skipped heartbeats?	☐	☐
Have you had high blood pressure or high cholesterol?	☐	☐
Have you ever been told you have a heart murmur?	☐	☐
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	☐	☐
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelpathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	☐	☐
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	☐	☐
Has a physician ever denied or restricted your participation in sports for any heart problems?	☐	☐
4. Have you ever had a head injury or concussion?	☐	☐
Have you ever been knocked out, become unconscious, or lost your memory?	☐	☐
If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below)		
Have you ever had a seizure?	☐	☐
Do you have frequent or severe headaches?	☐	☐
Have you ever had numbness or tingling in your arms, hands, legs or feet?	☐	☐
Have you ever had a stinger, burner, or pinched nerve?	☐	☐
5. Are you missing any paired organs?	☐	☐
6. Are you under a doctor's care?	☐	☐
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	☐	☐
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	☐	☐
9. Have you ever been dizzy during or after exercise?	☐	☐
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	☐	☐
11. Have you ever become ill from exercising in the heat?	☐	☐
12. Have you had any problems with your eyes or vision?	☐	☐

	Yes	No
13. Have you ever gotten unexpectedly short of breath with exercise?	☐	☐
Do you have asthma?	☐	☐
Do you have seasonal allergies that require medical treatment?	☐	☐
14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	☐	☐
15. Have you ever had a sprain, strain, or swelling after injury?	☐	☐
Have you broken or fractured any bones or dislocated any joints?	☐	☐
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	☐	☐
If yes, check appropriate box and explain below:		
☐ Head ☐ Elbow ☐ Hip		
☐ Neck ☐ Forearm ☐ Thigh		
☐ Back ☐ Wrist ☐ Knee		
☐ Chest ☐ Hand ☐ Shin/Calf		
☐ Shoulder ☐ Finger ☐ Ankle		
☐ Upper Arm ☐ Foot		
16. Do you want to weigh more or less than you do now?	☐	☐
17. Do you feel stressed out?	☐	☐
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	☐	☐

Females Only

19. When was your first menstrual period? _____
When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Males Only

20. Do you have two testicles? _____
21. Do you have any testicular swelling or masses? _____

An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

_____

_____

_____

_____

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of athletic competition, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

GENERAL INFORMATION FOR ATHLETICS

School coaches may not:

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball campus (exception: See Section 1209 of the Constitution and Contest Rules (C & CR)).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball.
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

GENERAL ELIGIBILITY RULES FOR ATHLETES

According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:

- Are not 19 years of age or older on or before September 1 of the current scholastic year (See Section 446 of the C & CR for exception).
- Have not graduated from high school.
- Are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest.
- Are full-time students in the participant high school they wish to represent.
- Initially enrolled in the ninth grade not more than four years ago.
- Are meeting academic standards required by state law.
- Live with their parents inside the school district attendance zone their first year of attendance (parent residence applies to varsity athletic eligibility only). When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district to continue attending the school. Students placed by the Texas youth Commission are covered under Custodial Residence (see Section 442 of the C & CR).
- Have observed all provision of the Awards Rule.
- Have not been recruited (does not apply to college recruiting as permitted by rule).
- Have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a 7-12 grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7,8, & 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from the school district attendance zone is employed, for no more than 6 consecutive days where school personnel work with their own students may be held in Mary, after the last day of school, June, July, and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees.
- Have observed all provision of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable, or consumable) for participation in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan, or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest.
- Did not change school for athletic purposes.

I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL. I have read the regulations cited above and agree to follow the rules.

Signature of Student _____ Date _____

BISD ACKNOWLEDGEMENT OF RULES FOR ATHLETICS

Your son/daughter has expressed a desire to participate in the athletic program in the Brownsville Independent School District (BISD). It is the belief of the coaching staff of Brownsville ISD that athletics can do more for your son/daughter than teach him to play the sport he/she has chosen.

We believe athletics instill the desire to win, to attain personal goals insuring a maximum team effort, and to build strength of body and character. The latter of these qualities determines the success of the first three.

