



1100 Gamble Street
Greenville, Alabama 36037

(334) 382-2606
www.fortdale.com

The Fort Dale Academy Board of Trustees has approved a policy regarding student athletes and health insurance. The policy states that a student participating in athletics at our school must have medical insurance provided by his family.

Our school insurance is not primary insurance. It is supplemental and is designed to provide assistance with out of pocket expense. It does contain a catastrophic clause.

Please complete the statement below.

.....
My signature below serves as confirmation that _____

Has medical insurance. I have listed the company and the policy number as well. I agree to inform Fort Dale Academy immediately if my child's insurance status changes.

Signature: _____

Date: _____

Insurance Company: _____

Policy Number: _____

ALABAMA INDEPENDENT SCHOOL ASSOCIATION MEDICAL HISTORY FORM

(Please Print)

DATE / /

FULL NAME OF STUDENT _____ BIRTHDATE / /
First Middle Last

AGE _____ SEX _____ RACE BLACK _____ WHITE _____ OTHER _____

ADDRESS _____ PHONE () _____
Street City State Zip

SCHOOL FORT DALE ACADEMY GRADE _____ SPORT/ACTIVITY _____

HISTORY (COMPLETED AND SIGNED TO THE BEST OF THEIR KNOWLEDGE BY PARENT/GUARDIAN AND STUDENT PRIOR TO PHYSICAL EXAMINATION WITHHOLDING OR FALSIFYING INFORMATION COULD LEAD TO SERIOUS MEDICAL COMPLICATIONS)

| | HAS THE STUDENT EVER | CHECK ONE | IF YES, EXPLAIN |
|---|--|----------------|-----------------|
| 1 | a been knocked out? | Yes () No () | _____ |
| | b had a concussion? | Yes () No () | _____ |
| | c stayed overnight in a hospital? | Yes () No () | _____ |
| | d had an operation? | Yes () No () | _____ |
| | e had heat exhaustion or heat stroke? | Yes () No () | _____ |
| | f had a head or neck injury? | Yes () No () | _____ |
| | g had a back or spinal injury? | Yes () No () | _____ |
| | h had a heart murmur? | Yes () No () | _____ |
| | i had high blood pressure? | Yes () No () | _____ |
| | j had a heart problem? | Yes () No () | _____ |
| | k fainted while doing exercise? | Yes () No () | _____ |
| 2 | DOES THE STUDENT | | |
| | a take medicine every day? | Yes () No () | _____ |
| | b wear glasses or contact lenses? | Yes () No () | _____ |
| | c wear dental appliances? | Yes () No () | _____ |
| | d wear hearing aids? | Yes () No () | _____ |
| | e have any allergies? | Yes () No () | _____ |
| | f have any chronic illnesses (i.e. diabetes, asthma, seizures)? | Yes () No () | _____ |
| | g have any body parts missing (i.e. kidney, finger)? | Yes () No () | _____ |
| 3 | HAS THE STUDENT'S MOTHER, FATHER, BROTHER OR SISTERS EVER HAD ANY HEART PROBLEMS BEFORE 50 YEARS OF AGE? | Yes () No () | _____ |
| 4 | HAS ANY PHYSICIAN LIMITED THE STUDENT'S ATHLETIC PARTICIPATION? | Yes () No () | _____ |
| 5 | HAS THE STUDENT EVER BROKEN A BONE OR HAD A CAST ON THE | | |
| | a hand? | Yes () No () | _____ |
| | b wrist? | Yes () No () | _____ |
| | c arm? | Yes () No () | _____ |
| | d foot? | Yes () No () | _____ |
| | e ankle? | Yes () No () | _____ |
| | f leg? | Yes () No () | _____ |
| | g other? | Yes () No () | _____ |
| 6 | IN THE PAST YEAR HAS THE STUDENT BROKEN A BONE WHILE PLAYING SPORTS? | Yes () No () | _____ |
| | | Activity | _____ |

The examination performed for this participation is limited and designed to identify common conditions or infirmities that would limit or prevent a student from participating in athletic activities. This examination is NOT intended to be comprehensive and may not detect some types of latent or hidden medical conditions. All athletes should receive periodic comprehensive medical examinations and prompt treatment for illnesses/injuries.

This is to certify that I have read and understand the above information and hereby give permission and consent to emergency and/or medical treatment for my son (), daughter (), ward () and that the responses to the preceding questions are correct.

SIGNED _____
 PARENT () OR GUARDIAN ()

DATE _____

AISA PARTICIPATION PERMIT

We, the undersigned, have read, discussed and understand the following:

- I. The school agrees to provide:
- A. Supervision
 - B. Instruction
 - C. Proper Equipment (This includes all equipment or uniforms provided by the participant.)
 - D. A safety orientation program for all participants
 - E. An in-excess, supplemental, scheduled payment insurance policy. Any differences in the basic coverage, deductibles, or other related expenses will be paid by the parent(s) /guardian(s).
 - F. A rules orientation program covering:
 - 1. rules of the sport;
 - 2. rules of behavior, dress and appearance;
 - 3. rules promoting safety and injury prevention;
 - 4. rules regulating conduct, procedures and action following an injury.
 - G. (For local use)
 - H. "
 - I. "

II. I was given an opportunity to attend a scheduled seminar where the following specific areas were addressed and discussed:

