

Parent/Guardian Consent

Athlete's Parent Consent Form, Page 1

Part A: Parent/Guardian Permission to Participate

I hereby give my permission for the above named student to engage in C.I.A.C or East Catholic High School approved interscholastic athletic activities, intramurals or physical education classes. I also give consent for the above named student to accompany the team or group on any trips or competitions. I understand that in the event of injury, reasonable action will be taken by the school or its representative or coach to secure appropriate medical care, as indicated in Part C below. In such event, my insurance coverage will be the primary insurance for such provided care. I understand that there is a supplemental policy provided by the school through an independent organization.

Part B: Parent/Guardian and Student Rule Awareness Verification

I have read and understand the rules, regulations, policies, and responsibilities as stated in the East Catholic student handbook, and in the C.I.A.C. Rules and Regulations, and the penalties for violation of either. I understand and accept these rules, regulations, policies, and accompanying penalties as a condition for participation.

Part C: Parent/Guardian Medical Consent

I hereby give my consent, in the event of injury or illness, for emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, certified athletic trainer, and/or hospital or urgent care center during all periods of time in which the student is away from his/her legal residence as a member of a team or group activity. Further, I hereby waive, on behalf of myself and the above named student, any liability of East Catholic High School, the Office of Catholic Schools, the Archdiocese of Hartford, its agents, or employees, arising out of such medical treatment.

Part D: Parent/Guardian

I understand and acknowledge that organized high school athletics, intramurals and physical education classes involve the potential for injury which is inherent in all sports or similar activities. I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules and regulations, injuries are still a common possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.



Instructions

Please answer "Yes" or "No" indicating the most appropriate response to the following Medical History questions. Note: all information noted below will be shared in a confidential manner with the school's trainer and applicable team coach.

Max. 50 characters

*Is your child allergic to any general medications? (ex: aspirin, penicilin, etc.):	<input type="text"/>
*Is your child allergic to bee stings or does he/she otherwise carry an EpiPen?	<input type="text"/>
*Is your child allergic to any foods? (ex: peanut butter):	<input type="text"/>
*Has your child ever suffered an epileptic seizure?	<input type="text"/>
*Has your child ever been diagnosed with any form of heart disease?	<input type="text"/>
*Does your child have asthma?	<input type="text"/>
*Has your child suffered a concussion during the past 4 years?	<input type="text"/>
*Has your child ever suffered an injury to their neck involving nerves, vertebrae or discs that incapacitated him/her for a week or longer?	<input type="text"/>
*Has your child ever fractured a bone, or suffered a shoulder/hip separation during the past 4 years?	<input type="text"/>
*Has your child been hospitalized for any injury or operated on in the past 4 years?	<input type="text"/>
*Does your child have any other chronic conditions not noted above?	<input type="text"/>
*Parent/guardian signature:	<input type="text"/>
*Date of parent/guardian signature:	<input type="text"/>

Concussion Consent

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- " Confusion/disorientation/irritability
- " Trouble resting/getting comfortable
- " Lack of concentration
- " Slow response/drowsiness
- " Incoherent/ slurred speech
- " Slow/clumsy movements
- " Loses consciousness
- " Amnesia/memory problems
- " Acts silly/combatative/aggressive
- " Repeatedly ask same questions
- " Dazed appearance
- " Restless/irritable
- " Constant attempts to return to play
- " Constant motion
- " Disproportionate/inappropriate reactions
- " Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- " Headache or dizziness
- " Nausea or vomiting
- " Blurred or double vision
- " Oversensitivity to sound/light/touch
- " Ringing in ears
- " Feeling foggy or groggy

State law requires that a coach MUST immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred.

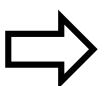
Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual's concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

- 1.No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity*.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.



Medical clearance RTP protocol (Recommended one full day between steps)

Rehabilitation stage:

1. No activity

Functional exercise - Complete physical and cognitive rest until asymptomatic. School may need to be modified.

Objective - Recovery

2. Light aerobic exercise

Functional exercise - Walking, swimming or stationary cycling maintaining intensity , <70% of maximal exertion; no resistance training

Objective - Increase heart rate

3. Sport specific exercise without contact

Functional exercise - Skating drills in hockey, running drills in soccer; no head impact activities

Objective - Add movement

4. Non-contact sport drills

Functional exercise - progression to more complex training drills, i.e. passing drills in football and ice hockey; may start progressive resistance training

Objective - Exercise, coordination and cognitive load

5. Full contact sport drills

Functional exercise - Following final medical clearance, participate in normal training activities

Objective - Restore confidence and assess functional skills by coaching staff

6. Full activity

Functional exercise - No restrictions

Objective - Return to full athletic participation

*If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to her/his medical provider.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

***** There are No local or regional board of education concussion policies *****

Disclosure

We have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

I authorize my child to participate in East Catholic Athletics for the 2018-2019 school year.

Max. 50 characters

*Student signature:	<input type="text"/>
*Date of student signature:	<input type="text"/>
*Parent/guardian signature:	<input type="text"/>
*Date of parent/guardian signature:	<input type="text"/>

Sudden Cardiac Arrest Consent

Sudden Cardiac Arrest Awareness Consent Form, Page 1

NOTE: This document was developed to provide student-athletes and parents/guardians with current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by the student-athlete's associated school district annually to comply with Connecticut General Statutes Chapter 163, Section 10-149f: SUDDEN CARDIAC ARREST AWARENESS EDUCATION PROGRAM.

Part I - SUDDEN CARDIAC ARREST - 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 doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. 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 heart to suddenly stop beating.

PART II - 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. It is a leading cause of death for student athletes.

According to an April 2014 study for PubMed the incidence was

- " 0.63 per 100,000 in all students (6 in one million)
- " 1.14 per 100,000 athletes (10 in one million)
- " 0.31 per student non-athletes (3 in one million)
- " The relative risk of SCA in student athletes vs non-athletes was 0.65
- " There is a significantly higher risk of SCA for boys than girls

Leading causes of sudden death among high school and college athletes, according to the National Collegiate Athletic Association (NCAA) (on CBS News, June 28, 2012)* are heat stroke, heart disease and traits associated with sickle cell anemia. Prevention of sudden death, the same study concludes, is associated with more advanced cardiac screening with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices. SCA can be prevented if the underlying causes can be diagnosed and treated.

PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as: fainting or seizures during exercise; unexplained shortness of breath; dizziness; extreme fatigue; chest pains; or racing heart. These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion.

Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR) - or even just compressions to the chest - can improve the chances of survival until emergency personnel arrive. <http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/home/ovc-20164858>

WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS?

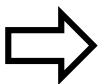
There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

REMOVAL FROM PLAY

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care professional trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

RETURN TO PLAY

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider.



To summarize:

- " SCA is, by definition, sudden and unexpected.
- " SCA can happen in individuals who appear healthy and have no known heart disease.
- " Most people who have SCA die from it, usually within minutes.
- " Rapid treatment of SCA with a defibrillator can be lifesaving.
- " Training in recognition of signs of cardiac arrest and SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone who has had an SCA.
(National Heart, Lung, and Blood Institute)

We have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

I authorize my child to participate in East Catholic Athletics for the 2017-2018 school year.

Max. 50 characters

*Student Signature:	<input type="text"/>
*Date of student signature:	<input type="text"/>
*Parent/Guardian signature:	<input type="text"/>
*Date of parent/guardian signature:	<input type="text"/>