



ATHLETE PARTICIPATION PACKET QUICK NOTES

You, the parent/guardian should keep and read:

- Front Page
- Drug Testing of Students Participating in Competitive Physical Activities
- Concussion/Head Injury Fact Sheet
- Guidelines for the Use of Social Networking

You, the parent/guardian should fill out, sign and athlete sign:

- Medical History - *(Fill out before visiting doctor. Both athlete and parent/guardian must sign and date)*
- Physical Exam - *(Fill out top part of page before exam)*
- Emergency Information - *(Fill out the form, Parent/Guardian sign and date)*
- Consent for Administration of "Over-the-Counter" Medications - *(Parent/Guardian sign and date)*
- Drug Testing Consent Form - *(Both student and parent/guardian sign and date)*
- Concussion and Head Injury Acknowledgement - *(Both student and parent/guardian sign and date)*
- Talent Release/Social Networking - *(Both student and parent/guardian sign and date)*
- OSSAA Eligibility Form - *(Both student and parent/guardian sign and date)*
- Understanding the Risk, Insurance, and Transportation Form - *(Both student and parent/guardian sign and date)*

Starting with the Physical Exam form, the remaining pages should be returned to the coach of the sport your child is participating in. After completing all forms, please make sure the athlete and parent/guardian have signed every signature line.

*Ken Ellett
Athletic Director, Broken Arrow Schools
918-259-5990*

DRUG TESTING OF STUDENTS PARTICIPATING IN COMPETITIVE PHYSICAL ACTIVITIES

The Board of Education, in order to educate and direct student athletes away from drug use and abuse, thereby setting an example for all other students of the School District, adopts the following Policy for drug testing of student athletes.

Statement of Purpose and Intent

The use and abuse of illegal drugs by students in the public schools of this nation is an ever-increasing problem. In story after story, television news media, national magazines, and local and national newspapers report the prevalence of drugs in our society. Sadly, more and more of these stories are focused on drug use and abuse by school-age children.

In addition to the well publicized war this country is waging against illegal "street" drugs, there is mounting evidence of wide-spread use among athletes of "performance-enhancing" drugs such as anabolic steroids. Athletes resort to performance-enhancing drugs as a shortcut to enhanced strength, endurance and athletic ability. However, there is mounting medical evidence that the use of performance-enhancing drugs can have devastating side effects including permanent liver damage, heart damage, and significant other permanent damage to the body.

Drug use of any kind is incompatible with participation in interscholastic athletics on behalf of the School District. For the safety, welfare and best interests of the students of the School District, and to promote drug free lives both during and after high school, the School District has adopted a drug education and testing program for use by all student athletes participating in interscholastic athletics.

Participation in school sponsored extracurricular activities such as interscholastic athletics is a privilege. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship and training. Accordingly, student athletes carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs and performance-enhancing drugs.

The Board recognizes that all students have certain personal rights of privacy guaranteed by the Constitution of the United States of America and by the Constitution of the State of Oklahoma. This Policy will not infringe those rights.

This Policy is intended to supplement and complement the School District policy on Student Possession or Use of Alcohol or Illegal Drugs, originally adopted by the Board on January 22, 1996 and all other policies, rules and regulations of the School District regarding possession or use of illegal drugs.

The purpose of the Policy is to prevent drug use, to educate student athletes as to the serious physical, mental and emotional harm caused by drug use, to alert student athletes with

possible drug problems to the potential harms of drug use, to prevent injury, illness and harm as a result of drug use, and to maintain at the School District an athletic environment free of drug use and abuse. This Policy is not intended to be disciplinary or punitive in nature. The sanctions of this Policy relate solely to limiting the opportunity of any student athlete found to be in violation of the Policy to participate in interscholastic athletics. There will be no academic sanction for violation of this Policy.

