2016-2017
Parent and Student Handbook
Interscholastic
ATHLETIC PROGRAM

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

The Howard County Public School System offers a wide variety of athletic opportunities for high school students. Approximately 6,000 athletic events are held annually involving over 10,000 students. Links to the athletic schedule and forms for all schools are available on the school system's website at www.hcpss.org/athletics.

FALL SEASON **2016 - Begins August 10** **2017 - Begins August 9**	**WINTER SEASON** **Begins November 15**	**SPRING SEASON** **Begins March 1**
Cheerleading	Boys Basketball	Baseball
Boys Cross Country	Girls Basketball	Allied Golf*
Girls Cross Country	Allied Bowling*	Boys Lacrosse
Girls Field Hockey	Cheerleading	Girls Lacrosse
Football	Boys Indoor Track	Allied Softball*
Boys Golf	Girls Indoor Track	Girls Softball
Girls Golf	Wrestling	Boys Tennis
Allied Soccer*		Girls Tennis
Boys Soccer		Boys Outdoor Track
Girls Soccer		Girls Outdoor Track
Girls Volleyball		Outdoor Wheelchair Track

**Allied sports is approved athletic competition between two or more high schools for students with disabilities and general education students who have never been a member of a junior varsity or varsity interscholastic athletic team.*

Contact Information

HIGH SCHOOL	ATHLETICS & ACTIVITIES MANAGERS	PHONE	eMAIL
Atholton	Beth DeFrances	410-313-7080	elizabeth_defrances@hcpss.org
Centennial	Jean Vanderpool	410-313-2865	jean_vanderpool@hcpss.org
Glenelg	Dan Sageman	410-313-5539	daniel_sageman@hcpss.org
Hammond	Michael Lerner	410-313-7605	michael_lerner@hcpss.org
Howard	Michael Duffy	410-313-2874	michael_duffy@hcpss.org
Long Reach	Joe Thomas	410-313-7414	joseph_thomas@hcpss.org
Marriotts Ridge	Gene Brown	410-313-5421	gene_brown@hcpss.org
Mt. Hebron	Jeannie Prevosto	410-313-2885	jeannie_prevosto@hcpss.org
Oakland Mills	Troy Stevenson	410-313-6953	troy_stevenson@hcpss.org
Reservoir	Josh Sullivan	410-888-8853	josh_sullivan@hcpss.org
River Hill	Brandon Lauer	410-313-7114	brandon_lauer@hcpss.org
Wilde Lake	Brian_Rau	410-313-6973	brian_rau@hcpss.org

Howard County Public School System Office of Athletics
John Davis, CAA, Coordinator of Athletics – jack_davis@hcpss.org
Carol Feeser, Administrative Secretary
410-313-6631
10910 Clarksville Pike, Ellicott City, Maryland 21042

The Howard County Public School System does not discriminate on the basis of race, color, creed, national origin, religion, physical or mental disability, age, gender, marital status, or sexual orientation in matters affecting employment or in providing access to programs. Inquiries concerning the application of Title IX should be referred to: Title IX Coordinator, Office of Equity Assurance, Howard County Public School System at 10910 Clarksville Pike, Ellicott City, MD, 21042, 410-313-6654.

Philosophy of the HCPSS
INTERSCHOLASTIC ATHLETIC PROGRAM

The Howard County Public School System recognizes the positive role, importance, and value of education-based interscholastic athletics as part of the total educational program. The goals for students who participate in the interscholastic athletic program include:

- Developing feelings of self-worth.
- Learning appropriate behavior when working with others.
- Learning to cooperate in a competitive context.
- Learning to understand and control emotions.
- Developing good health habits.
- Improving physical fitness.
- Learning sports skills.

Additionally, interscholastic athletics provide an opportunity for the entire student body to demonstrate school spirit and positive citizenship.

The philosophy of the Howard County Public School System's interscholastic athletic program is to foster excellence through educational and competitive experiences in an atmosphere of sportsmanship. The health and well being of our student athletes is our primary consideration and is always more important than the outcome of an athletic contest. We believe winning and losing are important only when considered in the context of how games are played and how students represent themselves and our schools under the pressure of competition. We expect each of our student athletes to conduct themselves with dignity and decorum at all times.

Interscholastic athletic participation is secondary to the student's academic responsibilities. Practices and games are scheduled to avoid conflict with the academic class schedule, and a balance must be maintained between the demands of a competitive athletic program and the challenging academic schedule that all high school students carry.

In addition to athletic skill development and knowledge of the games and strategies, interscholastic athletics provides enriching and rewarding experiences, which:

- Instill self-esteem and self-confidence.
- Build self-discipline.
- Promote the importance of teamwork and team unity.
- Help students establish goals and work toward their achievement.
- Teach educationally sound sportsmanship practices and fair play.

