

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

## ATHLETIC PARTICIPATION/PARENTAL CONSENT/EVALUATION FORM

Pages 1-3 MUST be submitted to the school to be eligible for VHSL sports.  
This form expires 14 months from the date of the practitioner's signature on page 3.

For school year \_\_\_\_\_

**PART I- ATHLETIC PARTICIPATION**

(To be filled in and signed by the student and parent/guardian)

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/Evaluation Form, completely filled in and properly signed attesting that you have been examined, found to be physically fit for athletic competition no more than 14 calendar months prior to the date on which report was signed 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 in regard to 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: \_\_\_\_\_

→Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**

**PART II- 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](http://www.coverva.org) or calling 855-242-8282.

**PART III- EMERGENCY PERMISSION FORM\***

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

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list and 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 CURRENT 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.

The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

☐ Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots

☐ Three shots ☐ Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)

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

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

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		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 issues or recent illness?			
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?			
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			
7. Has a doctor ever told you that you have any heart problems?			
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)		Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?				
10. Have you ever had a seizure?				
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?				
12. 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)?				
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				





This form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

# 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	SYMPTOMS REPORTED BY YOUR CHILD	
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	Thinking/Remembering Difficulty thinking clearly Difficulty concentrating or remembering Feeling more slowed down Feeling sluggish, hazy, foggy, or groggy	Emotional Irritable Sad More emotional than usual Nervous
	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"	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 if 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 determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer, and school 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.

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Printed Student's Name

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Student's Signature/Date

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Printed Parent's/Guardian's Name

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Parent's/Guardian's Signature/Date