

Center ISD Athletic Department  
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Center, Texas 75935  
(936) 598-6173 Ext. 2206  
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Center ISD Athletic Trainer  
Mark Wiseman MSR,LAT,ATC  
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**Academic School Year: 2019-2020**

**Student Information**

Last Name:		First Name:		M.I.:
Student ID:	Grade:		Date of Birth:	
Address:		City, State:		Zip Code:
Home Phone:		Cell Phone:		

**Sports: (Check all that apply)**

- Baseball     Cross Country     Powerlifting     Track & Field     Basketball     Volleyball  
 Football     Softball     Cheerleading     Golf     Tennis     Soccer

**Parent/Guardian Information**

Father/Guardian Name:		Home Phone:	
Cell Phone:		Work Phone:	
Employer:			
Email:			

Mother/Guardian Name:		Home Phone:	
Cell Phone:		Work Phone:	
Employer:			
Email:			

**Emergency Contact Information (If parent/guardian cannot be reached)**

Emergency Contact:		Relationship to athlete:	
Home Phone:		Cell Phone:	

**Insurance Information**

Health Insurance Company:	Name of Policy Holder:
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**Please provide any important medical information, which may be needed in case of an accident or emergency:**

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

### **UIL ANABOLIC STEROID USE AND RANDOM STEROID TESTING**

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

### **ALCOHOL/ILLEGAL DRUG USE - DRUG/ALCOHOL POLICY**

- This districts drug testing policy and procedures shall apply to all middle and high school students who plan to participate in athletics, band, choir, cheerleading or dance. Please read, sign and date this form stating you will abide by CISD's Drug Testing Policy. A copy of this policy can be received by Center ISD Athletic or Administrator's Office or viewed online.

### **ACKNOWLEDGEMENT OF RULES**

#### **GENERAL INFORMATION ~ School coaches may not:**

- Transport, register, or instruct students in grades 7-12 from their attendance zone in non-school baseball, basketball, football, soccer, softball, or volleyball camps (exception: See Section 1209 of the Constitution and Contest Rules).
- Give any instruction or schedule any practice for an individual or a team during the off-season except during the one in school day athletic period in baseball, basketball, football, soccer, softball, or volleyball
- Schools and school booster clubs may not provide funds, fees, or transportation for non-school activities.

#### **GENERAL ELIGIBILITY RULES ~ According to UIL standards, students could be eligible to represent their school in interscholastic activities if they:**

- Are not 19 years of age or older on or before September 1 of the current scholastic year. (See Section 446 of the Constitution and Contest Rules for exception)
- Have not graduated from high school
- Are enrolled by the sixth class day of the current school year or have been in attendance for fifteen calendar days immediately preceding a varsity contest
- Are full-time students in the participant high school they wish to represent
- initially enrolled in the ninth grade not more than four years ago
- Are meeting academic standards required by state law
- Live with their parents inside the school district attendance zone their first year of attendance. (Parent residence applies to varsity athletic eligibility only.) When the parents do not reside inside the district attendance zone the student could be eligible if: the student has been in continuous attendance for at least one calendar year and has not enrolled at another school; no inducement is given to the student to attend the school (for example: students or their parents must pay their room and board when they do not live with a relative; students driving back into the district should pay their own transportation costs); and it is not a violation of local school or TEA policies for the student to continue attending the school. Students placed by the Texas Youth Commission are covered under Custodial Residence (see Section 442 of the Constitution and Contest Rules)
- Have observed all provisions of the Awards Rule
- Have not been recruited. (Does not apply to college recruiting as permitted by rule.)
- Have not violated any provision of the summer camp rule. Incoming 10-12 grade students shall not attend a baseball, basketball, football, soccer, or volleyball camp in which a seventh through twelfth grade coach from their school district attendance zone, works with, instructs, transports or registers that student in the camp. Students who will be in grades 7, 8, and 9 may attend one baseball, one basketball, one football, one soccer, one softball, and one volleyball camp in which a coach from their school district attendance zone is employed, for no more than six consecutive days each summer in each type of sports camp. Baseball, Basketball, Football, Soccer, Softball, and Volleyball camps where school personnel work with their own students may be held in May, after the last day of school, June, July and August prior to the second Monday in August. If such camps are sponsored by school district personnel, they must be held within the boundaries of the school district and the superintendent or his designee shall approve the schedule of fees
- Have observed all provisions of the Athletic Amateur Rule. Students may not accept money or other valuable consideration (tangible or intangible property or service including anything that is usable, wearable, salable or consumable) for participating in any athletic sport during any part of the year. Athletes shall not receive valuable consideration for allowing their names to be used for the promotion of any product, plan or service. Students who inadvertently violate the amateur rule by accepting valuable consideration may regain athletic eligibility by returning the valuable consideration. If individuals return the valuable consideration within 30 days after they are informed of the rule violation, they regain their athletic eligibility when they return it. If they fail to return it within 30 days, they remain ineligible for one year from when they accepted it. During the period of time from when students receive valuable consideration until they return it, they are ineligible for varsity athletic competition in the sport in which the violation occurred. Minimum penalty for participating in a contest while ineligible is forfeiture of the contest
- Did not change schools for athletic purposes.