Interscholastic athletics is a privilege that carries with it responsibilities to the school, the team, the community, and the students. Student athletes will conduct themselves in accordance with all the policies, rules and regulations of the Maryland Public Secondary Schools Athletics Association and the Howard County Public School System as a requisite for participation in any interscholastic athletic program.

Handbook Contents

Athletic and Academic Eligibility 2–3
Rules of Conduct for Student Athletes..... 4
Parent-Coach Communication 5
Care and Prevention of Sports Injuries..... 6–7
Weather Related Cancellations 8
Media Coverage of Athletic Events 8
Forms..... back of booklet
- Athletic Participation Form
- Concussion Information Sheet
- Sports Concussion Testing Program and Release of Information Form
- Pre-Participation Physical Evaluation Forms
- Sudden Cardiac Arrest Information Sheet and Release Form

Athletic and Academic ELIGIBILITY

Enrollment and Residency

Students must be officially registered and attending a Howard County public school in order to participate in interscholastic athletics. Students may represent only the school in which they are enrolled and attending, and at which it is anticipated they will complete their graduation requirements.

Any student who attends a Howard County public high school must reside within the school's attendance area to be eligible to participate in interscholastic athletics. Exceptions are granted only in accordance with Board of Education's policy on enrollment, residency, student assignment and admission to pre-K and kindergarten (Policy 9000).

Students who transfer from one Howard County high school to another under the "Open Enrollment" provision are ineligible for participation in interscholastic athletics for a period of one year from the effective date of transfer. Students who transfer due to special circumstances or student reassignment will have their interscholastic athletic eligibility determined by the Superintendent or his/her designee.

Age

Students who are 19 years old or older as of August 31 are ineligible to participate in the interscholastic program. Any student who has been awarded a high school diploma is not eligible to compete.

Academic Requirements

Per Policy 9070 Academic Eligibility for High School Extracurricular Activities, for high school, a full time student earns academic eligibility to participate in extracurricular activities by maintaining a 2.0 grade-point average (GPA), calculated using credit or non-credit courses, with no more than one failing grade for the marking period, which governs eligibility for that activity. This provision does not apply to incoming 9th grade students for fall eligibility. Incomplete grades must be converted to a letter grade to determine eligibility (Policy 8020 Grading and Reporting: High School). If a student withdraws from a course, the grades at the time of withdrawal will be used in determining academic eligibility. Weighted grades will be used for academic eligibility for extracurricular activities, including high school athletics.

- Fall academic eligibility for students entering Grades 10, 11, and 12 is determined by the fourth marking period grades from the preceding school year. All incoming ninth graders are academically eligible for the fall quarter.
- Winter eligibility is determined by first quarter grades.
- Spring eligibility is determined by second quarter grades.

Years of Participation

Students in Grades 9, 10, 11, and 12 may participate in interscholastic athletic contests for a maximum of four seasons in any one sport.

Students who plan to participate must provide the following prior to the first practice for any sport:

1. **A completed Athletic Participation Form** (provided in back of handbook)
   - Parental permission
   - A medical insurance policy number covering the sport in which the student wishes to participate

2. **A Pre-Participation Physical Evaluation Form** (provided in back of handbook)
   All student athletes are required to have an annual physical examination by a physician after April 1 of the preceding school year and have the form signed and dated by the physician.
   - The History Form and Athlete with Special Needs: Supplemental History Form are kept by the physician in the student's chart.
   - The parent should return the original and one photocopy to the school.

3. **Verification of age** - usually a copy of birth certificate

4. **Seasonal verification that the student is a bona fide resident** of the attendance area of the school (Documents of proof are a current utility bill, excluding a cell phone bill, or a copy of a lease or rental agreement or a copy of a deed of trust). A post office box as the address on the document of proof will not be accepted. For students registered under the Multiple Family Disclosure (MFD) guidelines, proof of residence in accordance with MFD procedures must be on file.

5. **Signed Concussion Information Sheet** and **Sports Concussion Testing Program** and **Release of Information Forms** for selected sports (provided in back of handbook).

6. **Sudden Cardiac Arrest Information Sheet and Release Form** (provided in back of handbook).

OTHER ELIGIBILITY GUIDELINES

A student may not try out or be added to the eligibility form after the first play date if he/she was ineligible to try out for the team because of disciplinary reasons.

All-Star Events

By State rule 13A.06.03, individual student athletes may participate in TWO All-Star games per sport, upon the completion of their eligibility in the sport in which this participation occurs.

The Howard County Public School System and its individual high schools will not participate in or endorse the selection of all-star teams. All-star teams are selected by the news media and individual coaches who elect to participate.

Amateur Status

Student athletes lose amateur status by using athletic skill as players for financial gain or by competing under an assumed name. Students shall also lose amateur status in a particular sport if they sign a professional contract in the sport. Students who have ceased to be amateurs in a particular sport may not represent a school in interscholastic athletics in that sport.

