

WEST VIRGINIA SECONDARY SCHOOL ACTIVITIES COMMISSION
2875 Staunton Turnpike - Parkersburg, WV 26104

Revised 5/23

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICIAN'S CERTIFICATE FORM
(Form required each school year on or after May 1st. File in School Administration Office)

ATHLETIC PARTICIPATION / PARENTAL CONSENT

PART I

Name _____ School Year: _____ Grade Entering: _____
Home Address: _____ Home Address of Parents: _____
City: _____ City: _____
Phone: _____ Date of Birth: _____ Place of Birth: _____

Last semester I attended _____ (High School) or (Middle School). We have read the condensed eligibility rules of the WVSSAC athletics. If accepted as a team member, we agree to make every effort to keep up school work and abide by the rules and regulations of the school authorities and the WVSSAC.

INDIVIDUAL ELIGIBILITY RULES

Attention Athlete! To be eligible to represent your school in any interscholastic contest, you:

- _____ must be a regular bona fide student in good standing of the school. (See exception under Rule 127-2-3)
- _____ must qualify under the Residence and Transfer Rule (127-2-7)
- _____ must have earned at least 2 units of credit the previous semester. Summer School may be included. (127-2-6)
- _____ must have attained an overall "C" (2.00) average the previous semester. Summer School may be included. (127-2-6)
- _____ must not have reached your 15th (MS), 19th (HS) birthday before July 1 of the current school year. (127-2-4)
- _____ must be residing with parent(s) as specified by Rule 127-2-7 and 8.
 - _____ unless parents have made a bona fide change of residence during school term.
 - _____ unless an AFS or other Foreign-Exchange student (one year of eligibility only).
 - _____ unless the residence requirement was met by the 365 calendar days attendance prior to participation.
- _____ if living with legal guardian/custodian, may not participate at the varsity level. (127-2-8)
- _____ must be an amateur as defined by Rule 127-2-11.
- _____ must have submitted to your principal before becoming a member of any school athletic team Participation/Parent Consent/Physician Form, completely filled in and properly signed, attesting that you have been examined and found to be physically fit for athletic competition and that your parents consent to your participation. (127-3-3)
- _____ must not have transferred from one school to another for athletic purposes. (127-2-7)
- _____ must not have received, in recognition of your ability as a HS or MS athlete, any award not presented or approved by your school or the WVSSAC. (127-3-5)
- _____ must not, while a member of a school team in any sport, become a member of any other organized team or as an individual participant in an unsanctioned meet or tournament in the same sport during the school sport season (See exception 127-2-10).
- _____ must follow All Star Participation Rule. (127-3-4)
- _____ must not have been enrolled in more than (8) semesters in grades 9 to 12. Must not have participated in more than six semesters in grades 6-8. (Rule 127-2-5).
- _____ qualify under homeschool rule. (Rule 127-2-3.11, 127-2-7.2k, 126-26-3.1.1k)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above listed minimum standards but also all other standards set by your school and the WVSSAC. If you have any questions regarding your eligibility or are in doubt about the effect any activity or action might have on your eligibility, check with your principal or athletic director. They are aware of the interpretation and intent of each rule. Meeting the intent and spirit of WVSSAC standards will prevent athletes, teams, and schools from being penalized.

PART II - PARENTAL CONSENT

In accordance with the rules of the WVSSAC, I give my consent and approval to the participation of the student named above for the sport NOT MARKED OUT BELOW:

BASEBALL	CROSS	GOLF	SWIMMING	VOLLEYBALL
BASKETBALL	COUNTRY	SOCCER	TENNIS	WRESTLING
CHEERLEADING	FOOTBALL	SOFTBALL	TRACK	BAND

MEDICAL DISQUALIFICATION OF THE STUDENT-ATHLETE / WITHHOLDING A STUDENT-ATHLETE FROM ACTIVITY

The member school's team physician has the final responsibility to determine when a student-athlete is removed or withheld from participation due to an injury, an illness or pregnancy. In addition, clearance for that individual to return to activity is solely the responsibility of the member school's team physician or that physician's designated representative.

I understand that participation may include, when necessary, early dismissal from classes and travel to participate in interscholastic athletic contests. I will not hold the school authorities or West Virginia Secondary School Activities Commission responsible in case of accident or injury as a result of this participation. I also understand that participation in any of those sports listed above may cause permanent disability or death. Please check appropriate space: He/She has student accident insurance available through the school (); has football insurance coverage available through the school (); is insured to our satisfaction ().

