

# **Lakewood Athletics**

## **Participation Forms**

### **Annual Forms Packet**

**You must fill out these forms every school year.**

**Emergency Medical Form**

**OHSAA Physical Form**

**Sudden Cardiac Arrest**

**COVID-19 Waiver**

**Please return all forms to the Athletic Office at LHS or to your coach! You must have these forms on file to participate in practice, scrimmages and athletic contests.**

RETURN THIS FORM TO YOUR COACH **NOT** THE ATHLETIC OFFICE



PARENT NOTIFICATION EMERGENCY MEDICAL & STUDENT RELEASE AUTHORIZATION

MAIN CONTACTS: In case of an emergency with your student, the school office will call and notify you at the primary phone number provided. If you are not reached at the primary number, phone calls will be made to the contacts and phone numbers listed below in the order given until someone is notified. The same procedure will be used each day after 9 a.m. if your elementary student or Harding Middle School student is absent and the school has not been notified. Automated attendance calls are used at Garfield Middle School and LHS.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Place an X in one or both columns at the far right for the contacts for whom you allow to authorize emergency medical treatment for your student and whom your student may be released.

Print Full Name	Home Phone	Cell Phone	Work Phone	Emergency Medical	Student Release
1 <sup>st</sup> Contact/Relationship	( )	( )	( )		
2 <sup>nd</sup> Contact/Relationship	( )	( )	( )		
3 <sup>rd</sup> Contact/Relationship	( )	( )	( )		
4 <sup>th</sup> Contact/Relationship	( )	( )	( )		

PART 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I hereby give my consent for:

(1) the administration of any treatment deemed necessary by:

(Physician) Dr. \_\_\_\_\_, Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

(Dentist) Dr. \_\_\_\_\_, Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and

(2) the transfer of the child to preferred hospital:  Lakewood  Fairview

If the emergency is such that your child needs immediate attention, he/she will be taken to the most accessible of these hospitals. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of the surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, food supplements, modified diets, fluoride supplements, and any physical impairment to which a physician should be alerted: \_\_\_\_\_

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

PART 2 – REFUSAL TO CONSENT

In the event reasonable attempts to contact me at the above numbers have been unsuccessful, I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action, or to:

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

RETURN THIS FORM TO YOUR COACH **NOT** THE ATHLETIC OFFICE

Student Last Name

Student First Name



**PREPARTICIPATION PHYSICAL EVALUATION | Ohio High School Athletic Association – 2022-2023**

**HISTORY FORM**

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions: \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures: \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects): \_\_\_\_\_

**Patient Health Questionnaire Version 4 (PHQ-4)**

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS		
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU		
(CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE & JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?			
24. Have you ever had, or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No
25. Do you worry about your weight?			
26. Are you trying to or has anyone recommended that you gain or lose weight?			
27. Are you on a special diet or do you avoid certain types of foods or food groups?			
28. Have you ever had an eating disorder?			
FEMALES ONLY		Yes	No
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here:

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**Additional questions, as authorized by the Ohio High School Athletic Association, were not a part of the revised 5<sup>th</sup> edition PPE as authored by the American Academy of Pediatrics and are optional.**

1. On average, how many days per week do you engage in moderate to strenuous exercise (makes you breathe heavily or sweat)? \_\_\_\_\_
2. On average, how many minutes per week do you engage in exercise at this level? \_\_\_\_\_
3. Have you had COVID-19 or tested positive for COVID-19? \_\_\_\_\_
4. If answered yes, when did you have/test positive for COVID-19? \_\_\_\_\_
5. If answered yes, have you had any ongoing medical issues secondary to COVID-19? \_\_\_\_\_
6. If answered yes, were you cleared by a health care provider following the diagnosis to return to sport activity? \_\_\_\_\_
7. Has a physician ever denied or restricted your participation in sports for reasons related to COVID-19?  
\_\_\_\_\_
8. If answered yes, please state reasoning: \_\_\_\_\_