Awards

In order to qualify for post-season awards, the student athlete must complete the season in good standing and fulfill all team-related obligations. Each school develops their own policy for achievement and distribution of athletic awards.

Non-School Participation

Students may participate in sports outside of school during the same season as long as the participation does not conflict with their school team's practice, games or post-season tournament.

Transportation

All team members must travel in bonded carriers to and from all athletic events. If approved by the local school principal in advance, a team member may be released to the custody of a parent or legal guardian at the conclusion of an away contest. Approval must be in writing and coaches will keep the signed release on file.

RULES OF CONDUCT for Student Athletes

Sportsmanship

Good sportsmanship is best described as commitment to fair play, ethical behavior and integrity. Sportsmanship is characterized by generosity, genuine concern for others and a view of the opponent as a competitor, not an adversary.

All athletes are to abide by a code of ethics, which will earn them the honor and respect that participation and competition in interscholastic athletics affords.

General Behavior

Student athletes must comply with all policies adopted by the Board of Education of Howard County and the HCPSS Code of Conduct. Two policies in particular have consequences for violations that affect extracurricular participation:

Policy 9230 – Alcohol, Other Drugs, Prescription Medication and Over-the-Counter Products

Depending on the specific violation of the policy, a student may be excluded from extracurricular participation for as little as 30 days to as much as the remainder of the semester and the entire next semester.

Policy 9270 – Student Assault and/or Battery on Staff

In addition to a substantial suspension from school, a student violating this policy will be ineligible to participate in extracurricular activities for the duration of the suspension.

Hazing

In athletic settings, some may view hazing as a harmless rite of initiation or an activity that promotes team bonding. However, it is actually a form of harassment and is a violation of state law and Howard County Board of Education Policy. Hazing will not be tolerated on the field or court, in the locker room, on the bus, or at any other activity where student athletes represent the Howard County Public School System.

Maryland anti-hazing law defines hazing as: "…any situation which recklessly or intentionally subjects a student to the risk of serious bodily injury for the purpose of initiation into a student organization of a school…"

Penalty for violation can result in a $500 fine and six months in jail.

Board of Education Policy 1040, Safe and Supportive Schools, defines hazing as: "Participation in any intentional or reckless act directed against another for the purpose of initiation into, affiliation with, or maintenance of membership in any organization." Any behaviors that interfere with or threaten the physical, emotional, mental, or academic well-being of students or employees will be addressed through the application of the appropriate Board policy and the HCPSS Student Code of Conduct.

Examples of hazing include but are not limited to:

- Being yelled, cursed, or sworn at.
- Being publicly embarrassed.
- Having to act as a personal servant to an older group member.
- Being told to eat or forced to eat disgusting things such as cat food, Tabasco sauce, raw eggs.
- Being thrown into or forced into a toilet or a body of water.
- Pressured to be tattooed, body-pierced or shaven.
- Participating in drinking contests.
- Drinking, exercising or taking drugs until you pass out.
- Making prank phone calls or harassing others.
- Destroying or vandalizing property.
- Inflicting pain on oneself or others.

Penalty for violation ranges from suspension to expulsion.

Parent-Coach COMMUNICATION

Congratulations, your child has made the team! Now what?

Accepting a position on a team includes acceptance of interscholastic athletics procedures by both the student and the parent/guardian. Students and parents must recognize that coaches have the authority over who becomes a member of the team, which students play, and who is removed from the team. Coaching strategy is determined by the coaching staff.

As the parent of a student athlete, you have a right to know what expectations are being placed on your child.

The coach should clearly communicate to parents:

- His/her philosophy of coaching.
- Expectations he/she has for your child as well as all the team members.
- Locations and times of all practices and contests.
- Team requirements, such as special equipment, off-season conditioning, etc.
- Procedures that will be followed should your child be injured during practice or a contest.
- Discipline that results in your child losing the privilege of participation.

In return, the coach expects the following communication from parents:

- Concerns be shared directly.
- Notification of any schedule conflicts well in advance.
- Specific concerns related to the coach's philosophy and /or expectations.

It is important to understand that there may be times when things do not go the way you or your child wish. At these times, discussion with the coach is encouraged. Appropriate concerns to discuss with the coach include the mental and/or physical treatment of your child, ways to help your child improve, and concerns about your child's behavior or safety.

Topics that are **not** appropriate to discuss with the coach are **playing time, team strategy, play calling and other student athletes**.

It is not appropriate to confront a coach before or after a practice or contest. When situations arise that require a conference between the coach and the parent, the following procedure should be followed:

- Call the high school to set up an appointment.
- If the coach cannot be reached, call the Athletics and Activities Manager. He/she will coordinate the meeting for you.

If after the conference, you do not feel a satisfactory resolution was reached, contact the Athletics and Activities Manager at your child's school. At this meeting, the appropriate next step can be determined.

