



# WARRIOR BAND

## Handbook Signature Form

---

NOTE: Please refer to the Warrior Band Handbook on the <http://www.memorial.band/> website. After doing so, please sign the following statement.

I have read, understand, and acknowledge the rules and policies governing my participation in the Memorial High School Bands. Realizing that my best performance and contribution to my school and our band will result from my adherence to those rules and guidelines, I accept the responsibilities associated with membership in the Memorial High School Band.

---

Student Name (printed):

---

Student Signature:

---

Date:

I have read, understand, and acknowledge the rules and policies governing my son/ daughter's participation in the Memorial High School Band.

---

Parent/ guardian signature:

---

Date:



FRISCO INDEPENDENT SCHOOL DISTRICT

# Parental Permission for Educational Trips

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

\_\_\_\_\_  
(Address) (City) (State) (Zip)

I hereby grant permission for the above-named student of the Frisco Independent School District of Frisco, Texas to attend a field trip to MHS Band Events as listed on the band calendar at memorialband/calendar on (date) 7/25-5/21 with the Memorial High School Warrior Band (sponsoring group). I understand that Frisco ISD, its trustees, officers, and employees have immunity under Texas law, are not liable for any accident or injuries that may occur to the above named student as a result of his/her participation this field trip, except as may be specifically provided by state law. I understand that my student will be required to comply with all School District standards of conduct and rules for behavior while on the trip, and that failure to do so will result in disciplinary action and/or exclusion from participation in the activity.

I further hereby authorize a representative of the School District to consent to medical treatment of the above-name student in the event of an emergency on the trip.

I, the undersigned, have read this permission form and consent to medical treatment and understand all its terms. I execute it voluntarily and with full knowledge of its significance.  
Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

Parent/Guardian Home Phone \_\_\_\_\_

Parent/Guardian Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Phone \_\_\_\_\_

# Media Release Form & Digital Resource Permission

## General Media Release Form: May 2024 - May 2025

### Student Agreement:

- 1) I, the undersigned, hereby authorize the Memorial High School Band, including its director(s) and instructors, it's booster volunteers and general media or organizational affiliates to photograph me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
- 2) I authorize the use of any such photographic or electronic reproductions of me for purposes including, but not limited to, educational and other promotional public media as may be deemed appropriate by the Memorial High School Band, its director(s), and its affiliates (I understand that I may be identifiable from such photographic or electronic reproduction).

### Parental Agreement:

I certify that I am the parent or guardian of the individual named below, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release

## Warrior Band Digital Resource Parental Permission: May 2024 - May 2025

In addition to the FISD district-supported instructional tools, the Warrior Band program uses the additional following digital resources for information management as follows:

Resource	Purpose	Link
CutTime – Required	Membership Data management, email communications from directors and booster entities, uniform/equipment/student locker records, financial records and payment information, other program resources, etc <b><i>CutTime is a district-supported data management tool utilized by all secondary music programs in FISD. Band families are expected to keep CutTime up to date with relevant contact information and to access for critical band related information</i></b>	<a href="http://app.gocuttime.com">app.gocuttime.com</a>
Remind - Optional	Remind is used as an optional mobile device platform supporting brief, pertinent communications sent to all parents and students who opt into the various notification groups <b>Note: Remind is utilized with consistency and considerable frequency inclusive of important real-time updates by program directors.</b>	<a href="http://www.remind.com">www.remind.com</a> Also available a mobile app.
Website/Social Media	Smugmug, Twitter, Instagram, and Facebook are used solely as an optional social media sharing mechanism of program related images and messages promoting the activities and endeavors of the Warrior Band program and its fantastic student membership	

NOTE: At present, both Remind and Twitter include Terms of Service that require parents to consent to use by students age 18 and under.

**PARENTAL CONSENT:** As the parent(s)/guardians of this student band member, I/we understand that the band program utilizes the digital tools listed above. **CutTime** participation and utilization is an expectation for band families, and both Remind and **social media** are optional tools for which the student would obtain permission prior to opting into these platforms

### Agreed and accepted by:

Consent:	Printed Name:	Signature	Date
Student Consent			
Parent Consent			



24-25 MEMORIAL HIGH SCHOOL BAND

PRINT Student NAME:

FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

TEMPORARY MEDICAL GUARDIANSHIP

I (we) the undersigned, \_\_\_\_\_, are the natural parents or legal guardians of \_\_\_\_\_. During our absence he/she has been placed in the temporary care of MEMORIAL HIGH SCHOOL BAND, who is/are empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident or illness involving our child or children. It is my (our) intention that this statement serve(s) as authorization for such medical care to be administered during the following period of time: **21 May 2024** through the Ending Date **21 May 2025**.