It is our belief that strength is the foundation upon which to build an individual. Athletes, as people in any specialized field, have a unique role to play. They are constantly being motivated by their peers, their teachers, and the community. By constantly being under this scrutiny, athletes must have strength of character and constantly be aware of the role they assumed. They must always be certain they present respect, sincerity, and honesty to their peers, teachers, and community.

We strongly believe that our athletes should possess these qualities. Because of this, we have established the following guidelines to be followed by all athletes.

All athletes, regardless of sport must:

1. Abide by all UIL rule specifications
2. Attend every practice session and athletic contest unless ill or in an emergency situation (parent or guardian must call if not attending practice).
3. At all times, on and off campus, respond to every situation as a young lady or gentleman

All athletes, regardless of sport must **NOT** at any time, on or off campus, break the following rules:

1. Smoke or use tobacco or snuff
2. Consume, posses, or distribute alcoholic beverages
3. Use or consume any type of drug (except for medical purposes) or narcotics
4. Misconduct which contains the elements of an offense under the Texas Penal Code.

Violations of these athletic policies will result in appropriate disciplinary actions being taken against the student and could result in his/her removal from the BISD Athletic Program. Therefore, we ask your cooperation in motivating your son/daughter to observe these rules so that he/she will receive the full benefits from the program.

Your signature below acknowledges that you have read the rules and agree to the expectations of the athletic program.

Signature of Parent/Guardian _____ Date _____

BISD does not discriminate on basis of race, national origin, sex, religion, age, or disability in employment or provision of services, programs, or activities.

Emergency Information Form

Last Name First Name ID# DOB Teacher/Grade

Address

Mother/Guardian Home/Cell Number Work Number

Father/Guardian Home/Cell Number Work Number

Insurance Company: _____

Type of Coverage: Basic (circle one): Yes No Major Medical (circle one): Yes No

Deductible (optional): _____ Policy/Group Number (optional): _____

Contact Lenses (circle one): Yes No

1. Is your child currently taking any medications prescribed by a doctor (circle one)? Yes No If yes, please list medications and reasons for taking them. _____
2. Does your child have any allergic reactions to any type of medication (circle one)? Yes No If yes, please list. _____
3. Does your child have any type of medical condition for which we should be notified (circle one)? Yes No If yes, please list. _____

PARENT OF GUARDIAN'S PERMIT

The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. Permission is hereby granted to the attending physician to proceed with any above named student. In the event of surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student will be given.

Signature of Parent/Guardian:_____ Date:_____

BISD does not discriminate on basis of race, national origin, sex, religion, age, or disability in employment or provision of services, programs, or activities.

Forma para Información de Emergencia

Apellido Nombre # de Id. Fecha de Nacimiento Maestro/Grado

Dirección

Madre/Tutor # de teléfono Casa/Cell Número del Trabajo

Padre/Tutor # de teléfono Casa/Cell Número del Trabajo

Compañía de Seguro: _____

Tipo de Covertura: Básico (circule uno): Si No Covertura Médica Mayor/principal (circule uno): Si No

Deducible (opcional): _____ Póliza/ Número de Grupo (opcional): _____

Lentes de Contacto (circule uno): Si No

1. ¿Está su niño actualmente tomando medicina recetada por un doctor (circule uno)? Si No Si es sí, favor de enlistar las medicinas y la razón por qué las toma. _____
2. ¿Tiene su niño reacción alérgica a algún tipo de medicina (circule uno)? Si No Si es sí, favor de indicarlo. _____
3. ¿Tiene su niño algún tipo de condición médica que nos deba de ser notificada (circule uno)? Si No Si es sí, favor de indicarlo. _____

PERMISO DEL PADRE O TUTOR

El padre presente concede permiso a los empleados de la escuela para garantizar servicios medicos, si acaso fuera necesario, al estudiante arriba mencionado. Por medio de la presente se otorga permiso al médico atendiendo para proceder con cualquier estudiante arriba mensionado. En caso de cirugía o lesiones accidentales importantes, entiendo que el médico presente de la manera mas rapidamente posible hará un intento de contactarme. Si dicho médico no es capaz de comunicarse conmigo, se le dará el tratamiento necesario para el mejor interés del estudiante arriba mensionado

Firma del padre/tutor: _____ Fecha: _____

BISD does not discriminate on basis of race, national origin, sex, religion, age, or disability in employment or provision of services, programs, or activities.