**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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

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### ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or 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 as having 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 whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (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 questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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



# PREPARTICIPATION PHYSICAL EVALUATION – Ohio High School Athletic Association – 2022-2023

## PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

### PHYSICIAN REMINDERS

- 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, e-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-enhancing 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?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height:	Weight:	
BP: / ( / )	Pulse:	Vision: R 20/ L 20/ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

\*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, DC, NP, or PA



MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_

- Medically eligible for all sports without restriction
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

Medically eligible for certain sports

- Not medically eligible pending further evaluation
Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, DC, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_



**PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023**

**THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS  
UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL**



**OHSAA AUTHORIZATION FORM | 2022-2023**

I hereby authorize the release and disclosure of the personal health information of \_\_\_\_\_ ("Student"), as described below, to \_\_\_\_\_ ("School").

The information described below may be released to the School principal or assistant principal, athletic director, coach, athletic trainer, physical education teacher, school nurse or other member of the School's administrative staff as necessary to evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the Student which may be released and disclosed includes records of physical examinations performed to determine the Student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the School prior to determining eligibility of the Student to participate in classroom or other School sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the Student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the School by the Student's personal physician or physicians; a physician or other health care professional retained by the School to perform physical examinations to determine the Student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the School; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that the School has requested this authorization to release or disclose the personal health information described above to make certain decisions about the Student's health and ability to participate in certain school sponsored and classroom activities, and that the School is not a health care provider or health plan covered by federal HIPAA privacy regulations, and the information described below may be redisclosed and may not continue to be protected by the federal HIPAA privacy regulations. I also understand that the School is covered under the federal regulations that govern the privacy of educational records, and that the personal health information disclosed under this authorization may be protected by those regulations.

I also understand that health care providers and health plans may not condition the provision of treatment or payment on the signing of this authorization; however, the Student's participation in certain school sponsored activities may be conditioned on the signing of this authorization.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Name of Principal: \_\_\_\_\_

School Address: \_\_\_\_\_

This authorization will expire when the student is no longer enrolled as a student at the school.

**NOTE: IF THE STUDENT IS UNDER 18 YEARS OF AGE, THIS AUTHORIZATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN TO BE VALID. IF THE STUDENT IS 18 YEARS OF AGE OR OVER, THE STUDENT MUST SIGN THIS AUTHORIZATION PERSONALLY.**

Student's Signature

Birth date of Student, including year

Name of Student's personal representative, if applicable

I am the Student's (check one): \_\_\_\_\_ Parent \_\_\_\_\_ Legal Guardian (documentation must be provided)

Signature of Student's personal representative, if applicable

Date

**A copy of this signed form has been provided to the student or his/her personal representative**

## PREPARTICIPATION PHYSICAL EVALUATION | 2022-2023

### 2022-2023 Ohio High School Athletic Association Eligibility and Authorization Statement

*This document is to be signed by the participant from an OHSAA member school and by the participant's guardian*

I have read, understand and acknowledge receipt of the **OHSAA Student Eligibility Guide and Checklist** (<https://ohsaaweb.blob.core.windows.net/files/Eligibility/OtherEligibilityDocs/EligibilityGuideHS.pdf>) which contains a summary of the eligibility rules of the Ohio High School Athletic Association. I understand that a copy of the *OHSAA Handbook* is on file with the principal and athletic administrator and that I may review it, in its entirety, if I so choose. All OHSAA bylaws and regulations from the *Handbook* are also posted on the OHSAA website at [ohsaa.org](http://ohsaa.org). I understand that an OHSAA member school must **adhere to all rules and regulations** that pertain to the interscholastic athletics programs that the school sponsors, but that local rules may be more stringent than OHSAA rules. I understand that participation in interscholastic athletics is a **privilege not a right**.