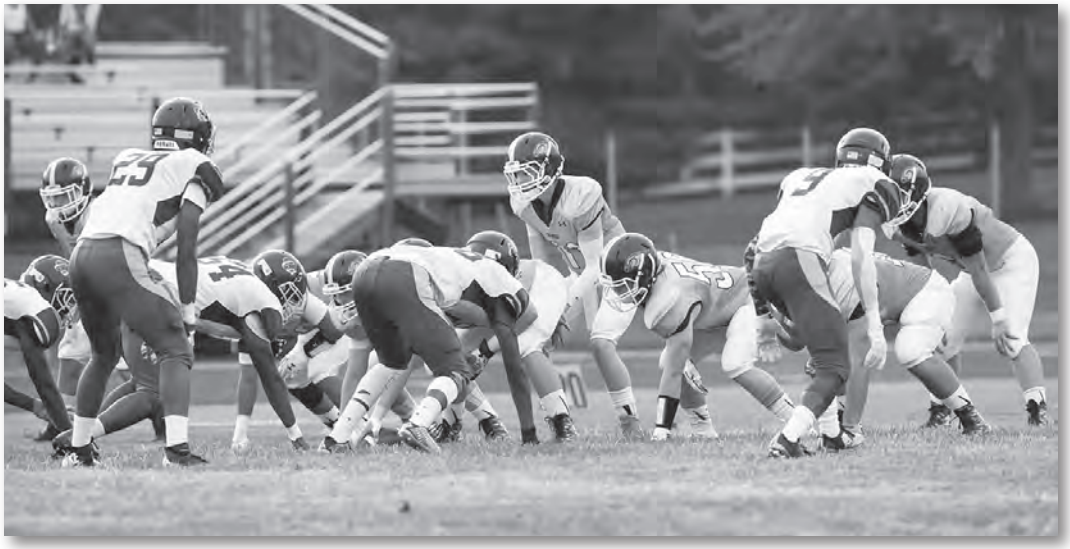
Be a fan, not a fanatic!

In order to provide a pleasant, safe environment for all spectators and participants, all those attending interscholastic athletic events are asked to abide by the Board of Education's Civility Policy, to refrain from:

- Intimidating or harassing the players, coaches, officials or fans.
- Using profanity.
- Throwing objects.
- Entering the playing area.
- Loitering in the hallways or on school grounds.

If a spectator of any age is ejected from a contest, he/she must leave the school property and shall have no contact with the officials, players, school personnel, or other spectators. Furthermore, such actions could result in the issue of a trespass letter, Denial of Access, or a ban from future athletic events at all schools. Admission is a privilege, not a license to display rude or offensive behavior.

Care and Prevention of SPORTS INJURIES



Although there are risks involved in athletic participation, there is no reason for parents or students to be apprehensive. HCPSS coaches and athletic trainers place a great deal of emphasis on training and conditioning, injury prevention and management, proper use of equipment, and maintenance of safe playing areas.

Student athletes can take steps to ensure they are physically prepared for practices and games:

- Eat three well-balanced, nutritious meals each day. In between meals, eat healthy snacks that are low in fat and sugar.
- Drink plenty of fluids (preferably water) each day – especially before practices and games.
- Get at least 8 hours of sleep each night.
- Warm-up thoroughly before exercising.
- Report all injuries to your coach and the athletic trainer. Never let injuries go untreated.
- Always wear the prescribed uniform, including protective gear, for practices and games.
- Wash your uniform, protective gear and practice clothing after each use to avoid growth of bacteria and staph infections.
- Do not share equipment, uniforms or other clothing, towels or personal items such as razors.

Sports Related Concussions

A concussion is an injury to the brain as a result of a force or jolt applied directly or indirectly to the head. Concussions can occur in any sport. Parents will be notified on the day of the injury about the known or possible concussion.

If a student athlete exhibits any sign of concussion or reports any symptom, he/she will be removed from practice or play. Athletes who experience any of the signs or symptoms of a concussion after a bump, blow, or jolt to the head should be kept from practice or game play until cleared by an authorized health care provider. After an authorized health care provider has determined initial medical clearance, the athletic trainer will supervise the gradual return to play protocol. The certified athletic trainer will make final determination for full return to play.

Sports Concussion Program Testing

The Howard County Public School System provides a state-of-the-art Sports Concussion Program to detect and treat concussions in high school athletes. The program was developed by Dr. Gerard Gioia, director of the SCORE Concussion Program at Children's National Medical Center. Dr. Gioia works closely with school personnel, parents and the primary care physicians of our student athletes.

As part of the program, student athletes participate in pre-concussion baseline testing to assess key functions affected by a concussion. The information is used for comparison after an injury to assess whether the athlete has a concussion and to assist in recovery if the athlete has suffered a concussion.