I also give my consent and approval for the above named student to receive a physical examination, as required in Part IV, Physician's Certificate, of this form, by an approved health care provider as recommended by the named student's school administration.

I consent to WVSSAC's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices or Scrimmages and Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

I have read/reviewed the concussion and Sudden Cardiac Arrest information as available through the school and at WVSSAC.org. (Click Sports Medicine)

Date: _____ Student Signature _____ Parent Signature _____

PART III – STUDENT'S MEDICAL HISTORY
(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Grade ____ Age ____

Has the student ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.,)
- Yes No 2. Any hospitalizations?
- Yes No 3. Any surgery (except tonsils)?
- Yes No 4. Any injuries that prohibited your participation in sports?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Knee, ankle or neck injuries?
- Yes No 7. Broken bone or dislocation?
- Yes No 8. Heat exhaustion/sun stroke?
- Yes No 9. Fainting or passing out?
- Yes No 10. Have any allergies?
- Yes No 11. Concussion? If Yes _____
Date(s) _____

- Yes No 12. Have any problems with heart/blood pressure?
- Yes No 13. Has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? List _____
- Yes No 15. Wear glasses ____, contact lenses ____, dental appliances ____?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have you ever been told not to participate in any sport?
- Yes No 19. Do you know of any reason this student should not participate in sports?
- Yes No 20. Have a sudden death history in your family?
- Yes No 21. Have a family history of heart attack before age 50?
- Yes No 22. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
- Yes No 23. (Females Only) Do you have any problems with your menstrual periods.

PLEASE EXPLAIN ANY "YES" ANSWERS OR ANY OTHER ADDITIONAL CONCERNS.

I also give my consent for the physician in attendance and the appropriate medical staff to give treatment at any athletic event for any injury.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE ____/____/____

PART IV – VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____
Visual acuity: Uncorrected ____/____; Corrected ____/____; Pupils equal diameter: Y N

PART V – SCREENING PHYSICAL EXAM

This exam is not meant to replace a full physical examination done by your private physician.

Mouth:		Respiratory:		Abdomen:	
Appliances	Y N	Symmetrical breath sounds	Y N	Masses	Y N
Missing/loose teeth	Y N	Wheezes	Y N	Organomegaly	Y N
Caries needing treatment	Y N	Cardiovascular:			
Enlarged lymph nodes	Y N	Murmur	Y N		
Skin - infectious lesions	Y N	Irregularities	Y N		
Peripheral pulses equal	Y N	Murmur with Valsalva	Y N		

Any "YES" under Cardiovascular requires a referral to family doctor or other appropriate healthcare provider.

Musculoskeletal: (note any abnormalities)

Neck:	Y N	Elbow:	Y N	Knee/Hip:	Y N	Hamstrings:	Y N
Shoulder:	Y N	Wrist:	Y N	Ankle:	Y N	Scoliosis:	Y N

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

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- _____ Full Approval;
- _____ Full approval; but needs further evaluation by Family Dentist ____; Eye Doctor ____; Family Physician ____; Other ____;
- _____ Limited approval with the following restrictions: _____;
- _____ Denial of approval for the following reasons: _____.

MD/DO/DC/Advanced Registered Nurse Practitioner/Physician's Assistant _____

_____/_____/_____
Date

DON'T LET AN INJURY LEAD TO AN OPIOID ADDICTION

2 MILLION ATHLETES ARE EXPECTED TO SUFFER A SPORTS INJURY THIS YEAR

MANY OF THESE ATHLETES WILL BE PRESCRIBED OPIOID PAINKILLERS

75% OF HIGH SCHOOL HEROIN USERS STARTED WITH PRESCRIPTION OPIOIDS

HIGH SCHOOL ATHLETES ARE AT RISK OF BECOMING ADDICTED TO PRESCRIPTION DRUGS

- 28.4% used medical opioids at least once over a three year period.
- 11% of high school athletes have used an opioid medication for nonmedical reasons.
- Nearly 25% of students who chronically use prescription opioids also use heroin.

WHAT ARE OPIOIDS?

Opioids are a powerful and addictive type of prescription painkiller that have similar chemical properties and addiction risks as heroin. While opioids may provide temporary relief, they do nothing to address the underlying injury and can have serious side effects.

These drugs may lead to dependence, tolerance, accidental overdose, coma and death.

The most common prescribed opioid painkillers in West Virginia are:

- Oxycodone (OxyContin)
- Hydrocodone (Lortab and Vicodin)

HOW TO PROTECT YOUR CHILD

- Talk to your healthcare provider about alternative pain management treatment options (see below).

