VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year MAY 1 of the current year through JUNE 30 of the succeeding year.

For school year_____

PART I- ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Male___
Female___

PRINT CLEARLY

Name _____ Student ID#_____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

→Student Signature:_____ **Date:**_____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.
Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?	☐	☐
2. Has a provider ever denied or restricted your participation in sports for any reason?	☐	☐
3. Do you have any ongoing medical conditions? If so, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other: _____	☐	☐
4. Are you currently taking any medications or supplements on a daily basis?	☐	☐
5. Do you have allergies to any medications?	☐	☐
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?	☐	☐
7. Have you ever spent the night in the hospital? If yes, why? _____	☐	☐
8. Have you ever had surgery?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOU	**YES**	**NO**
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?	☐	☐
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	☐	☐
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	☐	☐
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.	☐	☐
13. Has a doctor ever told you that you have any heart problems, including: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki Disease ☐ Other _____	☐	☐
14. Do you get light-headed or feel shorter of breath than your friends during exercise?	☐	☐
15. Have you ever had a seizure?	☐	☐
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**YES**	**NO**
16. Does anyone in your family have a heart problem?	☐	☐
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?	☐	☐
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	☐	☐
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	☐	☐
BONE AND JOINT QUESTIONS	**YES**	**NO**
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?	☐	☐
21. Do you currently have a bone, muscle or joint injury that bothers you?	☐	☐
MEDICAL QUESTIONS	**YES**	**NO**
22. Do you cough, wheeze or have difficulty breathing during or after exercise?	☐	☐
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	☐	☐

MEDICAL QUESTIONS CONTINUED	YES	NO
24. Have you had mononucleosis (mono) within the last month?	☐	☐
25. Are you missing a kidney, eye, testicle, spleen or other internal organ?	☐	☐
26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?	☐	☐
27. Have you ever become ill while exercising in the heat?	☐	☐
28. When exercising in the heat, do you have severe muscle cramps?	☐	☐
29. Do you have headaches with exercise?	☐	☐
30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?	☐	☐
31. Do you or does someone in your family have sickle cell trait or disease?	☐	☐
32. Have you had any other blood disorders?	☐	☐
33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?	☐	☐
34. Have you had or do you have any problems with your eyes or vision?	☐	☐
35. Do you wear glasses or contacts?	☐	☐
36. Do you wear protective eyewear like goggles or a face shield?	☐	☐
37. Do you worry about your weight?	☐	☐
38. Are you trying to or has anyone recommended that you gain or lose weight?	☐	☐
39. Do you limit or carefully control what you eat?	☐	☐
40. Have you ever had an eating disorder?	☐	☐
41. Are you on a special diet or do you avoid certain types of foods or food groups?		
42. Allergies to food or stinging insects?	☐	☐
43. Have you ever had a COVID-19 diagnosis? Date:	☐	☐
44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____		
FEMALES ONLY	**YES**	**NO**
45. Have you ever had a menstrual period?	☐	☐
46. Age when you had your first menstrual period: _____		
47. Number of periods in the last 12 months: _____		
48. When was your most recent menstrual period? _____		

EXPLAIN "YES" ANSWERS BELOW

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List medications and nutritional supplements you are currently taking here:

→ **Parent/Guardian Signature:** _____ **Date:** _____ → **Athlete's Signature:** _____

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after *May 1* of the preceding school year and is good through June 30 of the current school year)**

NAME_____ DATE OF BIRTH_____ SCHOOL_____

Height	Weight	☐ Male	☐ Female	
BP /	Resting pulse	Vision R 20/ L 20/	Corrected ☐ Yes	☐ No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: ☐ Inhaler ☐ Epinephrine ☐ Glucagon ☐ Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**

☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:**

_____

☐ **MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:**_____

Reason:_____

☐ **NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** _____

☐ **NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ **PRACTITIONER SIGNATURE:** _____ **(MD, DO, NP or PA)+ DATE**:** _____

EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:
Name of medical insurance company: _____