Before the first practice, the Concussion Information Sheet form and the Sports Concussion Testing Program and Release of Information form must be on file at the school. Baseline testing will be completed prior to the first practice for selected sports: (Fall) Cheerleading; Field Hockey; Football; Boys, Girls and Allied Soccer; and Girls Volleyball; (Winter) Boys and Girls Basketball; Cheerleading; Wrestling; and Pole Vault; (Spring) Baseball; Boys and Girls Lacrosse; Pole Vault; and Allied Softball and Softball. Students in other sports, such as Cross Country, Golf, Indoor and Outdoor Track and Tennis may voluntarily participate in the testing program.

Universal Immediate Care of Athletic Injuries

The following procedure (R.I.C.E.) will be used in response to injuries incurred during an athletic practice or game.

REST
Do not use the injured body part until pain free activity can be resumed.

ICE
Apply ice directly to the injured area 20 minutes on, 20 minutes off, for the first three hours. After 72 hours, 20 minutes on, 40 minutes off, one time.

Do not use chemical packs directly on facial injuries. Do not apply heat if swelling, inflammation or pain persists.

COMPRESSION
Wrap from below the injured area and toward the body and use a pad under the wrap to add compression forces to retard swelling and activate absorption. When sleeping, loosen the wrap, but do not remove it.

ELEVATION
Elevate to a level above the heart to reduce bleeding and swelling. Every injury that requires the use of this procedure should be evaluated by the athletic trainer, the athlete's family physician or by an orthopedic surgeon as soon as possible. Athletes referred to a doctor by the athletic trainer or coach must present a doctor's note giving permission to return to play or practice.

WEATHER Cancellations

If Howard County public schools are closed for the day or dismissed early due to inclement weather, all games, events and practices are cancelled.

Thunder and Lightning

If thunder and /or lightning can be heard and/or seen, stop activity and seek protective shelter immediately. Thirty minutes should pass after the last sound of thunder and /or lightning prior to resuming play. Spectators are also expected to seek protective shelter.

Heat Acclimatization Period

Heat acclimatization guidelines should take into account an acclimatization period that defines the duration, intensity and number of required practices to acclimatize each individual student-athlete. The duration and intensity for practices are suggested to gradually increase the student-athlete's heat tolerance, enhance their ability to participate safely in warm and hot conditions and minimize their risk for heat related illnesses.

School personnel will monitor heat index readings and apply necessary modifications to practices or games as needed.

Extreme Cold

If there is extreme cold, modifications to outdoor practice will be made through consultation with the Coordinator of Athletics, local AAM, and school staff.

Inclement Weather Conditions

If snow or ice arrives before 2 p.m., a decision to play or cancel will be made by the staff at the Department of Education.

If snow or ice arrives in the late afternoon or evening, the school administrator on duty will make the final decision.

If a snow emergency plan goes into effect prior to the game or practice, the activity is cancelled. If the plan goes into effect after the start of a game or practice, the event may be completed.

For information regarding the status of athletic events, check the school system's website at www.hcpss.org or call 410-313-6666 during the school week. On weekends and holidays, call 410-313-6827 (School Fields/Facilities Hotline).

MEDIA COVERAGE of Athletic Events

Local media are notified of all Howard County high school athletic events and frequently attend games and competitions. Student athletes may be videotaped or photographed by the media while participating in practices and/or games.

In addition, the media often feature individual teams and student athletes. Athletic and Activities Managers and coaches may arrange for individual athletes to be interviewed by the media. Athletes should notify their coaches any time they are contacted by a member of the media.

Parents who do not want their student athlete to be interviewed by the media should contact the Athletic and Activities Manager and the coach. Parents may stipulate on the Athletic Participation Form if they do not want their student athlete's photograph used on the school's website, the booster club's website, or in other school system publications.

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

ATHLETIC PARTICIPATION FORM

It is the goal of the Howard County Public School System's Interscholastic Sports Program to provide a safe and supportive environment for all student athletes. We believe athletes need to develop skills that will teach good sportsmanship, self-discipline, and relationship skills. Toward that end, coaches, students, and parents should be aware of school and county policies and procedures that enhance these goals.

Please read carefully the conditions of participation. Please complete and sign Section V and return this form to the appropriate coach or the Athletics and Activities Manager (AAM) **prior** to your student's taking part in any sport-related activity. We look forward to your child's active participation in our athletic program and anticipate an excellent season.

Section I - Guidelines for Participants

For students to be eligible to participate in the Howard County Interscholastic Sports Program they must have on file at their high school proof of meeting the following requirements. Requirements are to be met prior to the first practice for any sport.