### **POLICY FOR PREGNANCY AND STUDENT ATHLETES**

- The following policy has been adopted for the protection of student athletes in Center ISD. Should a student athlete suspect that she may be pregnant, we recommend she have a pregnancy test immediately. If she finds that she is pregnant, she is required to notify her coach and athletic trainer promptly. She will not participate in any athletic activity until released by her physician. This policy is to protect the health of the student athlete and the unborn child from complications due to exertion caused by athletic activities. Any student athlete who aborts, gives birth or miscarries, must have a written and signed release from her physician

indicating approval to return to competition. Center ISD is not liable for any complications in the pregnancy that may occur as a result of an accident or injury during athletic participation.

### **PHYSICALS, INSURANCE AND MEDICAL PROCEDURES**

#### *Physical Exams*

- All students who participate in junior high school or high school athletics must have an annual physical exam and medical history form completed. As required by the U.I.L., these documents must be on file with the coach prior to the first practice whether it is in-season or out-of-season. Physical forms must be signed by the proper health care professional as prescribed by CISD policy. CISD Board Policy requires physical examinations for high school athletes be signed by a physician licensed by the Texas State Board of Medical Examiners. Physical exams for junior high school athletes may be administered by a physician licensed to practice in the state, a physician assistant licensed by the Texas State Board of Physician Assistant Examiners, or a registered nurse recognized as an advanced practice nurse by the Board of Nurse Examiners.
- Physical forms are available from the coach's office, the principal's office, or the Athletic Director's office. Parents should read the physical form carefully as it contains important information.

#### *Insurance*

- Center ISD provides student accident insurance coverage free of charge for students who participate in UIL activities. This coverage acts as a supplement (secondary) to any coverage that you may have. The individual's insurance coverage is primary.
- Once your primary insurance has paid, then the remaining expenses, up to the maximum benefits allowed, may be paid by the supplement policy. If the individual does not have primary insurance coverage, the school insurance will only pay the maximum benefits allowed. There is no guarantee that all medical expenses will be covered. The parent/legal guardian is responsible for any remaining expenses left uncovered or unpaid. The Center Independent School District is not responsible for any medical bills.
- All high school athletic injuries must be reported to the trainer immediately. The trainer will complete an Athlete Report of Injury form. If medical attention is required, the trainer will complete the school's section on the accident claim form and give it to the athlete or parent. Parents of the athlete are responsible for filing the completed insurance forms.
- Within sixty (60) days of the covered loss, a claim must be filed. The policy will pay up to the maximum benefits of the plan which are incurred within fifty-two (52) weeks of the accident date provided that the first such treatment, care, or service is incurred within 60 days after the accident.

#### *Medical Procedures*

- In order for the Sports Medicine Staff to deliver the best care to our athletes, please have the athletes and or coaches notify the Athletic Trainer of all injuries as soon as possible. Failure to do so may result in a delay in assessing, treating and referring the injury to a physician in a timely manner. Coaches will encourage athletes to report any injuries or illness without any penalty. Coaches will not allow a sick or injured athlete to practice or play without approval of the Athletic Trainer, physician, parent or guardian. Athletes that have gone to a physician and have a prescription with orders will be bound by those orders until released by that physician. If an athlete needs a referral, the athletic trainer will take all necessary measures to attempt to facilitate a physician referral. We will provide a suggestion if the family does not have a current relationship with a physician or group or refer them to our team orthopedic physician. In order to provide the most appropriate care, the athletic trainer must receive documentation from the attending physician in regards to the diagnosis of injury/illness as well as future plans associated with the condition.