University Interscholastic League

Parent and Student Agreement/Acknowledgement Form
Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at www.uiltexas.org. I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

School Year (to be completed annually) _____

Liga Interescolar Universitaria

Formulario de Acuerdo/Acuse de recibo de padres y estudiantes en relación con el uso de esteroides anabólicos y prueba aleatoria de esteroides

- La ley del Estado de Texas prohíbe que se posean, dispensen, entreguen o administren esteroides de una manera que no sea permitida por la ley estatal.
- La ley estatal de Texas también establece que la construcción del cuerpo, la mejora muscular o el aumento de la masa muscular o de la fuerza mediante el uso de un esteroide por una persona que goza de buena salud no es un propósito médico válido.
- La ley del estado de Texas requiere que solo un profesional autorizado, con autoridad para prescribir, puede recetar un esteroide para una persona.
- Toda violación de la ley estatal en lo que respecta a esteroides es una ofensa criminal que se castiga con el confinamiento en la cárcel o el encarcelamiento en el Departamento de Justicia Criminal de Texas.

ACUSE DE RECIBO Y ACUERDO DEL ESTUDIANTE

Como requisito previo para la participación en actividades atléticas de la UIL, afirmo que no usaré esteroides anabólicos según se define en el Protocolo del Programa de Pruebas de esteroides Anabólicos de la UIL. He leído este formulario y entiendo que se me puede pedir que me someta a pruebas de presencia de esteroides anabólicos en mi cuerpo, y por este medio acepto someterme a dichas pruebas y análisis en un laboratorio certificado. Además, entiendo y acepto que los resultados de la prueba de esteroides se pueden proporcionar a ciertas personas en mi escuela secundaria, según se especifica en el Protocolo del Programa de Pruebas de esteroides anabólicos de la UIL que está disponible en el sitio web de la UIL en www.uiltexas.com.org. Entiendo y acepto que los resultados de las pruebas con esteroides se mantendrán confidenciales en la medida en que lo exija la ley. Entiendo que si no proporciono información precisa y veraz, podría estar sujeto a sanciones según lo determine la UIL.

Nombre del estudiante (letra imprenta): _____Grado (9 a 12) _____

Firma del alumno:_____Fecha:_____

CERTIFICACIÓN Y ACUSE DE RECIBO DE LOS PADRES/TUTORES

Como requisito previo para la participación de mi estudiante en actividades atléticas de la UIL, certifico y reconozco que he leído este formulario y que entiendo que mi estudiante debe abstenerse del uso de esteroides anabólicos, y que se le puede solicitar que se someta a pruebas de presencia de esteroides anabólicos en su cuerpo. Por la presente, acepto que se someta a mi hijo a dicha prueba y análisis en un laboratorio certificado. Además, entiendo y acepto que los resultados de la prueba de esteroides se pueden proporcionar a ciertos individuos en la escuela secundaria de mi estudiante según se especifica en el Protocolo del Programa de Pruebas de esteroides anabólicos de la UIL que está disponible en el sitio web de la UIL en www.uiltexas.com.org. Entiendo y acepto que los resultados de las pruebas con esteroides se mantendrán confidenciales en la medida en que lo exija la ley. Entiendo que si no proporciono información precisa y veraz, mi hijo podría sufrir sanciones según lo determine la UIL.

Nombre (letra imprenta):_____

Firma: _____ Fecha:_____

Relación con el alumno: _____

Año escolar (se completará anualmente) _____

Revised 2017

CONCUSSION ACKNOWLEDGEMENT FORM

Name of Student _____

Definition of Concussion - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

Prevention – Teach and practice safe play & proper technique.
- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis.