Definitions

"Illegal drugs" means any substance which an individual may not sell, possess, use, distribute or purchase under either federal or Oklahoma law. "Illegal drugs" includes, but is not limited to, all scheduled drugs as defined by the Oklahoma Uniform Controlled Dangerous Substance Act, all prescription drugs obtained without authorization, and all prescribed drugs being used for an abusive purpose.

"Performance-enhancing drugs" includes anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed or other athletic ability. The term "performance-enhancing drugs" does not include dietary or nutritional supplements such as vitamins, minerals and proteins which can be lawfully purchased in over-the-counter transactions.

"Positive" when referring to a drug use test administered under this Policy means a toxicological test result which is considered to demonstrate the presence of an illegal drug or a performance-enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.

"Drug use test" means a scientifically substantiated method to test for the presence of illegal drugs or performance-enhancing drugs in a person's urine.

"Student athlete" means a member of any school athletic team, cheerleading team, tidgettes, or dance, who participates in interscholastic athletics or in school sponsored performances.

"Athletic team" means any school organization sponsored by the School District whose members participate in interscholastic athletics or in school sponsored performances.

"Reasonable suspicion" means a suspicion based on specific personal observations concerning the appearance, speech or behavior of a student athlete, and reasonable inferences drawn from those observations in the light of experience. Information provided by a reliable source, if based on personal knowledge, shall constitute reasonable suspicion. In the context of performance-enhancing drugs, reasonable suspicion specifically includes unusual increases in size, strength, weight or other athletic abilities.

Education

The head coach of each athletic team shall require the attendance of all prospective team

members at one or more drug education sessions prior to the first practice in such sport. Attendance at such drug education session shall be mandatory for any student desiring to participate in athletic competition. Parental attendance and participation is strongly encouraged at these sessions.

Each student athlete shall receive a copy of this Policy. The head coach shall be responsible for explaining the Policy to all prospective student athletes, and for preparing an educational presentation to acquaint the student athletes with the harmful consequences of drug use and abuse.

Each student athlete shall be provided a consent form, a copy of which is attached to this Policy, which shall be dated and signed by the student athlete and by a custodial parent or guardian before such student athlete shall be eligible to practice or participate in any interscholastic team sport. The consent shall be to provide a urine sample at any time requested to be tested for illegal drugs or performance-enhancing drugs. No student athlete shall be allowed to practice or participate in an athletic contest unless the student athlete has returned the properly signed consent form.

A positive result of any student athlete's drug use test will be reported to the athletic director. The athletic director will contact the school principal, the head coach, the Student Assistant Program Coordinator, the student athlete and the student athlete's parent or custodial guardian. The athletic director shall refer the student athlete who has tested positive and his/her parent or custodial guardian to the Student Assistance Program Coordinator.

Voluntary Random Testing

In addition to drug use testing as part of a student athlete's annual physical examination and reasonable suspicion drug use testing, the School District will also conduct a voluntary program of random drug use testing. Student athletes who elect to participate in the voluntary program of random drug use testing shall sign a form consenting to random drug use testing. If the student athlete is under the age of eighteen (18), the custodial parent or guardian of the student athlete must also sign the form consenting to allow the student athlete to participate in random drug use testing.

No student athlete shall be required to participate in the voluntary program of random drug use testing or to consent to random testing. No adverse consequences will attach to any student athlete who declines to participate in the voluntary program of random drug use testing.

Each student athlete who delivers a properly signed consent form to participate in random drug use testing shall be assigned an identifying number by the athletic director. Selection for random drug use testing shall be on the basis of the student's assigned number rather than by name. The athletic director shall be responsible for determining a selection method that generates random results. All student athletes who have consented to random drug use testing shall be included in the selection pool each time the School District conducts random drug use testing.

The athletic director shall determine an appropriate percentage of the total number of

student athletes who have consented to random drug use testing to be tested during each testing occasion. This percentage shall in no event exceed twenty percent (20%).

Random drug use testing shall be done at least once a month, although the athletic director shall have discretion to increase the frequency of such tests if he deems it necessary.