### **UIL PARENT INFORMATION MANUAL**

The UIL parent information manual regarding health and safety issues and your responsibilities as a parent/guardian is online and accessible through the UIL website at: <http://www.uil.utexas.eduathleticsmanualpdfparentinformation.pdf>

### **STUDENT ACKNOWLEDGE AND AGREEMENT**

As a prerequisite to participation in UIL athletic activities, I agree that I will not use steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uil.utexas.edu](http://www.uil.utexas.edu). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

### **PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT**

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uilutexas.org](http://www.uilutexas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

### **CENTER ISD PREGNANCY & STUDENT ATHLETE POLICY**

I have read and understood the policy for pregnancy and student athletes and agree to comply with the safety measures stated in the policy.

**PARENT/GUARDIAN’S PERMIT – ACKNOWLEDGEMENT OF RULES**

I hereby give consent for my student to compete in University Interscholastic League approved sports, and travel with the coach or other representative of the school on any trips. It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Neither the UIL nor the high school assumes any responsibility in case an accident occurs I have read and understand the UIL rules listed above and agree that my son/daughter will abide by all of the UIL rules. The undersigned agrees to be responsible for the safe return of all athletic equipment issues by the school to the named student. If, in the judgement of any representative of the school, the named student needs 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 to said student by any physician, licensed athletic trainer, nurse, hospital or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I have been provided the UIL Parent Information Manual regarding health and safety issues including concussions and my responsibilities as a parent/guardian. I understand that failure to provide accurate and truthful information on UIL forms could subject the student in question to penalties determined by the UIL. Your signature below gives authorization that is necessary for the school district, its licensed athletic trainers, coaches, associate physicians and student insurance personnel to share information concerning medical diagnosis and treatment of your student.

**RISK OF INJURY WARNING**

Students and parents: please be aware that any competitive athletic event has inherence physical dangers. These risks may range from minor injuries to the possibility of severe/catastrophic injuries. WARNING: No helmet can prevent all head or neck injuries a player might receive while participating in athletics. Do not use the helmet to butt, ram or spear an opposing player. This is a violation of the rules and such use can result in severe head or neck injuries, paralysis or death to you and possible injury to your opponent. We feel obligated to remind students and parents of these risks.

**AUTHORIZATION FOR DISCLOSURE OF PROTECTED MEDICAL INFORMATION**

I, parent/guardian of student named above, do hereby authorize the athletic trainers, team physicians and athletic staff (including coaches) of Center ISD to release information regarding the student athletes protected health information and related information regarding any injury or illness during the student athletes training for and participation in athletes at Center ISD Schools. This protected health information may concern the student athlete’s medical staff, medical condition, injuries, prognosis, diagnosis, athletic participation status and related individually identifiable health information. This protected health information may be released to other health care providers, hospitals and/or medical clinics, laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators of Center ISD.

I understand that as a parent/legal guardian my authorization/consent to the disclosure of the student athletes’ protected health information is a condition for the student athlete’s participation in interscholastic sports at the school. I understand that the student athletes protected health information is protected under federal law known as the Family Education Right to Privacy Act (FERPA) that governs the release of a student’s educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete’s educational record. I, the parent/guardian, understand that once the information is disclosed per this authorization, the information is subject to re-disclosure by the recipient and may no longer be protected under federal law. I may revoke this authorization at any time by notifying the respective schools head athletic trainer or athletic director in writing; but if I do, it will not have any effect on actions taken in reliance of my prior authorization. This authorization expires one year from the date it is signed.

**CONSENT TO TREATMENT OF STUDENT – ATHLETE**

This consent to treat is intended to cover any illness or injury sustained while participating in any school athletic competition or practice, on or off campus, and while traveling to and from the event.

I, parent/guardian of student named above, do hereby authorize any Center ISD athletic trainer, coach or school representative on my behalf to consent to any medical treatment deemed necessary by any licensed physician/surgeon in the event of illness or injury to this student-athlete. If, in the judgment of any representative of the school, the named student needs 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 to said student by any physician, athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student. I hereby authorize any hospital, which has provided treatment to the named student, to surrender custody of that student to the athletic trainer or school representative upon completion of treatment. These authorizations shall remain effective until the end of the school year.

**CONSENT FOR OVER THE COUNTER MEDICATION (OTCs)**

I hereby, give my permission and written consent to any Center ISD athletic trainer, coach, or school representatives to give the named child, over-the-counter medications (examples: ibuprofen, Tylenol, antacid, Pepto, Benadryl, etc.) as deemed necessary in connection with an injury or illness.