In the event that further medical consultation is required, the **physician** who has most recently examined the child/children is: Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Child DOB: \_\_\_\_\_

**PARENT(S)/ LEGAL GUARDIAN NAMES:** \_\_\_\_\_

**Parent Contact Numbers:** Primary Home \_\_\_\_\_ Mother cell \_\_\_\_\_  
Mother work \_\_\_\_\_ Father cell \_\_\_\_\_ Father work \_\_\_\_\_  
Other (list) \_\_\_\_\_

**Emergency Contact Numbers:** *The following individuals are also authorized to give consent for treatment of this student if the parent/legal guardian cannot be reached in the case of an emergency:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Known Allergies:** Drugs \_\_\_\_\_ Foods \_\_\_\_\_ Last Tetanus \_\_\_\_\_

**PRINT all medical conditions, history of surgeries, and serious injuries:** \_\_\_\_\_

**PRINT Names and Doses of all regular medications:** \_\_\_\_\_

**Insurance information:** Company \_\_\_\_\_ Policy # \_\_\_\_\_

**PRIVACY STATEMENT**

For your information, please be advised that the health-related information on this form will be utilized/accessed in the case of a health-related incident or emergency by Memorial Band directors or cleared parent volunteers serving as lead chaperones or medical volunteers during the incident or emergency.

*This signed form may serve the purpose of providing parental permission for the following over-the-counter medications: \*PLEASE NOTE that the student is required to provide these medications. The following allows for the student to carry and take the medications listed without an additional note from the parent. My child has permission to take the following over-the-counter medications in recommended dosages (as noted by manufacturers) unless otherwise indicated below (check all that apply):*

Acetaminophen (Tylenol)  Yes  No Ibuprofen (Motrin, Advil)  Yes  No Digestive Relief (Tums, Pepto Bismol)  Yes  No

*I have read and understand the above information.*

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENT/STUDENT UIL MARCHING BAND  
ACKNOWLEDGEMENT FORM**

*Updated 2018*

No student may be required to attend a marching band related practice for more than eight hours outside the academic school day per calendar week (Sunday through Saturday). This provision applies to students in all components of the marching band. **Exception:** For schools that begin instruction prior to the fourth Monday in August the limit of eight hours of rehearsal outside of the academic school day per calendar week shall begin on the Tuesday immediately following Labor Day. Schools under this exception shall be limited to eight hours of rehearsal outside of the academic day per school week (12:01 AM on the first day of school of the calendar week through the end of the school day on the last day of instruction of the school week) until the Tuesday immediately following Labor Day.

On performance days (football games, competitions and other public performances) bands may hold up to one additional hour of warm-up and practice beyond the scheduled warm-up time. Multiple performances on the same day do not allow for additional practice and/or warm-up time.

Examples of Activities Subject to the UIL Marching Band Eight Hour Rule.

- Marching Band Rehearsal (Both Full Band and Components)
- Any Marching Band Group Instructional Activity
- Breaks
- Announcements
- Debriefing and Viewing Marching Band Videos
- Passing Off Marching Band Music
- Marching Band Sectionals (Both Director and Student Led)
- Clinics for The Marching Band or Any of its Components

The Following Activities Are Not Included in the Eight Hour Time Allotment:

- Travel Time to and From Rehearsals and/or Performances
- Rehearsal Set-Up Time
- Pep Rallies, Parades and Other Public Performances
- Instruction and Practice For Music Activities Other Than Marching Band And Its Components

NOTE: More information about Marching Band practice limitations can be found at:

[www.uiltexas.org/music/marching-band](http://www.uiltexas.org/music/marching-band)

“We have read and understand the Eight-Hour Rule for Marching Band as stated above and agree to abide by these regulations.”

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be kept on file by the local school district.

**PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY**

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) \_\_\_\_\_ 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 in the box below\*\*. Circle questions you don't know the answers to.

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician? Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had high blood pressure or high cholesterol?	<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 told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Has any family member or relative died of heart problems or of sudden unexplained death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Females Only</i> I choose not to provide written information on Question 19 but will discuss with a medical professional: 19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i> I choose not to provide written information on Question 20 but will discuss with a medical professional: 20. Are you missing a testicle? _____ Do you have any testicular swelling or masses? _____		
7. 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"/>	An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>	EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):		
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

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 participation, 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. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL**

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

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

**For School Use Only:**

This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)  
brachial blood pressure while sitting

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 participation and again prior to first and third years of high school 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*
<b>MEDICAL</b>			
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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

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 performance/games/matches.



# SUDDEN CARDIAC ARREST (SCA) AWARENESS FORM

## The Basic Facts on Sudden Cardiac Arrest

### Website Resources:

American Heart Association:

[www.heart.org](http://www.heart.org)

**Lead Author:** Arnold Fenrich, MD  
and Benjamin Levine, MD

**Additional Reviewers:** UIL Medical  
Advisory Committee

**Revised 2016**

### What is Sudden Cardiac Arrest?

- Occurs suddenly and often without warning.
- An electrical malfunction (short-circuit) causes the bottom chambers of the heart (ventricles) to beat dangerously fast (ventricular tachycardia or fibrillation) and disrupts the pumping ability of the heart.
- The heart cannot pump blood to the brain, lungs and other organs of the body.
- The person loses consciousness (passes out) and has no pulse.
- Death occurs within minutes if not treated immediately.