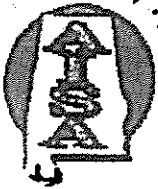
- A. Coaching Techniques
- B. Rules of the game
- C. Injury prevention and safety precaution
- D. Player equipment care and purpose
- E. Physical conditioning
- F. Transportation
- G. Player accountability
- H. School's insurance program
- I. The hazards connected with the use of chemicals (steroids) to enhance performance
- J. The possibility of injury, even serious injury, while participating
- K. (For local use)
- L. "
- M. "

My (son / daughter) has my permission to participate in _____
(Sport)

at FORT DALE ACADEMY
(School)

Signed: _____
Parent () or Guardian () Date _____

Signed: _____
Participant Date _____



Alabama Independent School Association

Mailing Address:
Huntingdon College
1500 E. Fairview Ave.
Montgomery, AL 36106

Location:
Huntingdon College - Trimble Hall
1241 Woodley Road
Montgomery, Alabama

(334) 833-4080
Fax (334) 833-4086
www.aisaonline.org

Herbert Traylor
President

Don Oswald
Executive Director

Roddie Beck
Athletic Director

Michael McLendon
Academic Programs Director

Sara Bazzle
Activities Director

Abigail Marshall
Bookkeeper

STUDENT/ATHLETE Medical Release Form

Alabama Independent School Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student/Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director;
- 2) Coaches;
- 3) Trainers;
- 4) School Administration;
- 5) Insurance Agent (Planned Benefits Services)

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

School: _____

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

ONE
OR
THE
OTHER

Serving Independent and Christian Schools in Alabama since 1970.

Focusing on Excellence in Academics, Athletics, Accreditation, Staff Development, Student Activities, Services, and Programs

AISA Concussion Information Form (Page 2)

What can happen if my child keeps on playing with a concussion or returns too 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 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 fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to a student-athlete's safety.

AISA Concussion Policy: Any student athlete who exhibits signs, symptoms or behaviors consistent with a concussion shall be removed from the contest and shall not return to play until a medical release is issued by a medical doctor.

Any health care professional or AISA coach may identify concussive signs, symptoms or behaviors of a student athlete during any type of athletic activity. Once concussive signs are identified, only a medical doctor can clear an athlete to return to play. Any school in violation of the AISA policy application of the National Federation rule will be subject to sanctions.

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 clearance from a medical doctor. Close observation of the athlete should continue for several hours. 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.

This form is required by Alabama Law established in June, 2011, coinciding with the AISA Concussion Policy in effect since 2010.

I have reviewed this information on concussions and am aware that a release by a medical doctor is required before a student may return to play under this policy.

Student Athlete Name Printed

Student Athlete Signature

Date

Parent Name Printed

Parent Signature

Date

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
PHYSICAL EXAMINATION FORM**

(Completed by Physician)

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____
(SYSTOLIC/DIASTOLIC) (BEATS/MIN)

VISION: RIGHT 20/ _____ LEFT 20/ _____ CORRECTED _____ UNCORRECTED _____

DATE OF LAST MENSTRUAL PERIOD _____

| | CHECK ONE | IF ABNORMAL, EXPLAIN |
|---------------------------|-------------------------|----------------------|
| 1. Skin | Normal () Abnormal () | _____ |
| 2. Head & Neck | Normal () Abnormal () | _____ |
| 3. Eyes | Normal () Abnormal () | _____ |
| 4. Ears, Nose, & Throat | Normal () Abnormal () | _____ |
| 5. Teeth & Mouth | Normal () Abnormal () | _____ |
| 6. Lungs & Chest | Normal () Abnormal () | _____ |
| 7. Cardiovascular | Normal () Abnormal () | _____ |
| 8. Abdomen & Lymphatics | Normal () Abnormal () | _____ |
| 9. Genitalia/Hernia | Normal () Abnormal () | _____ |
| 10. Orthopedic Screening: | | |
| a. upper extremities | Normal () Abnormal () | _____ |
| b. lower extremities | Normal () Abnormal () | _____ |
| c. spine & back | Normal () Abnormal () | _____ |
| 11. Neurological | Normal () Abnormal () | _____ |

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed an adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this _____ day of _____, 20____, I performed the above limited examination on _____ of the FORT DALE School/Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS _____ IS NOT _____ physically able to participate in ALL _____ *LIMITED _____ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LIMITATIONS/EXCLUSION

Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.

- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest? Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

Factors That Increase the Risk of SCA

- ✓ Family history of known heart abnormalities or sudden death before age 50
- ✓ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ✓ Family members with known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✓ Family members with known structural heart abnormality, repaired or unrepaired
- ✓ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING

IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

Potential Indicators That SCA May Occur

- ▶ Fainting or seizure, especially during or right after exercise
- ▶ Fainting repeatedly or with excitement or startle
- ▶ Excessive shortness of breath during exercise
- ▶ Racing or fluttering heart palpitations or irregular heartbeat
- ▶ Repeated dizziness or lightheadedness
- ▶ Chest pain or discomfort with exercise
- ▶ Excessive, unexpected fatigue during or after exercise

Cardiac Chain of Survival

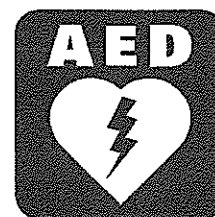
Their life depends on your quick action! CPR can triple the chance of survival. Start immediately and use the onsite AED.



CALL



PUSH



SHOCK

KeepTheirHeartInTheGame.org

Fact Sheet for Parents & Student Athletes



This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

To learn more, go to KeepTheirHeartInTheGame.org

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.

Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED

STUDENT ATHLETE SIGNATURE

DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

While missing a game may be inconvenient, it would be a tragedy to lose a student athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!