Policy number: _____ Name of policy holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

HIGH SCHOOL: _____ CITY: _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency:

_____

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

_____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? _____ LIST THE EMERGENCY MEDICATION: _____
IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____
DOES THE STUDENT WEAR CONTACT LENSES? _____ DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.
DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ **SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE:** _____

RELATIONSHIP TO STUDENT: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ **I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:** _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

Athlete's **Legal** Name: _____ Male Female DOB: _____ RACE:_____
Home Address:_____
City: _____ State: _____ Zip: _____
Home Phone: _____ SSN: _____ Sport: _____

INSURANCE INFORMATION

Does your insurance require a referral from your PCP (primary care physician) to see another Dr. or Specialist? YES NO
If yes list: Primary Care Physician: _____ Phone Number: _____

Policy Holder's Information (REQUIRED)	Secondary (if applicable)
Legal Name: _____ Home Address: _____ _____ Home Phone ( ) _____ Work Phone ( ) _____ Insurance Co. _____ Policy Holder's ID #: _____ Policy Group #: _____ Claims Phone #: _____ Mailing Address for Claims: _____ _____ Policy holder's relationship to athlete: _____ _____ Is your dependent son / daughter covered under this policy? Yes No **Policy Holder's DOB:** _____ What type of insurance do you have? (circle) Traditional HMO PPO POS Other Does your insurance cover prescriptions? YES NO	Name: _____ Home Address: _____ _____ Home Phone ( ) _____ Work Phone ( ) _____ Insurance Co. _____ Policy Holder's ID #: _____ Policy Group #: _____ Claims Phone #: _____ Mailing Address for Claims: _____ _____ Policy holder's relationship to athlete: _____ _____ Is your dependent son / daughter covered under this policy? Yes No **Policy Holder's DOB:** _____ What type of insurance do you have? (circle) Traditional HMO PPO POS Other Does your insurance cover prescriptions? YES NO

	Emergency Contact	**Secondary Emergency Contact Person(s)**
Name(s)		
Address		
City St ZIP		
E-mail(s)		
Work/Cell #s		
Relationship to Athlete		

***** Please provide copy of front and back of insurance card**

MAGGIE L. WALKER GOVERNOR'S SCHOOL

Student-Athlete Concussion Policy

The General Assembly amended the *Code of Virginia* requiring each school division to develop policies and procedures regarding identification and handling of suspected concussions in student-athletes in the Commonwealth of Virginia. One part of this requirement is annual review by student-athletes and parents, information on concussions provided by the school division. This information can be provided by handouts, parent meetings, workshops and other methods individual schools deem appropriate. Included below is basic information on concussions and a Statement of Acknowledgement. This form must be signed and returned to the student-athlete's school in order to participate in any extracurricular athletic activity.

What is a concussion? A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMTOMS REPORTED BY YOUR CHILD

Thinking/Remembering
- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional
- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*
- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

* Only ask about sleep symptoms if the injury occurred on a prior day

Information provided by U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC)

We acknowledge we have received and reviewed information provided by our school on the risk and recognition of concussions in student-athletes. We also understand review of current information on concussions shall take place annually in order to participate in Maggie Walker Governor's Schools athletic activities. To return to play after a concussion, a player must have a physician's note and pass the return to play criteria given by the Athletic trainer.

_____ _____

Printed Student's Name/Grade **Student's Signature/Date**

I acknowledge my responsibility to report to my coaches, parents/guardians any signs or symptoms of a concussion.

_____

Parent's/Guardian's Signature/Date

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 students die of SCA each year. It is the #1 cause of death for student athletes.

Warning Signs of SCA

Tell Your Coach, Athletic Trainer or School Nurse and Consult Your Doctor is These Conditions Are Present in Your Student Athlete

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
  (Fainting is the #1 sign of a potential heart condition)
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise
- Severe headache, Vague malaise, Cold Sweat, or Indigestion / Heartburn / Gastrointestinal symptoms

What should you do if you experience any of these symptoms?