The testing procedures for random drug use testing will be the same as the procedures for annual physical examination testing and reasonable suspicion testing.

A student athlete who has voluntarily consented to random drug use testing may withdraw such consent by submitting a written revocation of consent, signed by the student athlete and, if the student athlete is under the age of eighteen (18), also signed by the student athlete's parent or guardian.

Procedures

All student athletes shall pay a fee of \$15.00 when returning their signed consent forms. The fee shall help defray the cost of the testing. A fee waiver may be granted by the athletic director if payment of the fee is shown to be a substantial hardship on the student athlete or his parents or guardian. All student athletes shall be required to provide a urine sample for drug use testing for illegal drugs as part of their annual physical examination. Student athletes who elect to have physical examinations done by their personal physicians must nonetheless comply with the Policy requirements set out below regarding drug use testing.

In addition to a drug use test as part of the annual physical examination of all student athletes, any student athlete may be required to submit to a drug use test for illegal drugs or performance-enhancing drugs or the metabolites thereof at any time upon reasonable suspicion by the athletic director, head coach or assistant coach of the student athlete.

Any drug use test required by the School District under the terms of this Policy will be administered by or at the direction of a professional laboratory chosen by the School District using scientifically validated toxicological methods. The professional laboratory shall be required to have detailed written specifications to assure chain of custody of the specimens, proper laboratory control and scientific testing.

All aspects of the drug use testing program, including the taking of specimens, will be conducted so as to safeguard the personal and privacy rights of student athletes to the maximum degree possible. The test specimen shall be obtained in a manner designed to minimize the intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other private facility behind a closed stall. The athletic director shall designate a coach or sponsor of the same sex as the student athlete to accompany the student athlete to a restroom or other private facility behind a closed stall. The monitor shall not observe the student athlete while the specimen is being produced, but the monitor shall be present outside the stall to listen for the normal sounds of urination in order to guard against tampered specimens and to insure an accurate chain of custody. The monitor shall verify the normal warmth and appearance of the specimen. If a student is determined to have tampered with the specimen, the monitor may stop

the procedure and inform the athletic director who will then determine if a new sample should be obtained. The monitor shall give each student athlete a form on which the student athlete may list any medications he has taken or any other legitimate reasons for having been in contact with illegal drugs or performance-enhancing drugs in the preceding thirty (30) days.

If the initial drug use test is positive for the presence of an illegal drug or the metabolites thereof, the initial test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure is positive for the presence of an illegal drug or the metabolites thereof. The gas chromatography/mass spectrometry technique shall be used for the initial and confirmation tests when testing for the presence of performance-enhancing drugs. The unused portion of a specimen that tested positive shall be preserved by the laboratory for a period of six (6) months.

If the drug use test for any student athlete has a positive result, the athletic director will report that fact to the school principal, student athlete, the head coach, the Student Assistance Program Coordinator, and the parent or custodial guardian of the student athlete and schedule a conference. At the conference, the athletic director will solicit any explanation of the positive result and ask for doctor prescriptions of any drugs that the student athlete was taking that might have affected the outcome of the drug use test. If the student athlete and his parent or custodial guardian desire another test of the remaining portion of the specimen, the athletic director will arrange for another test at the same laboratory or at another laboratory agreeable to the athletic director at the expense of the student athlete and his parent or custodial guardian.

If the student athlete asserts that the positive test results are caused by other than consumption of an illegal drug or performance-enhancing drug by the student athlete, then the student athlete will be given an opportunity to present evidence to the athletic director that the positive test result was produced by other than the consumption of an illegal drug or performance-enhancing drug. The School District will rely on the opinion of the laboratory which performed the test in determining whether the positive test result was produced by other than consumption of an illegal drug or performance-enhancing drug.