Signs and Symptoms of Concussion – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

Oversight - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician's assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

Treatment of Concussion - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district's Return to Play protocol as determined by the Concussion Oversight Team.

Return to Play - According to the Texas Education Code, Section 38.157:
A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:
(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student 's parent or guardian or another person with legal authority to make medical decisions for the student;
(2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
(3) the treating physician has provided a written statement indicating that, in the physician 's professional judgment, it is safe for the student to return to play; and
(4) the student and the student 's parent or guardian or another person with legal authority to make medical decisions for the student:
(A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
(B) have provided the treating physician 's written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
(C) have signed a consent form indicating that the person signing:
(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play protocol;
(ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
(iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician 's written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
(iv) understands the immunity provisions under Section 38.159.

_____ _____
Parent or Guardian Signature *Date*

_____ _____
Student Signature *Date*

FORMULARIO DE ACUSE DE RECIBO DE CONMOCIÓN CEREBRAL

Nombre de estudiante _____

Definición de conmoción cerebral: significa un proceso fisiopatológico complejo que afecta al cerebro y es causado por una fuerza física traumática o un impacto en la cabeza o el cuerpo que puede: (A) incluir una función cerebral alterada temporal o prolongada que resulta en síntomas físicos, cognitivos o emocionales o patrones de sueño alterados; e (B) implicar pérdida de conciencia.

Prevención: enseñar y practicar el juego seguro y la técnica adecuada.

- Siga las reglas del juego.
- Asegúrese de que se use el equipo de protección requerido para todas las prácticas y los juegos.
- El equipo de protección debe caber correctamente y ser inspeccionado regularmente.

Signos y síntomas de la conmoción cerebral: los signos y síntomas de la conmoción cerebral pueden incluir, entre otros: Dolor de cabeza, parecer estar aturdido o atontado, tinnitus (zumbido en los oídos), fatiga, dificultad para hablar, náuseas o vómitos, mareos, pérdida de equilibrio, visión borrosa, sensibilidad a la luz o al ruido, sensación de mareo o borroso, pérdida de memoria o confusión.

Supervisión: cada distrito designará y aprobará un Equipo de Supervisión de Conmociones cerebrales (COT). El COT debe incluir al menos un médico y un entrenador atlético si uno es empleado del distrito escolar. Otros miembros que pueden incluir: Enfermera de práctica avanzada, neuropsicólogo o asistente de médico. El COT se encarga de desarrollar el protocolo Regreso al Juego basado en evidencia científica revisada por pares.

El tratamiento de la conmoción cerebral: el estudiante-atleta/porrista deberá ser retirado de la práctica o participación de inmediato si se sospecha que tiene una conmoción cerebral. Todo estudiante-atleta/porrista sospechoso de sufrir una conmoción cerebral deberá ser visto por un médico antes de que puedan regresar a la participación de atletas o porristas. El tratamiento para la conmoción cerebral es el descanso cognitivo. Los estudiantes deben limitar la estimulación externa, como mirar televisión, jugar videojuegos, enviar mensajes de texto, usar computadora y las luces brillantes. Cuando todos los signos y síntomas de la conmoción cerebral se hayan despejado y el estudiante haya recibido la autorización escrita de un médico, el estudiante-atleta/porrista podrá comenzar el protocolo de Regreso al Juego de su distrito, según lo determinado por el Equipo de supervisión de conmociones cerebrales.

