



TIM BULLINGTON
Director of Student Services

tim.bullington@heberschools.org
501-362-6712

Dear Parents/Guardians,

Welcome to the Heber Springs Athletic Program. This packet is prepared to approve your student-athlete for participation in our athletic programs and includes the following documents: Student-Athlete Emergency Contact Form, Drug Testing Form, Participant Agreement/Consent Form, Sports Medicine Fact Sheet, History Form, and Physical Exam Form.

These documents are required by the Heber Springs School District and the Arkansas Activities Association. The following pages need special attention from you and your student-athlete.

Page 2 - Completed Form

Page 3 - Signed and dated by Student-athlete and Parent

Page 5 - Signed and dated by Student-athlete and Parent

Page 11 - Signed and dated by Student-athlete and Parent

Page 12 & 13 - Completed Form signed and dated by Student-athlete and Parent

Page 14 - Completed Form signed and dated by Physician

If you have any questions, please reach out to my office or your head coach.

Sincerely,

Tim Bullington
Director of Student Services

#GoPanthers



STUDENT-ATHLETE EMERGENCY CONTACT FORM

Athlete's First Name _____
Athlete's Last Name _____
Athlete DOB _____ / _____ / _____
Upcoming Grade _____
Male _____ Female _____
Sports _____

PARENT/GUARDIAN AND EMERGENCY CONTACTS

Parent/Guardian Name _____
Home Phone _____
Alternate Phone _____
Email _____

Emergency Contact #1 _____
Phone _____
Alternate Phone _____

Emergency Contact #2 _____
Phone _____
Alternate Phone _____

**4.24.1F1d—DRUG TESTING POLICY GENERAL AUTHORIZATION
FORM**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Heber Springs School District Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules, and regulations set forth by Heber Springs School District Board and the sponsors for the activity in which I participate.

I authorize Heber Springs School District to conduct urinalysis to test for drugs. I authorize Heber Springs School District to conduct random tests during the current school year. I authorize the release of information concerning the results of such a test to the Heber Springs School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act (FERPA) for the release of above information to the parties named above.

Student Name (printed)

Student Signature

Date

Parent/Guardian Signature

Date

Date Adopted: 08/10/21
Last Revised:



Participant Agreement, Consent, Release, and Venue

This form is valid for the _____ school year and must be on file at the school in which the student is enrolled prior to participation.

Part 1. Student Agreement, Consent, And Release (to be signed by student at the bottom)

A. I know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and the Arkansas Activities Association (AAA) and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation and choose to accept such risks. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I also authorize physicians or other designated medical professionals associated with the AAA to review my individually identifiable health information and/or a video live feed of a health-related inspection/exam for the purpose of determining my eligibility to participate in certain athletic events. I further authorize the disclosure of my individually identifiable health information by any physician performing such examination to appropriate AAA and/or school officials or other health care officials involved in determining eligibility for participation in athletic events. I hereby consent to the disclosure by my school to AAA, upon its request, and hereby grant AAA the right to review all records including my SSID number relevant to my athletic eligibility including, but not limited to, my official transcripts, and records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. This Consent includes granting AAA the right to review all records otherwise protected by the Family Educational Rights and Privacy Act and all official transcripts provided to my school from any school. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 2. Parental Agreement, Consent, And Release (to be completed and signed by a parent(s) at the bottom; where divorced or separated, parent with legal custody must sign.)

A. I hereby give consent for my child to participate in any AAA recognized or sanctioned sport EXCEPT for the following sport(s):

B. I know of, and acknowledge that my child knows of, the risks involved in interscholastic athletic

participation. I authorize emergency medical treatment for my child should the need arise for such treatment while my child is under the supervision of the school. I further hereby authorize the use or disclosure of my child's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure, by my child's school, to the AAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child and further to use said child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

Part 3. Litigation

A. VENUE FOR ANY AND ALL LITIGATION AND ATTORNEY FEES. I agree that in the event I, or anyone acting on my child's behalf, files suit against AAA or any of its officers, directors, agents, or employees alleging any cause of action and seeking either legal or equitable relief impacting my child (individually) or my child's team participation in AAA contests, such action shall be filed in the Pulaski County, Arkansas, Circuit Court. I also agree that filing such action in the Pulaski County Circuit Court is both fair and reasonable.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE AND VENUE
CLAUSE (Only one parent/legal primary custodian signature is required)**

Parent Signature: _____	Date: _____
Parent Signature: _____	Date: _____
Student Signature: _____	Date: _____



Arkansas Activities Association

Sports Medicine Fact Sheet for Parents and Students

This document has been created by the Arkansas Activities Association Sports Medicine Advisory Committee. The committee's mission is to ensure Arkansas Activities Association member schools provide sound and consistent medical information to enhance the safety of their athletic programs. The AAA Sports Medicine Committee is committed to offering information and guidance to member schools on topics which impact the welfare of all those involved in interscholastic competition. The topics included in this fact sheet are: Exertional Heat Stroke, MRSA, Concussion, and Sudden Cardiac Arrest. The following pages contain important sports medicine information for parents and students. Please read the information and sign to acknowledge that you have received and reviewed the information.



Arkansas Activities Association

Exertional Heat Stroke Facts

WHAT IS EXERTIONAL HEAT STROKE

Heat stroke is a severe heat illness that occurs when a child's body creates more heat than it can release, due to the strain of exercising. This results in a rapid increase in core body temperature, which can lead to permanent disability or even death if left untreated.