A. A medical insurance policy number covering the sport in which they wish to participate.
B. A physical examination by a physician/authorized health care provider **after April 1** of the preceding school year.
C. Parental permission as provided below.
D. Verification (usually a copy of birth certificate) that the student has not reached 19 years of age prior to August 31st. Additionally, any student who has been awarded a high school diploma is not eligible to compete (MPSSAA Handbook).
E. Seasonal verification that the student is a bona fide resident of the attendance area of the school. Documents of proof are a current utility bill (excluding a cell phone bill) or a copy of a lease or rental agreement or a copy of a deed of trust. A post office box as the address on the document of proof will not be accepted. For students who have registered under the Multiple Family Disclosure (MFD) guidelines, proof of residence in accordance with MFD procedures must be on file.
F. Concussion Information Sheet and the Sports Concussion Testing Program and Release of Information forms will need to be on file at the school. Baseline testing will be completed prior to the first practice for selected sports: (Fall) Cheerleading, Field Hockey, Football, Boys and Girls Soccer and Girls Volleyball, (Winter) Boys and Girls Basketball, Wrestling and Pole Vault, (Spring) Baseball, Boys and Girls Lacrosse and Softball. Students in other sports may voluntarily participate in the testing program; Cross Country, Golf, Indoor and Outdoor Track (with the exception of Pole Vault) and Tennis.

Section II - Other Eligibility Requirements and Howard County Public School System Policies

These requirements must be verified as having been met prior to the first competition for any sport.

A. **Academic Eligibility**
A student must comply with the Academic Eligibility for High School Extracurricular Activities Policy (Board of Education Policy #9070). "A full-time student earns academic eligibility to participate in extracurricular activities by passing all authorized courses for the marking period and maintaining a 2.0 grade-point average with no failing grades for the marking period which governs eligibility for that activity. This provision does not apply to incoming 9th grade students for fall eligibility." *Applicable parts of Policy 9070 are in the Secondary Student Handbook.*

B. **Residency Requirement**
Following Section I – E above, each student must have on file in the school proof of bona fide residency in the attendance area of the school on whose athletic team they wish to play. Athletic eligibility for students who are reassigned from the school in their attendance area is governed by Policy 9000, Enrollment, Residency, Student Assignment and Admission to Pre-K and Kindergarten.

C. **Drug and Alcohol Policy**
Students must comply with Policy 9230, Alcohol, Other Drugs, Prescription Medication and Over the Counter Products. Consequences for violations of Policy 9230 are stated in the Policy itself. Depending on the specific violation of the policy, a student may be excluded from extracurricular participation from as little as 30 days to as much as the remainder of the semester and the entire next semester. *Applicable parts of Policy 9230 are in the Secondary Student Handbook.*

D. **Safe School Environments (Policy 1040) and Howard County Public School System (HCPSS) Codes of Conduct**
Bullying--defined in the HCPSS Code of Conduct--is prohibited. Threats, profanity, defamation, harassment, assault, battery, hazing, and intimidation are prohibited under Policy 1040, Safe School Environments; the policy covers students and third parties (parents and spectators). Participation (one's involvement even though the student doesn't create the harm to another) in any intentional or reckless act (action taken or situation created that involves mental or physical discomfort, embarrassment, humiliation, harassment, or ridicule) directed against another for the purpose of initiation into, affiliation with, or maintenance of membership in any school-sponsored activity, organization, club, or athletic team is considered "hazing" and is a violation of Policy 1040. Policy 1040, the HCPSS Code of Conduct, and the HCPSS Code of Conduct for Interscholastic Student-Athletes will be administered in response to any student violatior Parents violating Policy 1040 may be banned from all athletic events and/or practices for the remainder of the school year. Parents or athletes who become aware of inappropriate and unacceptable behaviors should contact a coach, athletics and activities manager, or school administrator. *Applicable parts of Policy 1040 and the entire Code of Conduct are in the Secondary Student Handbook.*

E. **Student Assault and/or Battery on School Staff (Policy 9270)**
In addition to a substantial suspension from school, a student violating Policy 9270 will be ineligible for participation in extracurricular activities for the remainder of the current semester and for the next consecutive semester. *Applicable parts of Policy 9270 are in the Secondary Student Handbook.*

F. **Years of Participation**
Students in grades 9, 10, 11, and 12 may participate in Interscholastic athletic contests for a maximum of four seasons in any one sport (MPSSAA Handbook).

G. **Amateur Status**
Students must maintain amateur status (MPSSAA Handbook).

Section III - Coach/Parents/Participants

A. Coaches have the authority over who becomes a member of the team, which students play, and who is removed from the team. Coaching strategy is determined by the coaching staff. Accepting a position on a team includes acceptance of these procedures by both the student and the parent/guardian. Thus, these issues are not open to parent/coach discussion.

B. Coach, athlete, parent meetings are encouraged to resolve any other issues creating concern or dissatisfaction. Such meetings must be arranged at a mutually acceptable time and place.

C. Any discussion between a coach and a parent should be conducted in a calm, non-threatening manner, or the discussion should be immediately terminated to be continued only by appointment with the Athletics and Activities Manager.