A student athlete who has been determined by the athletic director to be in violation of this Policy shall have the right to appeal the decision to the superintendent. Such appeal must be lodged within five (5) school days of notice of the original determination. The superintendent shall then determine whether the original finding was justified. There is no further appeal right from the superintendent's decision and his decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the superintendent which shall be final and nonappealable.

Before a student athlete who has tested positive in a drug use test may rejoin his team after a first or second offense, such student athlete will be required to undergo one or more additional drug use tests to determine whether the student athlete is no longer using illegal drugs or performance-enhancing drugs. The School District will rely on the opinion of the laboratory which performed or analyzed the additional drug use tests in determining whether a positive

result in the additional drug use tests was produced by a drug or drug metabolite of illegal drugs or performance-enhancing drugs used by the student athlete before the offense or by more recent use of illegal drugs or performance-enhancing drugs.

Violation

Any student athlete who tests positive in a drug use test under this Policy shall be subject to the following restrictions:

First Offense: Suspension from participation in all scheduled extra-curricular athletic competition or performance for fourteen (14) calendar days with a minimum of two (2) performances or competitions. Successful completion by the student athlete and parent or custodial guardian of the substance abuse education/counseling program provided by the school district through the Student Assistance Program Coordinator. At the conclusion of the fourteen (14) calendar day suspension, the student shall be required to submit to a drug use test for illegal drugs. The cost of the drug use test will be paid for by the parents or custodial guardians of the student who is suspended. A student athlete who retests positive in a drug use test shall have violated the policy and shall be subject to the subsequent restrictions for the next offense. A student who is suspended from participation in interscholastic athletics for a first offense will continue to participate in practice and all team meetings but shall not suit up or participate in games.

Second Offense: Complete suspension from participation in all interscholastic athletics including practice, regular meetings and activities for eighteen (18) continuous and successive school weeks from the date of final determination of the offense. Such suspension will extend into a succeeding school year if necessary to fulfill a suspension. The athletic director shall refer the student who is suspended from the participation in interscholastic athletics for a second offense and his/her parents or custodial guardian to the Student Assistance Program Coordinator for a mandatory conference. At the conclusion of the eighteen (18) continuous and successive school week suspension, the student shall be required to submit to a drug use test for illegal drugs. The cost of the drug use test will be paid for by the parents or custodial guardians of the student who is suspended. A student athlete who retests positive in a drug use test shall have violated the policy and shall be subject to the subsequent restrictions for the next offense.

Third Offense: Suspension from athletic participation for the school career.

Refusal to Submit to Drug Use Test: If a student athlete with no offenses or one offense refuses to submit to a drug use test authorized under this Policy, such student athlete shall not be eligible to participate in any interscholastic athletics, including practice, regular meetings and activities, for at least eighteen (18) continuous and successive school weeks. If a student athlete with two offenses refuses to submit to a drug use test authorized under this Policy, such student athlete will be suspended from athletic participation for the school career.

Self-Referral

A student who self-refers concerning a violation of this Policy will be allowed to remain

active in Interscholastic athletics, provided the student athlete successfully completes this program on substance abuse education/counseling provided by the School District through the Student Assistance Program Coordinator. In order to successfully complete this program, the student athlete must pass a drug use test at the conclusion of the substance abuse education/counseling program.

A student athlete who self-refers under this Policy will be considered to have committed his first offense under this Policy.

Self-referral may be used only once in a student's lifetime.

The term "self-referral" means the student athlete reports drug use before being observed or confronted, or being selected for a random test by an administrator, coach, or faculty member concerning the student athlete's drug usage or before the student athlete submits to a drug use test.

Source: Broken Arrow Board of Education Policy adoption, April 13, 1998.
Broken Arrow Board of Education policy reviewed April 6, 2009.
Broken Arrow Board of Education policy adoption, July 13, 2009.

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES

WHAT IS A CONCUSSION?