### What causes Sudden Cardiac Arrest?

**Inherited** (passed on from family) conditions present at birth of the heart muscle:

**Hypertrophic Cardiomyopathy** – hypertrophy (thickening) of the left ventricle; the most common cause of sudden cardiac arrest in athletes in the U.S.

**Arrhythmogenic Right Ventricular Cardiomyopathy** – replacement of part of the right ventricle by fat and scar; the most common cause of sudden cardiac arrest in Italy.

**Marfan Syndrome** – a disorder of the structure of blood vessels that makes them prone to rupture; often associated with very long arms and unusually flexible joints.

**Inherited conditions present at birth of the electrical system:**

**Long QT Syndrome** – abnormality in the ion channels (electrical system) of the heart.

**Catecholaminergic Polymorphic Ventricular Tachycardia and Brugada Syndrome** – other types of electrical abnormalities that are rare but run in families.

**Noninherited** (not passed on from the family, but still present at birth) conditions:

**Coronary Artery Abnormalities** – abnormality of the blood vessels that supply blood to the heart muscle. This is the second most common cause of sudden cardiac arrest in athletes in the U.S.

**Aortic valve abnormalities** – failure of the aortic valve (the valve between the heart and the aorta) to develop properly; usually causes a loud heart murmur.

**Non-compact Cardiomyopathy** – a condition where the heart muscle does not develop normally.

**Wolff-Parkinson-White Syndrome** – an extra conducting fiber is present in the heart's electrical system and can increase the risk of arrhythmias.

**Conditions not present at birth but acquired later in life:**

**Commotio Cordis** – concussion of the heart that can occur from being hit in the chest by a ball, puck, or fist.

**Myocarditis** – infection or inflammation of the heart, usually caused by a virus.

**Recreational/Performance-Enhancing drug use.**

**Idiopathic:** Sometimes the underlying cause of the Sudden Cardiac Arrest is unknown, even after autopsy.

### What are the symptoms/warning signs of Sudden Cardiac Arrest?

- Fainting/blackouts (especially during exercise)
- Dizziness
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age < 50

**ANY of these symptoms and warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or a game.**

### What is the treatment for Sudden Cardiac Arrest?

Time is critical and an immediate response is vital.

- **CALL 911**
- **Begin CPR**
- **Use an Automated External Defibrillator (AED)**

### What are ways to screen for Sudden Cardiac Arrest?

The American Heart Association recommends a pre-participation history and physical including 14 important cardiac elements.

**The UIL Pre-Participation Physical Evaluation – Medical History form includes ALL 14 of these important cardiac elements and is mandatory annually.**



### What are the current recommendations for screening young athletes?

The University Interscholastic League requires use of the specific Preparticipation Medical History form on a yearly basis. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

It is important to know if any family member died suddenly during physical activity or during a seizure. It is also important to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually because it is essential to identify those at risk for sudden cardiac death.

The University Interscholastic League requires the Preparticipation Physical Examination form prior to junior high athletic participation and again prior to the 1<sup>st</sup> and 3<sup>rd</sup> years of high school participation. The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no additional evaluation or testing is recommended for cardiac issues/concerns.

### Are there additional options available to screen for cardiac conditions?

Additional screening using an electrocardiogram (ECG) and/or an echocardiogram (Echo) is readily available to all athletes from their personal physicians, but is not mandatory, and is generally not recommended by either the American Heart Association (AHA) or the American College of Cardiology (ACC). Limitations of additional screening include the possibility (~10%) of “false positives”, which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation. There is also a possibility of “false negatives”, since not all cardiac conditions will be identified by additional screening.

### When should a student athlete see a heart specialist?

If a qualified examiner has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist may perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, may also be done. The specialist may also order a treadmill exercise test and/or a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

### Can Sudden Cardiac Arrest be prevented just through proper screening?

A proper evaluation (Preparticipation Physical Evaluation – Medical History) should find many, but not all, conditions that could cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus. This is why a medical history and a review of the family health history need to be performed on a yearly basis. With proper screening and evaluation, most cases can be identified and prevented.

### Why have an AED on site during sporting events

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

Texas Senate Bill 7 requires that at any school sponsored athletic event or team practice in Texas public high schools the following must be available:

- An AED is in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium
- All coaches, athletic trainers, PE teacher, nurses, band directors and cheerleader sponsors are certified in cardiopulmonary resuscitation (CPR) and the use of the AED.

- Each school has a developed safety procedure to respond to a medical emergency involving a cardiac arrest.

The American Academy of Pediatrics recommends the AED should be placed in a central location that is accessible and ideally no more than a 1 to 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

### Student & Parent/Guardian Signatures

I certify that I have read and understand the above information.

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Student Signature

Student Name (Print)

Date