D. Coaches will fulfill all the duties and responsibilities mandated by their contract and listed in the Handbook for Interscholastic Sports Policies and Procedures.

E. Parents and athletes should note that some athletic events may end after 11:00 p.m.

Section IV – Photo Release

I hereby grant permission to HCPSS to use my student's photograph on the school's website, the boosters' website, or in other HCPSS printed publications. ☐ Permission Granted ☐ Permission Not Granted

Section V – Insurance

Students must have health insurance in effect in order to participate on the first day of practice for any interscholastic sport. The Department of Education does not provide health/accident insurance for participants in the Interscholastic Sports Program. Consequently, the Department of Education is not liable for any medical expenses incurred while participating in the Interscholastic Sports Program. Inexpensive health/accident insurance can be purchased through the Department of Education. For insurance information, please contact your school's Athletics and Activities Manager.

PLEASE PRINT - My child has my permission to participate in the sport mentioned below.

Student: _____ *Insurance Co.: _____

Date of Birth: _____ Age: _____ *Policy Number: _____

School: _____ Grade: _____ Sport: _____
Var. JV Freshman (circle one)

My signature below indicates that I have read the above information and confirms that I am a bona fide resident of Howard County and reside at the address below. I am aware of the policies and rules governing eligibility and participation for athletic participation. I am also aware of the consequences for violating these policies.

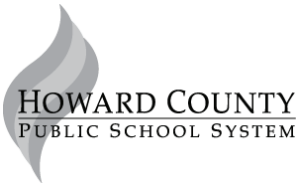
_____ _____
(Parent/Guardian Print Name) (Date) (Print Street Address) (City, State, Zip)

_____ _____
(Parent/Guardian Signature) (Parent/Guardian Email Address - Print)

_____ _____
(Parent/Guardian Phone Number #1) (Parent/Guardian Phone Number #2)

_____ _____
(Student Signature) (Date) (Street Address) (City, State, Zip)

*This form cannot be accepted without above information.



Parents and Student-athletes: Please read, sign, and keep a copy. You must turn in a signed form prior to the start of practice.

HOWARD COUNTY PUBLIC SCHOOLS

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/ comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009; adapted 1/13/2010

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

HOWARD COUNTY PUBLIC SCHOOLS

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Howard County Public School System requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years:

> "a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

> "…may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
http://www.cdc.gov/Concussion

_____	_____	_____
Student-athlete Name Printed	Student-athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 6/15/2009; adapted 1/13/2010

HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

Student Name:_____

SPORTS CONCUSSION TESTING PROGRAM
and RELEASE OF INFORMATION

I understand that pre-concussion baseline testing and post-concussion testing will be administered at my son/daughter's high school, and is a part of the procedure for guiding their return to sports participation after the injury.

Procedures

- There is no charge for the testing conducted at the school.
- If my son/ daughter sustains a concussion, typically this post-injury test will be re-administered by the athletic trainer within 1-3 days of the injury for comparison with the baseline test.
- The post-injury test results will be reviewed by the certified athletic trainer with the consulting neuropsychologist to advise a next course of action.
- I will be informed of the post-injury test results in writing.
- I may choose to consult with a concussion specialist outside of the school system at my own cost to assist my son/daughter's recovery. The athletic trainer will work with this consultant to coordinate care.
- The Howard County Public School System (HCPSS) is not providing medical coverage or reimbursement for any testing, assessment, follow-up, or rehabilitation beyond the initial post-injury concussion test.

Limitations on Use of Information

- **I understand that the concussion baseline testing is designed only for concussion management and not as an IQ test and will not be used for educational planning or placement decisions.**
- **It is important to recognize that blows to the head can cause a variety of injuries other than concussions (e.g., neck injuries, more serious brain injuries). The sports concussion program is designed for concussions only. You must see your doctor as soon as possible to address any other medical concerns.**

Storage, Use of Information, Persons Authorized Access, and Confidentiality

- Howard County Public School System (HCPSS) will appropriately safeguard protected individually identifiable health information made available to or obtained by HCPSS from its students. HCPSS will comply with applicable legal requirements relating to protected Health Information.
- Test results will be stored confidentially on a password protected secure website.
- Only the following individuals will have access to the test results: School athletic trainer, consulting neuropsychologist, Athletic and Activities Manager, and any physician designated by parent/guardian.
- Information about the student's recovery may be provided to the school nurse, guidance counselor, school psychologist, and teachers to provide temporary health or academic support.
- The post-injury test results will be sent to me in writing and, if I request, to my designated physician.