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been “dinged”

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

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

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or a health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

- Follow your coach’s rules for safety and the rules of the sport.
- Practice good sportsmanship
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards----IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

FOR MORE INFORMATION VISIT:

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

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

BROKEN ARROW STUDENT-ATHLETE

GUIDELINES FOR THE USE OF SOCIAL NETWORKING SITES

As a public institution of high school education, Broken Arrow Public Schools support and encourage its student-athletes' rights to freedom of speech, expression and association, including the use of social networks. Nevertheless, as representatives of the school, athletes are held to a higher standard and are role models. Playing and competing for Broken Arrow is a privilege, not a right. In this context, each student athlete has the responsibility to portray him or herself, the team, and Broken Arrow Public Schools in an appropriate manner, consistent with federal and State laws, team and program policies and regulations, and OSSAA rules and policies. Student athletes will be held responsible for their actions when using forms of electronic communication including but not limited to Xanga.com, YouTube.com, Friendster.com, Facebook.com, and other internet sites, as well as Twitter, blogs, chat rooms and other such electronic mediums. Ignorance of these regulations and policies does not excuse student-athletes from adhering to them.

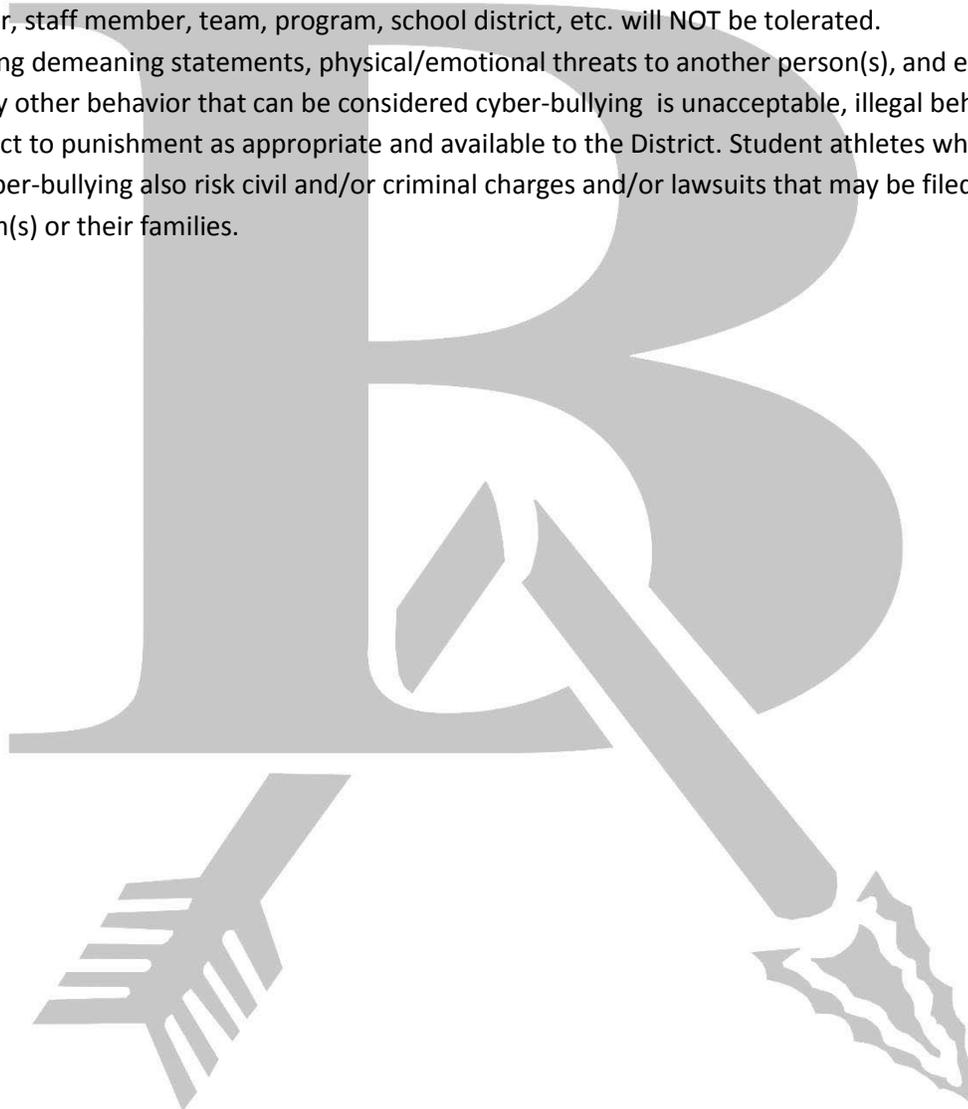
In addition, student-athletes must keep in mind that information which is posted can adversely impact personal safety, student status, and career advancement as the postings are easily accessible to reporters, potential employers, law enforcement officials, and college admissions. Student-athletes are expected to post only information and images that appropriately represent themselves, their families, the athletic program and the community of Broken Arrow.

