Student Name _____ **Grade** _____ **Sport** _____

*All forms **MUST** be completed by a parent or guardian in ink.*
*You **must explain** if you answer **YES** to any questions or the forms will be returned.*

(Total of 4 pages, Rev 08/2024)

Question	Yes/No
Has your child ever tested positive for COVID-19? When? (cardiology clearance needed for illness within 30 days)	
Were they hospitalized? Diagnosed with MISC?	
Within the past 12 months - has the student had any problems requiring medical attention? ☐ illness lasting more than 5 days? ☐ Disease ☐ Injury ☐ Surgery ☐ Hospitalization ☐ Mono ☐ Orthopedic problem / Fractures ☐ Head injury / CONCUSSION	
✱ **IN THE PAST 12 MONTHS:** ✱ ● Has a healthcare provider restricted his/her participation in sports for any reason? **If yes**, please provide dates and explain _____ _____ ● Does he/she require a sports brace, orthotic or other device? _____ ● Has he/she had any broken bones or torn ligaments? If so, what? When? Did it require surgery? _____ ● Has he/she gone to physical therapy for any reason? If so, what?	
Any allergies? ☐ Medication ☐ Food ☐ Insect bites ☐ Pollen/Seasonal ☐ Latex ☐ Other **If yes, please explain and list allergies:**	
Has the doctor ordered an epinephrine auto-injector? If yes, please confirm a care plan is on file with the nurse's office.	
Does he/she have Asthma? Exercise induced Asthma?	
Does he/she use or carry an Inhaler/Nebulizer? If yes, please confirm a care plan is on file with the nurse's office.	
Does he/she have Diabetes?	
Does he/she have an Insulin Pump, glucose sensor?	
Has he/she complained of lightheadedness, dizziness,chest pain/tightness or pressure during or after exercise? Has he/she complained of fluttering in the chest, skipped heartbeats or heart racing?	
Does your child have a cardiac issue? Do they see a cardiologist? Has any family member died suddenly before the age of 50 from unknown or heart related causes? If yes, who? Cause of Death?	

Student Name _____ **Grade** _____ **Sport** _____

Question (continued)	Yes/No
Has he/she **EVER** been diagnosed by a healthcare provider with a **Concussion**? **If yes**, date Concussion occurred? Date cleared? # of Concussions?	
Does he/she have seizure disorder? If so, date of last seizure?	
Does he/she wear contacts?	
Does he/she have Vision in one eye only?	
Does he/she require any protective equipment, eyewear (goggles or face shield)?	
Currently have any rashes, pressure sores or other skin problems?	
Ever had herpes or MRSA skin infection?	
Does he/she have a bleeding disorder?	
Does he/she have any medical conditions not listed? **If YES**, please provide details:	
Does he/she take daily medications? **If YES**, list below & include which are prescribed by a medical Professional**: Prescribed medication -** **Over the counter medication -**	
Does he/she take supplements (protein powders, etc.)?	
Does he/she have a removable dental piece?	
Does he/she have **only 1** functioning kidney?	
Males only: Does he have only one testicle?	

My child has my permission to participate in sports, including travel to and from athletic events. My child is in good health and I know of no medical reason why my child should not participate. I will not hold the school district liable for the replacement of lost or damaged eyeglasses or contact lenses, medicine, or other medication devices or equipment(ie. orthotics, inhaler/nebulizer). I understand that for the health and safety of my child, pertinent medical information will be included on the sports clearance form, unless I contact you directly. **Please be aware that this information is covered under FERPA.**

PARENT SIGNATURE_____ DATE_____

Under the penalties of perjury, by submitting this registration form, I represent and warrant that I am: (i) the parent or legal guardian listed above; ii) at least 18 years of old and (iii) fully able and competent to enter into this agreement; and (iv) warrant that the information is accurate.