\_\_\_\_\_  
*PARENT/GUARDIAN NAME (PRINT)*

\_\_\_\_\_  
*STUDENT ATHLETE NAME (PRINT)*

\_\_\_\_\_  
*PARENT/GUARDIAN SIGNATURE*

\_\_\_\_\_  
*STUDENT ATHLETE SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*DATE*

## UIL SUDDEN CARDIAC AWARENESS FORM

### **What is Sudden Cardiac Arrest?**

- 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.
- Occurs suddenly and often without warning
- Death occurs within minutes if not treated immediately.

### **What causes Sudden Cardiac Death?**

- Conditions present at birth
  - *Inherited (passed on from parents/relatives) conditions of the heart muscle:*
    - Hypertrophic cardiomyopathy – hypertrophy (thickening) of the heart 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 cardiac death 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 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
  - *Non-Inherited (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. 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-compaction Cardiomyopathy – 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/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 death at age <50

Any of these symptoms/warning signs that occur while exercising may necessitate further evaluation from your physician before returning to practice or 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 12 important cardiac elements.
- The UIL Pre-Participation Physical Evaluation – Medical History form includes ALL 12 of these important elements and is mandatory annually.
- Additional screening using an electrocardiogram and/or an echocardiogram is readily available to all athletes, but is not mandatory.
- Additional information can be found online at: American Heart Association, AugustHeart, Championship Hearts Foundation, Cypress ECG Project or Parent Heart Watch.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT ATHLETE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

# Center ISD Concussion Information

## Information for Student Athletes and Parents/Legal Guardians

### What is a concussion?

A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in a bleed to the brain causing the brain to not work as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head or a hit to the body that causes your head and brain to move quickly back and forth.

### How do I know if I have a concussion?

There are many signs and symptoms that may be present following a concussion. A concussion can affect your thinking, the way you feel, your mood, your sleep and balance or coordination. Here are some signs and symptoms most often associated with a concussion.

Headache	Any period of loss of consciousness	Seizure activity	Dizziness
Nausea or vomiting	Drowsiness, lethargy or sleepiness	Memory deficits	Mental confusion or disorientation
Inability to focus or concentrate	Easily distracted	Emotions out of proportion to circumstances	
Delayed verbal or motor responses	Feeling like in a fog	Lack of coordination	Vacant stare
Blurry or double vision	Ringing in the ear	Inability to fall asleep or stay asleep	
Difficulty remembering	Sensitivity to light or noise	Sleeping more or less than usual	

### What should I do if I think I have a concussion?

If you or your child is having any of these signs or symptoms listed above, you should tell the coach or athletic trainer so they can get you the help you need.

### When should I be particularly concerned?

If you have a headache that gets worse over time, you are unable to control your body, you vomit repeatedly or feel more and more sick to your stomach, or your words are coming out slurred, you should let an adult (parent, coach, athletic trainer, teacher) know right away so they can get you the help you need before things get worse.

### What are some of the problems that may affect me after a concussion?

You may have some trouble in your classes at school or even with activities at home. If you continue to play or return to play too early following a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time or personality changes can occur. Once you have a concussion you are more likely to sustain another concussion. It is important to know that serious injury or even death could occur if you return to sports too quickly after having a concussion therefore it is very important to tell your athletic trainer or coach if you're having any symptoms associated with a concussion.

### How do I know when it's ok to return to physical activity and my sport after a concussion?

After telling your coach, your parents and the athletic trainer that you think you have a concussion, you will be required to see a doctor for diagnosis and future plans for rest and recovery. Your school and athletic trainer can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. You will not be allowed to return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play. This is a sign that your brain has not completely recovered from the injury. Care should be taken to avoid early release of the athlete into activity/play or practice. In order to accomplish this, a return to play progression protocol for concussions is listed below. Athletes must complete each phase of the protocol without symptoms in order to progress to the next phase.

### Things to Remember:

- No concussion is the same.
- There is no return to play on the day a concussion is sustained.
- If any symptoms reoccur during any phase of the protocol, the progression steps backwards to the last phase of the progression until symptoms reside.
- Each phase of the return to play protocol takes 24 hours.
- Persistent recurrent symptoms require returning to complete rest and re-evaluation by physician.
- The entire protocol will take a minimum of 5 days.
- The athlete must see a doctor for clearance/release of athlete following a concussion prior to returning to play.

### Return to Play Protocol for Concussions

Begins after 12 hours of being symptom free

- A medical doctor must give clearance to begin the progression.