Acknowledgement and Consent

I have read this document completely and I understand the terms and conditions set forth above under Procedures, Limitation on Use of Information, and Storage, Use of Information, Persons Authorized Access, and Confidentiality. I understand that this testing program is a mandatory requirement of sports participation except for the sports of cross country, golf, tennis, indoor track, and outdoor track with the exception of the event of pole vault. The concussion testing program is available on a voluntary basis to those students not mandated to be tested. I consent to the administration of the concussion testing of my child under this program and to the release of my child's testing information and related protected health information to the individuals specified in this form.

Name of parent or guardian: _____

_____ _____
Signature of parent or guardian Date

_____ _____
(Parent/Guardian Phone Number #1) (Parent/Guardian Phone Number #2)

Official Use Only:
Last Name: DOB:
Grade: Sport:

Back of form

Preparticipation Physical Evaluation HISTORY FORM

Forms are available online at www.hcpss.org/athletics.

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	**Yes**	**No**
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

Preparticipation Physical Evaluation
THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Forms are available online at www.hcpss.org/athletics.

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident/trauma, other)
5. List the sports you are interested in playing

	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

_____

_____

_____

_____

_____

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

■ Preparticipation Physical Evaluation
PHYSICAL EXAMINATION FORM

Forms are available online at www.hcpss.org/athletics.

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. 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, 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 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic[c]		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

Preparticipation Physical Evaluation CLEARANCE FORM

Forms are available online at www.hcpss.org/athletics.

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

_____

_____

_____

_____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

EMERGENCY INFORMATION

Allergies _____

_____

_____

_____

_____

_____

Other information _____

_____

_____

_____

_____

_____

_____

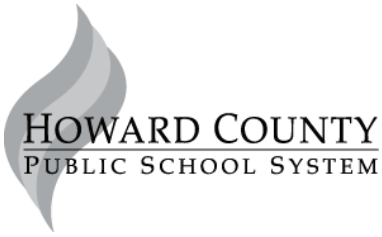
_____

_____

_____

_____

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



Sudden Cardiac Arrest (SCA)
Information for Parents and Student Athletes

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs.

SCA in student athletes is rare; the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes' risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

Warning Signs of SCA	Emergency Response to SCA

• SCA strikes immediately.
• SCA should be suspected in any athlete who has collapsed and is unresponsive.
  o No response to tapping on shoulders
  o Does nothing when asked if he/she is OK
• No pulse
	• Act immediately; time is most critical to increase survival rates.
	• Recognize SCA.
	• Call 911 immediately and activate EMS.
	• Administer CPR.
	• Use Automatic External Defibrillator (AED).

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Information used in this document was obtained from the American Heart Association (www.heart.org), Parent Heart Watch (www.paretnheartwatch.org), and the Sudden Cardiac Arrest Foundation (www.sca-aware.org). Visit these sites for more information.

Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?

SCA is caused by several **structural** and **electrical** diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are **inherited,** which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

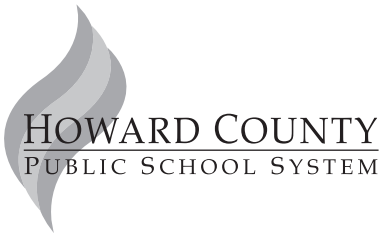
1. *Hypertrophic cardiomyopathy (HCM):* HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
2. Coronary artery anomalies: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
3. Other possible causes of SCA are:
    a. *Myocarditis*: an acute inflammation of the heart muscle (usually due to a virus).
    b. Disorders of heart electrical activity such as:
        i. *Long QT syndrome*.
        ii. *Wolff-Parkinson-White (WPW)* syndrome.
        iii. *Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)*.
    c. *Marfan syndrome*: a condition that affects heart valves, walls of major arteries, eyes, and the skeleton.
    d. Congenital aortic valve abnormalities.
4. *Commotio Cordis*: concussion of the heart from **sudden blunt non-penetrating blow** to the chest
5. Use of recreational, **performance-enhancing** drugs, and **energy drinks** can also bring on SCA.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

1. It is very important that you **carefully and accurately complete the personal history and family history section** of the "Pre-Participation Physical Evaluation Form" available at http://www.mpssaa.org/HealthandSafety/Forms.asp.
2. Since the majority of these conditions are inherited, **be aware of your family history**, especially if any close family member:
    a. Had sudden unexplained and unexpected death before the age of 50.
    b. Was diagnosed with any of the heart conditions listed above.
    c. Died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.
3. **Take seriously the warning signs and symptoms of SCA**. Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.
4. Schools in Maryland have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.
5. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.

For official use only:
Name of Athlete_____
Sport/season_____
Date Received_____



Parent/Student Athlete Acknowledgement Statement

Parent/Guardian

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

_____ _____ Date _____
PRINT NAME PARENT/GUARDIAN SIGNATURE

Student Athlete

I acknowledge that I have read and understand the following:

- Sudden Cardiac Arrest (SCA) Information Sheet
- Concussion Awareness Information Sheet

_____ _____ Date _____
PRINT NAME STUDENT ATHLETE SIGNATURE