Everything posted online is public information – any text or photo placed online is completely out of an individual's control the moment it is placed online – even if account restrictions and privacy settings are in place. Information (including pictures, videos, comments and posters) may be accessible even after you remove it.

These guidelines are presented as expectations for student-athletes to follow:

1. Student-athletes should not post any information, photos, comments, videos or other items online that would embarrass or reflect negatively on them, their family, team, school, Broken Arrow Department of Athletics, or Broken Arrow Public Schools.
2. For safety and privacy reasons, student-athletes should not post their home address, local address, phone number(s), date of birth, class schedule, team travel arrangements, team hotel and restaurants or other personal information including personal whereabouts at any given time or place. This will minimize the potential of being stalked, assaulted, or becoming the victim of other criminal activity.
3. What students post online may affect their future. Many employers and college admissions officers review social networking sites as part of their overall evaluation of an applicant. Student-athletes should carefully consider how they want to be perceived by those viewing the information posted online. This includes including pictures, video and audio clips, comments and posters.

4. Student-athletes should be mindful that Internet postings showing images or language reflecting sexual misconduct, underage drinking, violence, hazing, use of illegal drugs or controlled substances may affect their status as a member of the the Broken Arrow Athletics Program.
5. The Department of Athletics may monitor the internet sites for the sole purpose of determining whether student-athletes are in compliance. If it is determined that a student-athlete has violated these expectations, they may be asked to remove content from the website and are subject to the loss of athletic privileges and other sanctions as appropriate. Disciplinary action includes but is not limited to being benched or dismissed from a team.
6. Derogatory language or remarks about teammates or coaches from Broken Arrow Schools or any other school is unacceptable. Disrespectful comments and content aimed toward any player, staff member, team, program, school district, etc. will NOT be tolerated.
7. Making demeaning statements, physical/emotional threats to another person(s), and engaging in any other behavior that can be considered cyber-bullying is unacceptable, illegal behavior subject to punishment as appropriate and available to the District. Student athletes who engage in cyber-bullying also risk civil and/or criminal charges and/or lawsuits that may be filed by their victim(s) or their families.



PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

REVISED 5-1-06

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: _____ 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 on an additional sheet. Circle questions you don't know the answers to. Any Yes answer to questions 1, 2, 5, 7, 11, or 17 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, or nurse practitioner is required before any participation in any school practices, games or matches.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	12. 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)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below.		
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Has any family member been diagnosed with enlarged heart, hypertrophic cardiomyopathy, long QT syndrome, Marfan's syndrome, or abnormal heart rhythm)?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	15. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	16. Record the dates of your most recent immunizations (shots) for:		
7. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____ Measles _____		
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____ Chickenpox _____		
If yes, how many times? _____ When was the last concussion? _____			17. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>
How severe was each one? (Explain below) _____			Females Only		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	18. When was your first menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Have you ever had numbness or tingling in your arms, hands, legs, or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
9. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (questions five above), as identified on the form, should be restricted from further participation until the individual is examined by the individual's primary care physician. Ultimately, the individual may need to be evaluated by a cardiologist and/or undergo cardiac testing (including an echocardiogram and/or other heart-related examination) based on the assessment by the primary care physician.		
Do you cough, wheeze, or have trouble breathing during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>			

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.