Regreso al juego: según el Código de Educación de Texas, sección 38.157:
A un estudiante retirado de una práctica o competencia interescolar de atletismo (incluidos, por regla de la UIL, los porristas) bajo la Sección 38.156 se le puede no permitir practicar o participar nuevamente después de la fuerza o el impacto que se cree que ha causado la conmoción cerebral hasta que:
(1) el estudiante haya sido evaluado, usando protocolos médicos establecidos basados en evidencia científica revisada por pares, por un médico tratante elegido por el estudiante o el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas por el estudiante;
(2) el estudiante haya completado con éxito cada requisito del protocolo de regreso al juego establecido en la Sección 38.153 necesaria para que el estudiante regrese a jugar;
(3) el médico tratante haya proporcionado una declaración por escrito que indique que, según juicio profesional del médico, es seguro para el estudiante para volver a jugar; y
(4) que el estudiante y el padre o el tutor del estudiante, u otra persona con autoridad legal para tomar decisiones médicas para el estudiante:
(A) haya reconocido que el estudiante ha completado los requisitos del protocolo de regreso al juego necesarios para que el estudiante vuelva a jugar;
(B) haya proporcionado la declaración escrita del médico tratante bajo la Subdivisión (3) a la persona responsable del cumplimiento del protocolo de regreso al juego bajo la Subsección (c) y la persona que tiene responsabilidades de supervisión bajo la Subsección (c); y
(C) haya firmado un formulario de consentimiento que indique que la persona que firma:
(i) haya sido informado y consiente que el estudiante participe en regresar a jugar de acuerdo con el protocolo de regreso al juego;
(ii) entiende los riesgos asociados con el regreso del estudiante a jugar y cumplirá con todo requisito continuo en el protocolo de regreso al juego;
(iii) aprueba la divulgación a las personas apropiadas, de conformidad con la Ley de Portabilidad y Responsabilidad del Seguro Médico de 1996 (Pub. L. No. 104-191), de la declaración escrita del médico tratante bajo la Subdivisión (3) y, en su caso, las recomendaciones de regreso al juego del médico tratante; y entiende las disposiciones de inmunidad bajo la Sección 38.159.

_____ _____
Firma del padre o el tutor *Fecha*

_____ _____
Firma del estudiante *Fecha*

SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

The Basic Facts on Sudden Cardiac Arrest

Website Resources:
American Heart Association:
www.heart.org

Lead Author: Arnold Fenrich, MD and Benjamin Levine, MD

Additional Reviewers: UIL Medical Advisory Committee

Revised 2016

What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular 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 causes Sudden Cardiac Arrest?

Inherited (passed on from family) **conditions present at birth of the heart muscle:**

Hypertrophic Cardiomyopathy – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

Arrhythmogenic Right Ventricular Cardiomyopathy – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

Marfan Syndrome – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

Inherited conditions present at birth of the electrical system:

Long QT Syndrome – abnormality in the ion channels (electrical system) of the heart.

Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome – other types of electrical abnormalities that are rare but run in families.

NonInherited (not passed on from the family, but still present at birth) **conditions:**

Coronary Artery Abnormalities – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

Aortic valve abnormalities – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

Non-compaction Cardiomyopathy – a condition where the heart muscle does not develop normally.

Wolff-Parkinson-White Syndrome – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

Conditions not present at birth but acquired later in life:

Commotio Cordis – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

Myocarditis – infection or inflammation of the heart, usually caused by a virus.

Recreational/Performance-Enhancing drug use.

Idiopathic: Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

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

- Fainting/blackouts (especially during exercise)
- Dizziness
- 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 at age < 50

ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.

What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

The UIL *Pre-Participation Physical Evaluation – Medical History* form includes ALL 14 of these important cardiac elements and is mandatory annually.

What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1st and 3rd years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of "false positives", which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of "false negatives", since not all cardiac conditions will be identified by additional screening.

When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.
- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1 /2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

Student & Parent/Guardian Signatures

I certify that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date

FORMULARIO DE CONCIENCIA DE PARO CARDÍACO SÚBITO (SCA)

Los hechos básicos sobre el paro cardíaco súbito

Recursos de sitios web:

Asociación Americana del Corazón: www.heart.org

Autor principal: Arnold Fenrich, MD y Benjamin Levine, MD

Revisores adicionales: Comité Consultivo Médico de la UIL

Revisado 2016

¿Qué es el paro cardíaco súbito?