First-time prescription opioid users have a 64% higher risk of early death than patients who use alternative pain medication.

- If your child is prescribed an opioid painkiller, talk about the dangers of misusing medication, including overuse and medication sharing.
- Monitor your child's intake of prescription medication to ensure he/she is following dosage instructions.
- Safely dispose of any unused medication through a prescription drug drop box or a DEA Take-Back program.

NON-NARCOTIC PAIN MANAGEMENT ALTERNATIVES

Physical Therapy
Chiropractic
Massage Therapy
Acupuncture
Over-the-Counter Medication



WEST VIRGINIA
ATTORNEY GENERAL'S OFFICE



West Virginia
Board of
Medicine

HEADS UP CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR PARENTS

What is a concussion?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

SYMPTOMS REPORTED BY ATHLETE	SIGNS OBSERVED BY PARENTS/GUARDIANS
<ul style="list-style-type: none"> * Headache or "pressure" in head * Nausea or vomiting * Balance problems or dizziness * Double or blurry vision * Sensitivity to light * Sensitivity to noise * Feeling sluggish, hazy, foggy, or groggy * Concentration or memory problems * Confusion * Just "not feeling right" or "feeling down" 	<ul style="list-style-type: none"> * Appears dazed or stunned * Is confused about assignment or position * Forgets an instruction * Is unsure of game, score, or opponent * Moves clumsily * Answers questions slowly * Loses consciousness (even briefly) * Shows mood, behavior, or personality changes

How can you help your child prevent a concussion or other serious brain injury?

- * Ensure that they follow their coach's rules for safety and the rules of the sport.
- * Encourage them to practice good sportsmanship at all times.
- * Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- * Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

What should you do if you think your child has a concussion?

SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

If you think your teen has a concussion:
Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.





WVSSAC

SUDDEN CARDIAC ARREST AWARENESS



What is Sudden Cardiac Arrest?

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

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

- SCA should be suspected in any athlete who has collapsed and is unresponsive
- Fainting, a seizure, or convulsions during physical activity
- Dizziness or lightheadedness during physical activity
- Unusual fatigue/weakness
- Chest pain
- Shortness of breath
- Nausea/vomiting
- Palpitations (heart is beating unusually fast or skipping beats)
- Family history of sudden cardiac arrest at age <50

ANY of these symptoms/warning signs may necessitate further evaluation from your physician before returning to practice or a game.

What causes Sudden Cardiac Arrest?

- Conditions present at birth (inherited and non-inherited heart abnormalities)
- A blow to the chest (Commotio Cordis)
- An infection/inflammation of the heart, usually caused by a virus. (Myocarditis)
- Recreational/Performance-Enhancing drug use.
- Other cardiac & medical conditions / Unknown causes. (Obesity/Idiopathic)

What are ways to screen for Sudden Cardiac Arrest?

- The American Heart Association recommends a pre-participation history and physical which is mandatory annually in West Virginia.
- Always answer the heart history questions on the student Health History section of the WVSSAC Physical Form completely and honestly.
- Additional screening may be necessary at the recommendation of a physician.

What is the treatment for Sudden Cardiac Arrest?

- Act immediately; time is critical to increase survival rate
- Activate emergency action plan
- Call 911
- Begin CPR
- Use Automated External Defibrillator (AED)

Where can one find additional information?

- Contact your primary health care provider
- American Heart Association (www.heart.org)



Cardiac Emergency Response Plan Sherrard Middle School



This Cardiac Emergency Response Plan is adopted by Sherrard Middle School effective 9-25-2024. This plan was reviewed and approved by medical and legal counsel for Sherrard Middle School on 9-25-2025.

A cardiac emergency requires immediate action. Cardiac emergencies may arise as a result of a Sudden Cardiac Arrest (SCA) or a heart attack but can have other causes. SCA occurs when the electrical impulses of the heart malfunction resulting in sudden death.

Signs of Sudden Cardiac Arrest can include one or more of the following:

- Not moving, unresponsive or unconscious, or
- Not breathing normally (i.e., may have irregular breathing, gasping or gurgling or may not be breathing at all),
- Seizure or convulsion-like activity.

Note: Those who collapse shortly after being struck in the chest by a firm projectile/direct hit may have SCA from commotio cordis.

The **Cardiac Emergency Response Plan** of Sherrard Middle School shall be as follows:

Cardiac Emergency Response Team

All SMS Coaches are CPR/ AED certified yearly and trained in sudden cardiac arrest.

Each sports team has an emergency plan for sudden cardiac events.