#### Progression

- Day 1: Light Aerobic exercise (walk/jog or stationary bike for 15 minutes)
- Day 2: Moderate Aerobic exercise (sport specific non-sprinting drills, jog for 20 minutes)
- Day 3: Non-contact sport specific drills (partial practice, sprinting drills, weight lifting and other exercises)
- Day 4: Full-contact practice or training
- Day 5: Return to play

# CONCUSSION ACKNOWLEDGEMENT FORM

**Name of Student:** \_\_\_\_\_

**Definition of Concussion** - means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may: (A) include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns; and (B) involve loss of consciousness.

**Prevention** –Teach and practice safe play & proper technique.

- Follow the rules of play.
- Make sure the required protective equipment is worn for all practices and games.
- Protective equipment must fit properly and be inspected on a regular basis. Signs and

**Symptoms of Concussion** – The signs and symptoms of concussion may include but are not limited to: Headache, appears to be dazed or stunned, tinnitus (ringing in the ears), fatigue, slurred speech, nausea or vomiting, dizziness, loss of balance, blurry vision, sensitive to light or noise, feel foggy or groggy, memory loss, or confusion.

**Oversight** - Each district shall appoint and approve a Concussion Oversight Team (COT). The COT shall include at least one physician and an athletic trainer if one is employed by the school district. Other members may include: Advanced Practice Nurse, neuropsychologist or a physician’s assistant. The COT is charged with developing the Return to Play protocol based on peer reviewed scientific evidence.

**Treatment of Concussion** - The student-athlete/cheerleader shall be removed from practice or participation immediately if suspected to have sustained a concussion. Every student-athlete/cheerleader suspected of sustaining a concussion shall be seen by a physician before they may return to athletic or cheerleading participation. The treatment for concussion is cognitive rest. Students should limit external stimulation such as watching television, playing video games, sending text messages, use of computer, and bright lights. When all signs and symptoms of concussion have cleared and the student has received written clearance from a physician, the student-athlete/cheerleader may begin their district’s Return to Play protocol as determined by the Concussion Oversight Team.

**Return to Play** - According to the Texas Education Code, Section 38.157: A student removed from an interscholastic athletics practice or competition (including per UIL rule, cheerleading) under Section 38.156 may not be permitted to practice or participate again following the force or impact believed to have caused the concussion until:

- (1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence, by a treating physician chosen by the student or the student’s parent or guardian or another person with legal authority to make medical decisions for the student;
- (2) the student has successfully completed each requirement of the return-to-play protocol established under Section 38.153 necessary for the student to return to play;
- (3) the treating physician has provided a written statement indicating that, in the physician’s professional judgment, it is safe for the student to return to play; and
- (4) the student and the student’s parent or guardian or another person with legal authority to make medical decisions for the student:
  - (A) have acknowledged that the student has completed the requirements of the return-to-play protocol necessary for the student to return to play;
  - (B) have provided the treating physician’s written statement under Subdivision (3) to the person responsible for compliance with the return-to-play protocol under Subsection (c) and the person who has supervisory responsibilities under Subsection (c); and
  - (C) have signed a consent form indicating that the person signing:
    - (i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to play protocol;
    - (ii) understands the risks associated with the student returning to play and will comply with any ongoing requirements in the return-to-play protocol;
    - (iii) consents to the disclosure to appropriate persons, consistent with the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191), of the treating physician’s written statement under Subdivision (3) and, if any, the return-to-play recommendations of the treating physician; and
    - (iv) understands the immunity provisions under Section 38.159.
      - Project or Parent Heart Watch.

\_\_\_\_\_  
*PARENT/GUARDIAN SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*STUDENT ATHLETE SIGNATURE*

\_\_\_\_\_  
*DATE*

## Parent and Student Agreement/Acknowledgement Form Anabolic Steroid Use and Random Steroid Testing

- Texas state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Texas state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Texas state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Texas Department of Criminal Justice.

### STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in UIL athletic activities, I agree that I will not use anabolic steroids as defined in the UIL Anabolic Steroid Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of anabolic steroids in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uiltexas.org](http://www.uiltexas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by UIL.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

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

### PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in UIL athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from anabolic steroid use and may be asked to submit to testing for the presence of anabolic steroids in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the steroid testing may be provided to certain individuals in my student's high school as specified in the UIL Anabolic Steroid Testing Program Protocol which is available on the UIL website at [www.uiltexas.org](http://www.uiltexas.org). I understand and agree that the results of steroid testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by UIL.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_