#### **Student Code of Responsibility**

As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state and country.
- I understand that a student whose character or conduct violates the school's Athletic Code or School Code of Responsibility is not in good standing and is ineligible for a period as determined by the principal.

**Informed Consent** – By its nature, participation in interscholastic athletics includes risk of injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants have a responsibility to help reduce that risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN AN OHSAA-SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

- I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a health care facility, that a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital.
- I consent to medical treatment for the student following an injury or illness suffered during practice and/or a contest.
- To enable the OHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in an OHSAA member school, I consent to the release to the OHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), enrollment documents, financial and scholarship records, residence address of the student, academic work completed, grades received and attendance data.
- I consent to the OHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics. I understand that if I drop a class, take course work through College Credit Plus, Credit Flexibility or other educational options, this action could affect compliance with OHSAA academic standards and my eligibility. I accept full responsibility for compliance with Bylaw 4-4, Scholarship, and the passing five credit standard expressed therein.
- I understand all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. Further I understand that if my student is removed from a practice or competition due to a suspected concussion, he or she will be unable to return to participation that day. After that day written authorization from a physician (M.D. or D.O.) or another health care provider working under the supervision of a physician will be required in order for the student to return to participation.
- I have read and signed the Ohio Department of Health's **Concussion Information Sheet** and have retained a copy for myself.
- I have read and signed the Ohio Department of Health's **Sudden Cardiac Arrest Information Sheet** and have retained a copy for myself.

By signing this we acknowledge that we have read the above information and that we consent to the herein named student's participation.

**\*Must Be Signed Before Physical Examination**

Student's Signature

Birth Date

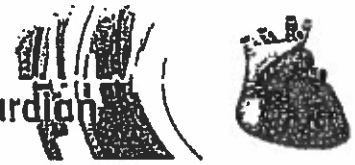
Grade in School

Date

Parent's or Guardian's Signature

Date

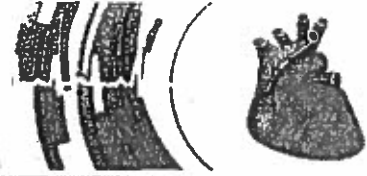
## Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian



- Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes
  - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
  - 1) Structural heart disease. This may or may not be present from birth
  - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
  - 3) Situational causes. These may be people with completely normal hearts who are either hit in the chest or develop a heart infection
- Warning signs in your family that you or your youth athlete may be at high risk of SCA.
  - o A blood relative who suddenly and unexpectedly dies before age 50
  - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- Warning signs of SCA. If any of these things happen with exercise, see your health care professional
  - Chest pain/discomfort
  - Unexplained fainting/near fainting or dizziness
  - Unexplained tiredness, shortness of breath or difficulty breathing
  - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the Chain of Survival:
  - ❖ Link 1: Early recognition
    - Assess child for responsiveness. Does the child answer if you call his/her name?
    - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
  - ❖ Link 2: Early CPR
    - Begin CPR immediately
  - ❖ Link 3: Early defibrillation (which is the use of an AED)
    - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
    - If an AED is not available, continue CPR until EMS arrives
  - ❖ Link 4: Early advanced life support and cardiovascular care
    - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

# Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

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Parent/Guardian Signature

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Student Signature

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Parent/Guardian Name (Print)

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Student Name (Print)

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Date

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Date

**LAKWOOD CITY SCHOOL DISTRICT  
STUDENT WAIVER OF LIABILITY AND ACCEPTANCE OF TERMS AND CONDITIONS  
FOR ATHLETICS PARTICIPATION AND USE OF BOARD FACILITIES**

Team/Activity: \_\_\_\_\_ Coach/Advisor: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In light of the COVID-19 pandemic and Ohio's Responsible Restart, the Director of the Ohio Department of Health has authorized certain activities and athletic facilities to re-open. While the Board intends to continue to fully comply with recommended safety standards and safety precautions, removing all risk of contracting COVID-19 while students, staff, and/or spectators gather is impossible. Therefore, participation in student activities and/or the use of Board facilities at this time is voluntary and conditioned upon compliance with the following safety precautions and acceptance of the following terms and conditions.