- Ocurre de repente y, a menudo, sin previo aviso.
- Un mal funcionamiento eléctrico (cortocircuito) hace que las cámaras inferiores del corazón (ventrículos) palpiten peligrosamente rápido (taquicardia ventricular o fibrilación) e interrumpan la capacidad de bombeo del corazón.
- El corazón no puede bombear sangre al cerebro, pulmones y otros órganos del cuerpo.
- La persona pierde la conciencia (se desmaya) y no tiene pulso.
- La muerte ocurre en minutos si no se trata de inmediato.

¿Qué causa el paro cardíaco súbito?

Condiciones (heredadas de la familia) heredadas presentes en el nacimiento del músculo cardíaco:

Miocardiopatía hipertrófica:– hipertrofia (engrosamiento) del ventrículo izquierdo; la causa más común de paro cardíaco súbito en atletas en los EE. UU.

Cardiomiopatía arritmogénica del ventrículo derecho– reemplazo de parte del ventrículo derecho por grasa y cicatriz; la causa más común de paro cardíaco repentino en Italia.

Síndrome de Marfan – un trastorno de la estructura de los vasos sanguíneos que los hace propensos a la ruptura; a menudo, asociado con brazos muy largos y articulaciones inusualmente flexibles.

Condiciones heredadas presentes en el nacimiento del sistema eléctrico:

Síndrome de QT largo: anomalía en los canales iónicos (sistema eléctrico) del corazón.

Taquicardia ventricular polimórfica catecolaminérgica y síndrome de Brugada: otros tipos de anormalidades eléctricas que son raras pero se presentan en familias.

Condiciones no heredadas (no heredadasde la familia, pero aún presentes al nacer):

Anormalidades de la arteria coronaria:– anomalía de los vasos sanguíneos que suministran sangre al músculo cardíaco. Esta es la segunda causa más común de paro cardíaco repentino en atletas en los EE. UU.

Anomalías en la válvula aórtica: falla de la válvula aórtica (la válvula entre el corazón y la aorta) en su desarrollo adecuado; generalmente causa un fuerte soplo cardíaco.

Cardiomiopatía sin compactación:– a una afección en la que el músculo cardíaco no se desarrolla normalmente.

Síndrome de Wolff-Parkinson-White:– una fibra conductora extra está presente en el sistema eléctrico del corazón y puede aumentar el riesgo de arritmias.

Condiciones no presentes en el nacimiento pero adquiridas más adelante en la vida:

Commotio cordis: conmoción del corazón que puede ocurrir al ser golpeado en el pecho con una pelota, disco o puño.

Miocarditis: infección o inflamación del corazón, generalmente, causada por un virus.

Uso de drogas recreativas/de mejora del rendimiento.

Idiopático: En ocasiones, se desconoce la causa subyacente del paro cardíaco súbito, incluso después de la autopsia.

¿Cuáles son los síntomas/signos de advertencia del paro cardíaco súbito?

- Desmayos/apagones (especialmente durante el ejercicio)
- Mareo
- Fatiga/debilidad inusual
- Dolor de pecho
- Falta de aliento
- Náuseas/vómitos
- Palpitaciones (el corazón late inusualmente rápido o latidos intermitentes)
- Antecedentes familiares de paro cardíaco súbito a la edad <50

CUALQUIERA de estos síntomas y signos de advertencia que ocurran durante el ejercicio pueden requerir una evaluación adicional de su médico antes de volver a la práctica o a un juego.

¿Cuál es el tratamiento para el paro cardíaco súbito?

El tiempo es crítico y una respuesta inmediata es vital.

- **LLAME AL 911**
- **Comience RCP**
- **Use un desfibrilador externo automatizado (AED)**

¿Cuáles son las formas de detectar el paro cardíaco súbito?

La Asociación Americana del Corazón recomienda una historia de preparticipación y física que incluya 14 elementos cardíacos importantes.