Student Name _____ **Grade** _____ **Sport** _____

SPORTS CLEARANCE CONCUSSION INFORMATION and CONSENT

Please read carefully the following information on concussion: Concussion, aka “brain bruise” is sustained not only from a blow to the head but also from a sudden jolt of the head. Even “minor” trauma can cause the brain to concuss. Concussions cannot be identified by CT scan or MRI. Diagnosis is made by evaluating the effect (signs & symptoms caused by the injury) on normal brain function. Symptoms may take days to appear and may increase or decrease based on recent mental or physical activity. The following is a list of what your child may exhibit after a concussion; complain of from a concussion:

- Appears dazed or stunned Headache or feeling/pressure in head
- Unusual forgetfulness Visual disturbance e.g. double or blurry vision
- Talks slowly or distractedly Feels “sluggish, hazy, groggy or foggy”
- Mood, behavior or personality changes Sensitivity to noise
- Sleep alteration; wakefulness or sleepiness
- Is confused about instructions Nausea or vomiting
- Clumsy movements Balance problems or dizziness
- Loss of consciousness (even momentary) Concentration or memory problems/confusion
- Lack of recall of events surrounding incident Feeling “sad” or “depressed”, “out of it”

Following a concussion diagnosis, a student cannot return to sport/PE until he/she has not had any of the above signs or symptoms for a minimum of 24 hours. At that time a physician with experience in concussion management must state in writing that the student is now asymptomatic and may resume activities. Upon receipt of that note by the school nurse, a formalized program to monitor the student's gradual return to full participation will be given to the coach or PE teacher. Any return of symptoms, no matter how minor, during this process must be reported to that person or the school nurse as the program will need to be adjusted.

The Parent/Guardian and the student-athlete understand that participation in any athletic activity involves rigorous physical activity and risks of physical injury. The Parent/Guardian and student-athlete understands that the risks in participating in any athletic activity may include, but are not limited to, injury to bones, joints, ligaments, muscles, tendons, neck, spine, brain and possible death. Although protective equipment may be used, safety rules employed, coaching instructions provided, emergency medical care provided, and other efforts taken, there is no guarantee that the student-athlete will not be injured. The Parent/Guardian does hereby covenant and agree to release and hold harmless the Scarsdale School District, Superintendent of Schools, individually and in his office capacity, the Board of Education of the Scarsdale School District and its members, or any of the Scarsdale School Districts employees, agents or independent contractors from and against any and all liability, loss, damages, claims, or actions for bodily injury and /or property damage, to the extent permissible by law, arising out of participating in the activity noted.

Please date & sign at the bottom of this page that you understand the above information and have informed your child that the coach and/or school chaperone must be informed as soon as a head injury or any of the above symptoms occur. You also agree to notify the school nurse without delay should your child be diagnosed with a concussion (or any other head trauma) or have, if any of the above-mentioned symptoms. This also applies to all head injuries, not just those sustained during school activities. I declare that I have read and understand the information above and agree to comply with the requirements in the preceding paragraph.

Name (Please Print or Type)	**Signature**	**Date**

Student Name _____ **Grade** _____ **Sport** _____

CARDIAC ARREST PREVENTION ACT

The Dominic Murray Sudden Cardiac Arrest Prevention Act is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.[1]

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). All public schools must have a staff member trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

The signs or symptoms are:

- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

Student's Personal Risk Factors are:

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs
- Elevated blood pressure or cholesterol
- History of health care provider ordered test(s) for heart related issues

Student's Family History Risk Factors are:

- Family history of known heart abnormalities or sudden death before 50 years of age
- Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents . before 50 years of age
- Structural heart abnormality, repaired or unrepaired
- Any relative diagnosed with the following conditions**:**

  Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy /Arrhythmogenic Right Ventricular Cardiomyopathy/ Heart rhythm problems, long or short QT interval/ Brugada Syndrome/ Catecholaminergic Ventricular Tachycardia/ Marfan Syndrome/ aortic rupture/ Heart attack at 50 years or younger /Pacemaker or implanted cardiac defibrillator

Name (Please Print or Type)	Signature	Date