1. Prior to participation or use of Board facilities or equipment, the Student will conduct a daily symptom assessment (self-evaluation) and will stay at home if experiencing symptoms of fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, headaches, sore throat, or new loss of taste or smell. The Student will stay at home if he/she has been exposed to any person who has tested positive for COVID-19 in the past fourteen (14) days.
2. The Parent/Guardian and Student understand that participation in the above-identified activity involves risks and dangers including, but not limited to accidents, illnesses, and death, including but not limited to COVID-19 and any related or derivative disease or condition. In exchange for the Board allowing the Student to participate in the activity, the undersigned hereby assumes all risks of participation in the activity including those set forth above and releases, discharges, and/or waives any and all liability, claims, damages, causes of action and/or demands against the Lakewood City School District Board of Education ("Board") and its employees of every kind and nature which may arise from or in connection with the activity. The undersigned further agrees to indemnify and hold harmless the Board and its employees from any claim arising out of or related to the Student's participation in the activity.
3. The Student will at all times of participation be covered by a current accident/medical policy.
4. The Student's participation in the activity is conditioned upon the Student complying with any and all federal, state, and Board rules and regulations, including but not limited to those related to health, safety, and/or the spread of contagious disease, including but not limited to COVID-19 and any related or derivative disease or condition and may be revoked at any time. The Student will comply with such rules and regulations at all times while present on Board property. (See Attached).

By signing below, the undersigned Parent/Guardian and Student acknowledge that they have read and understand the above terms and voluntarily accept them. This Agreement and Waiver shall remain in full force and effect unless withdrawn in writing by certified mail service to the Office of the Superintendent, 13701 Lake Ave. Lakewood, Ohio 44107, but under no circumstances shall it be withdrawn retroactively.

(X) \_\_\_\_\_  
**Parent/Guardian Signature** **Date**

(X) \_\_\_\_\_  
**Student Signature** **Date**

## **COVID-19 SAFETY RULES CHECKLIST: SKILLS TRAINING**

- \_\_\_\_\_ Coaches and players must adhere to physical six-foot distancing.
- \_\_\_\_\_ No spectators permitted other than parents/guardians. Six-foot social distancing is required and face masks are requested when inside a facility.
- \_\_\_\_\_ Coaches and players must conduct daily symptom assessments (self-evaluation). Anyone experiencing symptoms, including cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell, must stay home.
- \_\_\_\_\_ No team water coolers or shared drinking stations. Athletes should bring individual water containers.
- \_\_\_\_\_ No touch rule - players should refrain from high fives, huddles, or other close contact before, during, or after skills sessions unless the contact is for the purpose of safety. Players should refrain from spitting, eating seeds, or chewing gum.
- \_\_\_\_\_ Scrimmages and games are not permitted.
- \_\_\_\_\_ No congregation before or after the training or practice session.
- \_\_\_\_\_ Time should be allotted between sessions to allow teams to exit prior to new teams arriving.
- \_\_\_\_\_ If possible, coaches should wear face coverings at all times and athletes wear face coverings at all times while not actively participating in the field of play.
- \_\_\_\_\_ Replace in-person meetings with virtual meetings whenever possible.
- \_\_\_\_\_ Equipment and personal items should have proper separation and should not be shared. If equipment must be shared, proper sanitation should be administered between users as well as before and after every session.
- \_\_\_\_\_ Hand washing or hand sanitizing, in the absence of soap and water, must be available.
- \_\_\_\_\_ Maintain a complete list of individuals present at each session including the date, beginning and ending time of the event, name, address, and phone contact to be made available upon request from local health district.
- \_\_\_\_\_ Immediately isolate and seek medical care for any individual who develops symptoms. Contact the local health district about suspected cases or exposure and to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications.