El formulario de Evaluación física - Historial médico de preparticipación de la UIL incluye TODOS los 14 de estos importantes elementos cardíacos y es obligatorio realizarlo anualmente.

¿Cuáles son las actuals recomendaciones para evaluar atletas jóvenes?

La Liga Interescolar Universitaria requiere el uso del formulario específico de Historial médico de preparticipación anualmente. Este proceso comienza cuando los padres y estudiantes atletas responden preguntas sobre los síntomas durante el ejercicio (como dolor en el pecho, mareos, desmayos, palpitaciones o dificultad para respirar); y preguntas sobre el historial de salud familiar.

Es importante saber si algún miembro de la familia murió súbitamente durante una actividad física o durante una convulsión. También es importante saber si alguien de la familia menor de 50 años tuvo una muerte súbita inexplicada, como ahogamiento o accidentes automovilísticos. Esta información debe proporcionarse anualmente porque es esencial identificar a aquellos en riesgo de muerte súbita cardíaca.

Liga Interescolar Universitaria requiere la Preparticipación física Formulario de examen antes de la escuela intermedia participación atlética y de nuevo antes del 1.er y 3.er año de la escuela secundaria
El examen que incluye la medición de presión de sangre y un cuidadoso examen auditivo del corazón, especialmente para los soplos y las anomalías del ritmo.
Si no se informan signos de advertencia sobre el historial de salud y no se descubren anomalías en el examen, no se recomienda ninguna evaluación o prueba adicional para problemas/inquietudes cardíacas.

¿Hay opciones adicionales disponible para detectar afecciones cardíacas?

Las pruebas de detección adicionales con un electrocardiograma (ECG) y un ecocardiograma (Echo) están disponible para todos los atletas por parte de sus médicos personales, pero no es obligatorio, y generalmente no es recomendado por la Asociación Estadounidense del Corazón (AHA) o el Colegio Estadounidense de Cardiología (ACC). Las limitaciones del examen adicional incluyen la posibilidad (~10 %) de "falsos positivos", lo que lleva a un estrés innecesario para el estudiante y el padre o el tutor, así como una restricción innecesaria de la participación atlética. También existe la posibilidad de "falsos negativos", ya que no todas las afecciones cardíacas se identificarán mediante una prueba de detección adicional.

¿Cuándo debería un atleta estudiante ver a un especialista del corazón?

Si un examinador calificado tiene inquietudes, una referencia a un especialista del corazón infantil, se recomienda un cardiólogo pediátrico. Este especialista puede realizar una evaluación más completa, lo que incluye un electrocardiograma (ECG), que es un gráfico de la actividad eléctrica del corazón. También se puede realizar un ecocardiograma, que es una prueba de ultrasonido para permitir la visualización directa de la estructura del corazón. El especialista también puede solicitar una prueba de ejercicio en cinta, o un monitor para permitir una grabación más prolongada del ritmo cardíaco. Ninguna de las pruebas es invasiva o incómoda.

¿Puede el paro cardíaco súbito ser prevenido solo a través de una prueba de detección adecuada?

Una evaluación adecuada (Evaluación física de preparticipación - Historial médico) debe encontrar muchas, pero no todas, de las condiciones que podrían causar muerte súbita en el atleta. Esto se debe a que algunas enfermedades son difíciles de descubrir y pueden desarrollarse más adelante en la vida. Otras pueden desarrollarse después de una prueba de detección normal, como una infección del músculo cardíaco por un virus. Esta es la razón por la que se debe realizar un historial médico y una revisión del historial de salud familiar anualmente. Con una prueba de detección y una evaluación adecuados, la mayoría de los casos se pueden identificar y prevenir.

Por qué tener un DEA en el sitio durante los eventos deportivos

El único tratamiento efectivo para la fibrilación ventricular es el uso inmediato de un desfibrilador externo automático (DEA). Un DEA puede restaurar el corazón a un ritmo normal. Un DEA también salva el ventrículo ibrilación causada por un golpe en el pecho sobre el corazón (commotio cordis).