WHAT ARE THE SIGNS AND SYMPTOMS OF HEAT STROKE

- Increase in core body temperature, usually above 104°F/40°C (rectal temperature)
- Central nervous system dysfunction, such as altered consciousness, seizures, confusion, emotional instability, irrational behavior or decreased mental acuity.
- Nausea, vomiting, diarrhea
- Headache, dizziness or weakness
- Hot and wet or dry skin
- Increased heart rate, decreased blood pressure or fast breathing
- Dehydration
- Combativeness

TREATMENT

- Locate medical personnel immediately. Remove extra clothing or equipment. Begin aggressively whole-body cooling by immersing in tub of cold water. If a tub is not available, use alternative cooling methods

such as cold water fans, ice or cold towels (replaced frequently), placed over as much of the body as possible

- Call emergency medical services for transport to nearest emergency medical facility.

WHEN SHOULD I PLAY AGAIN?

No one who has suffered heat stroke should be allowed to return until appropriate healthcare personnel approves and gives specific return to play instructions. Parents should work with medical professionals to rule out or treat any other conditions or illnesses that may cause continued problems with heat stroke.

Return to physical activity should be done slowly, under the supervision of appropriate healthcare professionals.



Arkansas Activities Association

MRSA Facts

WHAT IS MRSA

MRSA is methicillin-resistant *Staphylococcus aureus*, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with all regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the chances of the infection becoming severe. MRSA is spread by: having contact with another person's infections, sharing personal items such as towels or razors, that have touched infected skin, touching surfaces or items, such as used bandages, contaminated with MRSA.

WHAT ARE THE SIGNS AND SYMPTOMS MRSA

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by fever.

WHAT IF I SUSPECT MRSA SKIN INFECTION

Cover the area with a bandage and contact your healthcare professional. It is especially important to contact your healthcare professional if signs and symptoms of an MRSA skin infections are accompanied by fever.

HOW ARE MRSA SKIN INFECTIONS TREATED

Treatment may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to drain the infection yourself— doing so could worsen or spread it to others. If you are given an antibiotic, be sure to take all of the doses (even if the infection is getting better), unless your healthcare professional tells you to stop taking it.

HOW CAN I PROTECT MY FAMILY FROM MRSA SKIN INFECTIONS

- Know the signs and symptoms
- Get treated early
- Keep cuts and scrapes clean
- Encourage good hygiene
- Clean hands regularly
- Discourage sharing personal items such as towels and razors.

FOR MORE INFORMATION, PLEASE CALL

1 -800-CDC-INFO OR visit www.cdc.gov/MRSA



Arkansas Activities Association

Concussion Facts

WHAT IS A CONCUSSION

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION

Observed By The Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory Problems
- Confusion
- Does not "feel right"

Observed By The Parent/Guardian, Coach, or Teammate

- 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 behavior or personality changes
- Can't recall events after hit or fall
- Appears dazed or stunned

WHAT TO DO IF SIGNS/SYMPTOMS OF A CONCUSSION ARE PRESENT

Athlete

- TELL YOUR COACH IMMEDIATELY
- Inform parents
- Seek medical attention
- Give your self time to recover

Parent / Guardian

- Seek medical attention
- Keep your child out of play
- Discuss play to return to play with coach
- Address academic needs

WHERE CAN I FIND OUT MORE INFORMATION?

- Center for Disease Control - www.cdc.gov/concussion/HeadUp/youth.html
- NFHS Free Concussion Course - <http://nfhslearn.com/electiveDetail.aspx?courseID=15000>

RETURN TO PLAY GUIDELINES

1. Remove immediately from activity when signs/symptoms are present.

2. Release from medical professional required for return (Neuropsychologist, MD,DO, Nurse Practitioner, Certified Athletic Trainer, or Physician Assistant)
3. Follow school district's return to play guidelines and protocol



Arkansas Activities Association

Sudden Cardiac Facts

WHAT IS SUDDEN CARDIAC ARREST

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. The information presented below is to provide you with the knowledge you need to help the coach keep your child safe at practices and games.

WHAT ARE THE SIGNS AND SYMPTOMS OF SUDDEN CARDIAC ARREST

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Chest pain
- Dizziness
- Racing heart beat
- Extreme fatigue

GUIDELINES FOR REMOVAL OF A STUDENT FROM ACTIVITY

- Every coach and registered volunteer must receive training every three years on prevention of sudden cardiac death.
- Every athlete and parent must read and sign the AAA Sports Medicine Fact Sheet containing information on sudden cardiac arrest.
- Any athlete experiencing syncope (fainting), chest pains, shortness of breath that is out of proportion to their level of activity or an irregular heart rate should not return to practice or play until evaluated by an appropriate healthcare professional (MD, DO, APN, Certified Athletic Trainer).
- The referred athlete must be medically cleared by an appropriate healthcare professional prior to return to play/practice.

SIGNATURES

By signing below, I acknowledge that I have received and reviewed the attached AAA Sports Medicine Fact Sheet for Athletes and Parents. I also acknowledge and I understand the risks of injuries associated with participation in school athletic activity.

Athlete Name: _____

Athlete Signature: _____ Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM- Page 1

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

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth _____

Have you had COVID-19?: ☐ Yes ☐ No

Have you been immunized for COVID-19?: ☐ Yes ☐ No

If yes, you have had ☐ One shot ☐ Two shots

List past and current medical conditions: _____

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

Medicines and supplements- List all current medications, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, list all of your allergies (ie medicines, pollens, food, stinging insects): _____

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?			

HISTORY FORM- Page 2



BONE AND 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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery designed for writing.

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

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

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), 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

† Cleared for all sports without restriction

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

† Not cleared

† Pending further evaluation

† For any sports

† For certain sports _____

Reason: _____

Recommendations: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of provider: _____

Date of exam: _____

Address: _____

Phone: _____

Signature of physician, APN, PA: _____