Automated external defibrillators (AEDs) – placement and maintenance

AED Placements at SMS

Mounted on the wall outside the main office

Mounted on the wall by the Library ramp

Mounted in the gym behind the scorer table

Inside the concession building at the football field

Baseball team coach takes an AED with them to practice and games off-campus

Sherrard Middle School

Cardiac Emergency Response Team PROTOCOL

For All Schools

Sudden cardiac arrest events can vary greatly. Faculty, staff, and Cardiac Emergency Response Team (CERT) members must be prepared to perform the below-mentioned duties. Immediate action is crucial to respond to a cardiac emergency successfully. Consideration should be given to obtaining on-site ambulance coverage for high-risk athletic events. The school should also identify the closest appropriate medical facility that is equipped in advanced cardiac care.

Follow these steps in responding to a suspected cardiac emergency:

(a) Recognize the following signs of sudden cardiac arrest and take action in the event of one or more of the following:

- The person is not moving, or is unresponsive, or appears to be unconscious.
- The person is not breathing normally (has irregular breaths, gasping or gurgling, or is not breathing at all).
- The person appears to be having a seizure or is experiencing convulsion-like activity. (Cardiac arrest victims commonly appear to be having convulsions).

Note: If the person received a blunt blow to the chest, this can cause cardiac arrest, a condition called commotio cordis. The person may have the signs of cardiac arrest described above and is treated the same.

(b) Facilitate immediate access to professional medical help:

- Call 9-1-1 as soon as you suspect a sudden cardiac arrest. Provide the school address, cross streets, and patient condition. Remain on the phone with 9-1-1. (Bring your mobile phone to the patient's side, if possible.) Give the exact location and provide the recommended route for ambulances to enter and exit. Facilitate access to the victim for arriving Emergency Medical Service (EMS) personnel.
- Immediately contact the members of the Cardiac Emergency Response Team.
 - Give the exact location of the emergency. ("Mr. /Ms. ___ Classroom, Room # ___, gym, football field, cafeteria, etc."). Be sure to let EMS know which door to enter. Assign someone to go to that door to wait for and flag down EMS responders and escort them to the exact location of the patient.
- If you are a CERT member, proceed immediately to the scene of the cardiac emergency.
 - The closest team member should retrieve the automated external defibrillator (AED) en route to the scene and leave the AED cabinet door open; the alarm typically signals the AED was taken for use.
 - Acquire AED supplies such as scissors, a razor, and a towel, and consider an extra set of AED pads.

(c) Start CPR:

- Begin continuous chest compressions and have someone retrieve the AED.
- Here's how:
 - Press hard and fast in the center of the chest. The goal is 100 compressions per minute. (Faster than once per second, but slower than twice per second.)
 - Use 2 hands: The heel of one hand and the other hand on top (or one hand for children under 8 years old), pushing to a depth of 2 inches (or 1/3rd the depth of the chest for children under 8 years old).
 - Follow the 9-1-1 dispatcher's instructions, if provided.

(a) Use the nearest AED:

- When the AED is brought to the patient's side, press the power-on button, and attach the pads to the patient as shown in the diagram on the pads. Then follow the AED's audio and visual instructions. If the person needs to be shocked to restore a normal heart rhythm, the AED will deliver one or more shocks.
Note: The AED will only deliver shocks if needed; if no shock is needed, no shock will be delivered.
- Continue CPR until the patient is responsive or a professional responder arrives and takes over.

(b) Transition care to EMS:

- Transition care to EMS upon arrival so that they can provide advanced life support.

(c) Action to be taken by Office / Administrative Staff:

- Confirm the exact location and the condition of the patient.
- Activate the Cardiac Emergency Response Team and give the exact location if not already done.
- Confirm that the Cardiac Emergency Response Team has responded.
- Confirm that 9-1-1 was called. If not, call 9-1-1 immediately.
- Assign a staff member to direct EMS to the scene.
- Perform "Crowd Control" – directing others away from the scene.
- Notify other staff: school nurse, athletic trainer, athletic director, etc.
- Ensure that medical coverage continues to be provided at the athletic event if on-site medical staff accompanies the victim to the hospital.
- Consider delaying class dismissal, recess, or other changes to facilitate CPR and EMS functions.
- Designate people to cover the duties of the CPR responders.
- Copy the patient's emergency information for EMS.
- Notify the patient's emergency contact (parent/guardian, spouse, etc.).
- Notify staff and students when to return to the normal schedule.
- Contact school district administration.

Sherrard Middle School CARDIAC EMERGENCY RESPONSE TEAM PROTOCOL

Simplified Adult BLS