El Proyecto de Ley 7 del Senado de Texas requiere que en cualquier evento atlético patrocinado por la escuela o equipo las siguientes prácticas en las escuelas secundarias públicas de Texas, deben estar disponibles:

- Un DEA está en un lugar desbloqueado en la propiedad de la escuela dentro de una distancia razonable al campo de atletismo o al gimnasio.
- Todos los entrenadores, los entrenadores de atletismo, los maestros de educación física, las enfermeras, los directores de banda y los patrocinadores de porristas están certificados en reanimación cardiopulmonar (RCP) y en el uso del DEA.
- Cada escuela tiene un procedimiento de seguridad desarrollado para responder a una emergencia médica que involucra un paro cardíaco.

La Academia Estadounidense de Pediatría recomienda que el DEA se ubique en un lugar central accesible e idealmente a no más de 1 a 1 1/2 minuto a pie de cualquier ubicación y que se haga una llamada para activar el sistema de emergencia del 911 mientras el DEA esté siendo recuperado.

Firmas de estudiantes y padres/tutores

Certifico que he leído y entiendo la información anterior.

_____
Firmas de padres/tutores

_____
Nombre del padre/tutor (letra imprenta)

_____
Fecha

_____
Firma del alumno

_____
Nombre del estudiante (letra imprenta)

_____
Fecha

Emergency Information Form

Last Name First Name ID# DOB Teacher/Grade

Address

Mother/Guardian Home/Cell Number Work Number

Father/Guardian Home/Cell Number Work Number

Insurance Company: _____

Type of Coverage: Basic (circle one): Yes No Major Medical (circle one): Yes No

Deductible (optional): _____ Policy/Group Number (optional): _____

Contact Lenses (circle one): Yes No

1. Is your child currently taking any medications prescribed by a doctor (circle one)? Yes No If yes, please list medications and reasons for taking them. _____

2. Does your child have any allergic reactions to any type of medication (circle one)? Yes No If yes, please list. _____

3. Does your child have any type of medical condition for which we should be notified (circle one)? Yes No If yes, please list. _____

PARENT OF GUARDIAN'S PERMIT

The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. Permission is hereby granted to the attending physician to proceed with any above named student. In the event of surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student will be given.

Signature of Parent/Guardian:_____ Date:_____

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Forma para Información de Emergencia

Apellido Nombre # de Id. Fecha de Nacimiento Maestro/Grado

Dirección

Madre/Tutor # de teléfono Casa/Cell Número del Trabajo

Padre/Tutor # de teléfono Casa/Cell Número del Trabajo

Compañía de Seguro: _____

Tipo de Covertura: Básico (circule uno): Si No Covertura Médica Mayor/principal (circule uno): Si No

Deducible (opcional): _____ Póliza/ Número de Grupo (opcional): _____

Lentes de Contacto (circule uno): Si No

1. ¿Está su niño actualmente tomando medicina recetada por un doctor (circule uno)? Si No Si es sí, favor de enlistar las medicinas y la razón por qué las toma. _____
2. ¿Tiene su niño reacción alérgica a algún tipo de medicina (circule uno)? Si No Si es sí, favor de indicarlo. _____
3. ¿Tiene su niño algún tipo de condición médica que nos deba de ser notificada (circule uno)? Si No Si es sí, favor de indicarlo. _____

PERMISO DEL PADRE O TUTOR

El padre presente concede permiso a los empleados de la escuela para garantizar servicios medicos, si acaso fuera necesario, al estudiante arriba mencionado. Por medio de la presente se otorga permiso al médico atendiendo para proceder con cualquier estudiante arriba mensionado. En caso de cirugía o lesiones accidentales importantes, entiendo que el médico presente de la manera mas rapidamente posible hará un intento de contactarme. Si dicho médico no es capaz de comunicarse conmigo, se le dará el tratamiento necesario para el mejor interés del estudiante arriba mensionado

Firma del padre/tutor: _____ Fecha: _____

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