## **COVID-19 SAFETY RULES CHECKLIST: WEIGHT ROOMS**

- \_\_\_\_\_ Those using the weight room must conduct a self-assessment and not enter the facility if they are exhibiting symptoms or have been exposed to COVID-19.
- \_\_\_\_\_ Anyone using the weight room must sign-in and those sign-in sheets will be maintained for potential contact tracing needs.
- \_\_\_\_\_ When participating in class training, do not arrive more than 10 minutes early.

- \_\_\_\_\_ Maintain six-foot social distancing, except when instruction requires close interaction with instructor/coach.
- \_\_\_\_\_ Wear face coverings and gloves if possible, based on activity.
- \_\_\_\_\_ Bring your own mats, towels, bands, and/or equipment to the extent possible.
- \_\_\_\_\_ To the extent possible, eliminate drills done with a partner.
- \_\_\_\_\_ Limit the use of fans. If fan use is necessary, place fans to blow away from people.
- \_\_\_\_\_ Keep doors open and open exterior doors to the extent available.
- \_\_\_\_\_ Parents/guardians or other person responsible for transportation, if not yourself, should wait in the parking lot.

### **COVID-19 SAFETY RULES CHECKLIST: LOCKER ROOMS AND RESTROOMS**

- \_\_\_\_\_ Disable or mark every other or every third locker for non-use to enforce six-foot social distancing requirement. Facilities where lockers are assigned to members are not required to disable lockers but must enforce social distancing requirement.
- \_\_\_\_\_ Remove any casual seating other than benches by lockers as necessary.
- \_\_\_\_\_ Clean and disinfect public areas and restrooms every two (2) hours using EPA- registered disinfectants, particularly on high-touch surfaces such as faucets, toilets, doorknobs and light switches.
- \_\_\_\_\_ If independent showers are available and used, they must be attended and sanitized between each use.
- \_\_\_\_\_ Disable or close-off communal style showers except for rinsing before and after any pool activity.
- \_\_\_\_\_ Make sure supplies for handwashing, including soap and materials for drying hands are fully stocked every time the bathroom is cleaned.
- \_\_\_\_\_ Disable or close-off steam rooms and saunas.
- \_\_\_\_\_ If towels are provided, they are to be stored in covered, sanitized containers that are clearly delineated clean versus soiled. Appropriate temperatures are to be used when washing and drying towels to ensure sanitation (hot water for washing, ensure they are completely dried). Employees handling towels must wear gloves and face covering.
- \_\_\_\_\_ Restroom facilities should limit the number of users at any one time based on the facility size current social distancing guidelines. These facilities should be cleaned/ sanitized per CDC recommended protocol along with established restroom cleaning schedules.
- \_\_\_\_\_ If possible, discourage use of locker rooms - encourage athletes to arrive dressed for a workout and clean up at home.

#### **Hydration:**

All students shall bring their own water bottle. Water bottles must not be shared. • Hydration stations (water cows, water trough, water fountains, etc.) may be utilized but must be cleaned after every practice/contest.

#### **Contests**

Potential Infection Risk by Sport (modified from United States Olympic and Paralympic Committee – Sports Medicine recommendations)



**Higher Risk:** Sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants.

**Examples:** Wrestling, football, boys lacrosse, competitive cheer, dance.

**Moderate Risk:** Sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can't be cleaned between participants.

**Examples:** Basketball, volleyball\*, baseball\*, softball\*, soccer, water polo, gymnastics\* (if equipment can't be sufficiently cleaned between competitors), ice hockey, field hockey, tennis\*, swimming relays, pole vault\*, high jump\*, long jump\*, girls lacrosse, crew with two or more rowers in shell, 7 on 7 football.

\*Could potentially be considered "Lower Risk" with appropriate cleaning of equipment and use of masks by participants.