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

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____
 Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP ____/____ (____/____, ____/____)
 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			

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.



TIGER SPORTS MEDICINE

ATHLETIC EMERGENCY INFORMATION & CONSENT FORM

The information below is needed for participation in scholastic athletic activities for Broken Arrow Schools. Please complete the form below with all the appropriate information. This information is important for the medical and coaching staff of Broken Arrow Schools in the event that immediate medical attention be needed for your son/daughter.

Student Athlete's Information

Student's Name: _____ School ID: _____

Date of Birth: _____ Social Security #: _____

School (2013 School Year): _____ Grade (Fall 2013): _____

Emergency Contact Information

Primary Contact Information

Parent/Guardian Name(s): _____

Address: _____
Street City State Zip

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Secondary Contact Information

Parent/Guardian Name(s): _____

Address: _____
Street City State Zip

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Additional Medical Information

Physician's Name: _____ Phone #: _____

Allergies: _____

Current Medications: _____

Pre-existing Medical Conditions: _____

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above mentioned student to participate in scholastic related activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, physicians, coaches, certified athletic trainer personnel can institute necessary medical use.

Signature of Parent/Guardian Date

Witness/Date



BROKEN ARROW ATHLETIC TRAINING

CONSENT FOR ADMINISTRATION OF "OVER-THE-COUNTER" MEDICATIONS

Student Athlete's Name: _____

Medication Allergies: _____

List Any Medications Your Child Receives Regularly: (Including any medicine used for asthma)

I give my permission for my child _____ to receive any medication I have indicated below as deemed necessary by the certified athletic trainer and/or team physician. I understand that generic equivalent medications may be used in place of more expensive brand-name items.

Please check medication(s) you wish to be made available to your child under medical staff discretion:

For headache/fever/muscle aches:

- Acetaminophen** (Tylenol), 1 or 2 – 500 mg tabs every 4-6 hours for headache or fever
- Ibuprofen** (Advil/Motrin) 1 or 2 – 500 mg tabs every 4-6 hours, not to exceed 6 tabs in 24 hours-for headaches, mild to moderate skeletal discomfort.

For mild cold symptoms:

- Cough Drop**, 1 or 2 for mild throat discomfort, mild cough.
- Cough Suppressant**, 2 tsp every 4-6 hours for cough

For mild stomach discomfort:

- Antacid**, 2 tabs (Tums or generic equivalent) for mild to moderate hyperacidity.

I DO NOT WANT ANY MEDICATIONS TO BE GIVEN TO MY CHILD AT SCHOOL/ATHLETIC ACTIVITIES.

I understand the above mentioned medications I have checked will be administered by the team physician or certified athletic trainer in accordance with established protocols endorsed by the team physician.

Signature of Parent/Guardian

Date

STUDENT ATHLETIC DRUG TESTING CONSENT FORM

We have received, read and understand the Broken Arrow School District Drug Testing Policy. We desire that the student named below participate in the program and in the interscholastic athletic program of the School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time.

We further agree and consent to the disclosure of the sampling, testing, and results as provided for in the program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

STUDENT

PARENT

Last Name _____

Last Name _____

First Name _____

First Name _____

Student ID # _____

Phone # _____

Phone # _____

School _____

Sport _____

Signature _____

Signature _____

CONSENT FORM FOR VOLUNTARY PARTICIPATION IN RANDOM DRUG USE TESTING

We desire that the student named below participate in the voluntary random drug testing program of the School District and we hereby voluntarily agree to be subject to its terms. We understand that participation in this program is purely voluntary and is not in any way a requirement for participation in athletics at the School District.