Immediate removal from play. Any student-athlete who shows signs or symptoms of SCA must be removed from play. We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician.

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements.

What should you do if your student athlete has any risk factors for SCA?

If the athlete has any of the SCA risk factors based on family history, these should also be discussed with a doctor to deter mine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer, and sch ool nurse about any diagnosed conditions.

When should a student athlete be removed from play and when can they return?

Any student athlete who shows signs or symptoms of SCA before, during or after activity must be removed from play/practice. Play includes all athletic activity. Before returning to play, the athlete must be evaluated by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). Clearance for the student athlete to return to play must be provided in writing.

What can you do to protect young hearts?

1. Talk with your student athlete about potential warning signs noted above and check your family tree for the above risk factors. Discuss any warningsigns and risk factors with your primary care physician immediately.
2. Know the Cardiac Chain of Survival.
3. Help make AEDs available at your school or sports team

Cardiac Chain of Survival

1. Recognition of Sudden Cardiac Arrest Collapsed and unresponsive. They are not breathing, even if you hear gasping, gurgling, snorting, moaning or labored breathing noises, or see seizure-like activity. Do notlose precious minutes trying to "wake them up" – act immediately!

2. Call 9-1-1

3. Begin CPR
Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves hard and fast and continual two-inch chest compressions in the center of the chest—about 100 per minute. CPR can be a bridge to life until the AED arrives.

4. Retrieve an AED
Know the location of the school's automated external defibrillator (AED) and use it as soon as possible. Mobile AED units have step-by-step instructions for a bystander to use in an emergency – you do not need to be a medical professional to use an AED.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete	Student-Athlete's Name (Print)	Date
Signature of Parent/Guardian	Parent/Guardian's Name (Print)	Date

Student-Athlete Heat Related Policy Maggie Walker Governor's School

The General Assembly amended the *Code of Virginia* requiring each school division to develop policies and procedures regarding identification and handling of suspected heat related illness in student-athletes in the Commonwealth of Virginia. One part of this requirement is annual review by student-athletes and parents of information on heat related illness provided by the school division. This information can be provided by handouts, parent meetings, workshops or other methods individual schools deem appropriate. Included below is basic information on heat related illness and a Statement of Acknowledgement. If more information is requested by parent and/or student-athletes, that will need to be communicated to individual schools' Athletic Trainers and/or Director of Student Activities. This form must be signed and returned to the student-athlete's school in order to participate in any extracurricular athletic activity.

Heat-Related Illness is a general term describing a number of medical conditions associated with dehydration, poor acclimatization, and exposure to or prolonged exercise in hot and humid environments.

Signs and Symptoms

Student-athletes displaying the following signs and symptoms may be experiencing heat stroke and heat exhaustion, the two most concerning forms of heat-related illness, and should be removed from play immediately. Heat Stroke is deadly if not treated immediately and oral temperatures are inaccurate due to a number of reasons (the body vasoconstricts blood flow and redirects it to the core, subjects often drink cool water). In anyone where heat stroke is a concern, rectal temperature will be taken by the athletic trainer as this is part of gold standard for accurate diagnosis, and treatment, with immediate cooling being the determining factor in survival. Anyone with a rectal temperature over 104 (hyperthermia) will be cooled immediately by an approved method and performed by the athletic trainer:

- Irrational behavior, irritability, or emotional instability
- Altered consciousness
- Excessive fatigue
- Disorientation
- Dizziness
- Headache
- Confusion
- Nausea or vomiting
- Diarrhea
- Collapse
- Staggering or Sluggish feeling

We acknowledge we have received and reviewed information provided by our school on the risk and recognition of heat-related illness in student-athletes. We also understand reviewing current information on heat-related illness shall take place annually in order to participate in Maggie Walker athletic activities.

Printed Student's Name	Student's Signature/Date
Printed Parent's/Guardian's Name	Parent's/Guardian's Signature/Date