**Lower Risk:** Sports that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between use by competitors.

**Examples:** Individual running events, throwing events (javelin, shot put, discus), individual swimming, golf, Weight lifting, alpine skiing, sideline cheer, single sculling, cross country running (with staggered starts)

<https://www.nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15-2020-final.pdf>

<https://coronavirus.ohio.gov/static/responsible/Skills-Training-All%20Sports.pdf>

<https://ohsaaweb.blob.core.windows.net/files/SchoolResources/OHSAACOVIDMONITORING.docx>

Face Mask Etiquette: <https://youtu.be/1K9Zs16dhRE>

Hand Washing: <https://youtu.be/Cw4h-4WEpHg>

Hand Sanitizing: <https://youtu.be/YyIsSJxHJdQ>

How to Make a No-Sew Mask: <https://youtu.be/odD2SCgCKy4>

Social Distancing: What is Six Feet?: <https://youtu.be/OesXL3I6M4s>

Cross Contamination and Gloves: <https://youtu.be/SGvVNFw1Egs>

I have reviewed and understand the risks and hydration protocol, the above videos links and information links regarding COVID-19. I agree to follow the instructions, rules and procedures of each individual or team sport that I participate in and the overall general rules, regulations and procedures regarding the COVID-19 virus. By signing below, the undersigned Parent/Guardian and Student acknowledge that they have read and understand the above terms and voluntarily accept them. This Agreement and Waiver shall remain in full force and effect unless withdrawn in writing by certified mail service to the Office of the Superintendent, 13701 Lake Ave. Lakewood, Ohio 44107, but under no circumstances shall it be withdrawn retroactively.

(X) \_\_\_\_\_  
**Parent/Guardian Signature**

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

(X) \_\_\_\_\_  
**Student Signature**

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

**Lakewood City School District**  
**Covid-19 Waiver of Liability and Indemnification**

1. I agree that I am personally responsible for my safety and actions of my child while using the facilities at Lakewood City School District and/or participating in extracurricular activities. For purposes of this agreement, all references to extracurricular activities shall be understood to include, but not be limited to athletics. I agree to comply with all OHSAA and Ohio Department of Health policies and rules, including but not limited to all Lakewood City School District policies, guidelines, signage, and instructions, which have been made available to me at [insert link to website]. Because Lakewood City School District and other venues at which extracurricular activities may take place are open for use by other individuals, I recognize that I am at higher risk of contracting COVID-19. With full awareness and appreciation of the risks involved, I, for myself and on behalf of my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, hereby forever release, waive, discharge, and covenant not to sue Lakewood City School District, its board members, administrators, Athletic Directors, coaches, employees, agents and volunteers (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me related to COVID-19 whether caused by the negligence of the Released Parties, any third-party using Lakewood City School District property or any other property and/or facilities used to carry out extracurricular activities, including but not limited to practices and contests, or otherwise, while participating in any activity while in, on, or around Lakewood City School District, while using any District facilities, tools, equipment, or materials and/or while participating in any such activity at any other location.
  
2. I agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by me, my family, spouse, estate, heirs, executors, administrators, assigns, and personal representatives against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to my interaction with District staff, use of the District facilities, tools, equipment, or materials, and/or use of any other facilities for participation in activities, whether caused by the Released Parties or otherwise specifically related to COVID-19.
  
3. By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in using the District or other facilities, and/or participating in extracurricular activities to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and am legally capable of execution of this release and waiver on behalf of the minor child named below; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. I agree that this Waiver of Liability shall be governed by and construed in accordance with Ohio law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of

the Waiver of Liability as a whole. This waiver remains in effect regardless of whether State of Ohio lifts all COVID-19 related mandates.

\_\_\_\_\_  
**Printed Name (Student)**

\_\_\_\_\_  
**Signature (Student)**

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

\_\_\_\_\_  
**Printed Name (Parent/Guardian)**

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

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