We accept the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time.

We further agree and consent to the disclosure of the sampling, testing and results as provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

We understand that this consent may be revoked by submitting a written revocation of consent signed by both the student and the student's parent or guardian, unless the student has reached the age of eighteen (18), in which case only the student need sign.

Player Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Concussion and Head Injury Acknowledgement

Broken Arrow Schools

(NAME OF SCHOOL)

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the **CONCUSSION FACT SHEET** provided to you by Broken Arrow Schools related to potential concussions
(NAME OF SCHOOL)

and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

Broken Arrow Schools athletics and I, _____
(NAME OF SCHOOL) (PLEASE PRINT PARENT/LEGAL GUARDIANS NAME)

as the parent/legal guardian, have read the information material provided to us by

Broken Arrow Schools related to concussions and head injuries occurring
(NAME OF SCHOOL)

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

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

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

BROKEN ARROW HIGH SCHOOL
Talent Release Form
Student/Parent Permission Form for
Release of Student Work and /or Information

Broken Arrow High School desires to help students display their talents in the public arena through publications, video, Art display, and other media and means. The intent of BAHS is to spotlight the students of our school in an appropriate and positive manner. The student and parent(s) are requested to provide BAHS permission to release the student's work, talent, and other information before such release is made. You will find below a description of the student's work, talent, or information that will be released with the permission provided by this form.

Name of Student _____ Home Phone _____

Name of Parent/Guardian _____

Address _____

Approximate date for Release of talent, Work, and/or information _____

The student's talent, work, and/or information will be released in the following manner:

I approve the release of talent, work, and/or information as described above.

Student Signature _____ Date _____

Parent Signature _____ Date _____

BROKEN ARROW STUDENT-ATHLETE GUIDELINES FOR THE
USE OF SOCIAL NETWORKING SITES

I have read, understood, and agree to abide by the regulations, standards, and guidelines described in the *Broken Arrow Student-Athlete Guidelines For The Use Of Social Networking Sites* document.

Student Signature _____ Date _____

Parent Signature _____ Date _____

OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

1. Will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation before September 1? (Rule 1)
2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
4. Are you currently failing any class? (Rule 3)
5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
7. Have you completed all 12th grade requirements for high school graduation? (Rule 6)
8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7th grade and the five school years that follow consecutively after that school year- Rule 7)
9. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
10. Do you live with someone now other than whom you lived with last school year? (Rule 8)
11. Do you live with someone other than your parents? (Rule 8)
12. Do you live with only one parent? (Rule 8)
13. Do you live outside this school district? (Rule 8)
14. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
15. Have you ever attended school outside the district where your parents reside? (Rule 8)
16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)
19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)
21. Have you participated in a foreign exchange program for more than 365 days? (Hardship Waiver Manual-X)
22. Were you suspended, expelled, or under discipline at the previous school attended, or were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Rule 4 and 8)

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student)

(Date)

(Coach)

(Date)

(Parent/Guardian)

(Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination and an annual parent consent form. (Rule 1)
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____) is eligible is not eligible

to participate at (school) _____ for the school year 20____ 20_____.

(School Administrator Name and Title)

(Date)



UNDERSTANDING THE RISKS FORM

I understand that sports can be inherently dangerous activities and that there are genuine and real serious risks to anyone who engages in these activities.

I knowingly assume responsibility for any and all such risks and any and all resulting injuries. And I do hereby voluntarily choose to participate in this event in spite of the risks.

Furthermore, I attest that I am physically fit and have sufficiently trained for this event. I do not have any medical record or history that could be aggravated by my participation in this activity.

My signature below indicates I have read this entire document, understood it completely and agree to be bound by its terms.

Printed Athlete's Name _____

Printed Parent/Guardian Name _____

Address _____ City _____ State ____ Zip _____

Home (____) _____ - _____ Work (____) _____ - _____ Cell (____) _____ - _____

Athlete's Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____