

CLEVELAND PUBLIC SCHOOLS

ATHLETIC DEPARTMENT

Pre-Participation Physical and Consent Packet



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Student-Athlete Pre-Participation Checklist

- _____ Student Athlete's Participation Contract
- _____ Parent Release Audio and Video tape
- _____ Over-the-Counter Medication Permission Form
- _____ Student-Athlete Medical Release
- _____ Insurance Release
- _____ Concussion and Head Injury Acknowledgement
- _____ Heads Up Concussion in High School Sports: Parent Fact Sheet
- _____ Heads Up Concussion in High School Sports: Student Fact Sheet
- _____ Heat Illness Symptoms and Treatment
- _____ Transcript Release Form
- _____ Student Travel Agreement
- _____ Permission Slip To Take Alternative Transportation
- _____ Drug Testing Policy
- _____ Parental Consent Form for Driving
- _____ Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet
- _____ Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Signature Sheet
- _____ Athlete Health Acknowledgement

PLEASE NOTE: All Forms must be completed and returned to Athletic Department or Head Coach before a student-athlete will be able to participate in any form of practice or competition.

Student-Athlete Athletic Contract

Between: _____ and Cleveland Public Schools; Grade: _____
(Student Name)

Purpose:

Participation in extra-curricular activities in Cleveland Public Schools is a privilege, not a right. The athlete must earn this privilege through dedication, desire, and discipline. Without the pursuit of those, the athlete can in no way do justice to himself/herself or the school. The athlete must discipline him or herself to be a good citizen and student in order to achieve athletic excellence. The athletic department believes that tradition of winning is established and maintained upon these principles. In order for a determined course of addiction, for pursuit of athletic achievement and the character of training of young persons, the following "Athletic policies" must be understood and agreed to between the school, the student athlete and the parents.

Attendance:

All team members of each sport will attend all scheduled practices and meetings. No practices can be missed. If circumstances arise whereby the student athlete cannot attend practice or meeting, the coach must be notified prior to the practice or meeting missed by personal contact, phone call, or written statement from parent or guardian. Any athlete, who cuts practice, fails to appear for a game, fails to make a scheduled team or individual meeting, or fails to attend school on game day or practice days may not be allowed to suit up for any game or games for a period of time to be determined by the coach and athletic director. Excessive absences from team practices, games, or meetings may be cause for removal from the team and their athletic period. All athletes are required to attend class regularly. Athletes delinquent in class attendance are subject to disciplinary action. Student athletes receiving out of school suspension are automatically suspended from team participation in any form and will remain so until the head coach and the athletic director review his or her case. The student athlete could be dismissed from the team and removed from their athletic period. The Oklahoma Secondary School Activities Association rules indicate that a student must be in attendance a minimum of 90% of the time during the trimester or semester to maintain eligibility. Attendance on the day of a school activity is mandatory to be able to participate in the activity. Therefore, any student participating in a school activity on a school day may not be absent from school for more than half a day in order to participate in the school activity. It is understood that extenuating circumstances may occur. In those cases, the principal, and/or athletic director must be notified and they will determine eligibility for that day accordingly.

Eligibility:

To be eligible for athletics, the student athlete must be in compliance with the Cleveland Public School District policies concerning correct and legal enrollment and the rules of the OSSAA, each student athlete is subject to weekly eligibility that demands that he or she is passing in all classes. The student athlete is allowed a grace period for one week (probation) if he or she is failing. However, no student athlete can be on probation for two consecutive weeks. Each eligibility check applies to the next week (Monday-Sunday) of competition.

Sports Change:

It is recommended that all athletes participate in as many sports as they are capable. Once an athlete begins the in-season training period of a sport, he or she should not quit while that sport is in season. Any athlete who quits a sport to participate in another sport shall be subject to be withheld from participation, including practice, until the season of the sport dropped by the athlete is over. It shall be prerogative of the coach of the in-season sport and athletic director to release the athlete to another sport. No student athlete can participate in another sport until he or she has been cleared from the previous sport by obtaining a written release. When an athlete is released, that athlete shall be free to participate in their next sport of his or her choice.

Jobs:

The athlete shall not obligate him or herself to a job that in any way interferes with practice time or regular competition time.

Personal Appearance:

Because an athlete is constantly in the eyes of the public, he or she becomes a representative of the school and is considered to be in a position of leadership. Therefore, the athlete's personal appearance not only reflects his or her attitude but those whom he or she represents. His or her hygiene must be such that it is not harmful to the athlete's well-being while participating in athletic competition. Athletes will be required to adhere to the following:

1. Hair: the athlete's shall be groomed in such a way as not to interfere with the athlete's performance. (follow the guideline of the sport you are participating in)

2. Dress Attire: Athletes are expected to dress appropriately at all times during school hours and when attending school sponsored activities. Athletes shall follow the guidelines of the “Student handbook” in regards to the dress code, and adhere to specific rules of the sport in which you are participating in. No earrings should be worn while practicing or weight training.

Lack of adherence to the above rules may result in the student athlete being held out of practice and/or games. Failure to comply after further notifications may result in suspension from the team and/or removal from athletics.

Personal Health Practices:

Due to harmful upon the health of the individual, all athletes will refrain from the use of tobacco in any form and alcoholic beverages or abuse of drugs of any kind. Also, athletes must maintain a proper diet and rest. Verification of abuse of tobacco, alcohol, or drugs by the student athlete will result in immediate dismissal from the team and their athletic period.

Equipment, Fees, and Physical Examination:

All athletes will be required to pay an athletic fee, high School \$15, middle School \$10. All athletes will be required to replace lost gear by payment of the price equivalent to its replacement. All athletes will be required to have a signed physician’s examination, a medical consent form, an insurance waiver, and this athletic contract on file before athletic competition may begin. Cleveland Public School Athletic Department assumes no financial responsibility for injuries occurring to athletes.

School Decorum:

An athlete is expected to govern his or her conduct in accordance with the rules and regulations of the “Student Handbook” and violations of the student’s obligations under that handbook may result in removal from the team and their athletic period.

Lettering:

The provisions of criteria for earning a letter will be furnished to the athlete by the coach in that sport prior to the beginning of the season.

Specific Sports Rules and Regulations:

Each head coach will provide a copy of his or her specific rules, regulations, and guidelines and this athletic contract, which have been approved by the Athletic Department. Both documents require the careful reading, understanding, and signature of the student athlete and his or her parent or legal guardian.

Drugs and Alcohol:

Cleveland Public Schools is committed to providing a safe and drug-free learning environment. The purpose of this policy is to provide a clear message to students, parents, and citizens of the community that possession, use, distribution, sale, conspiracy to sell or possess or being in the chain of sale or distribution, or being under the influence of alcoholic beverages, low point beer (as defined by Oklahoma Law, i.e., 3.2 beer), illegal or illicit drugs, or look-alike drugs will not be tolerated on school property or going to or from or attending school events. All student athletes grade 7-12 will be tested. The test subjects will be selected randomly and tests will be done on a weekly basis. The penalties for failure are listed in the Athletic Drug Policy in this packet.

I understand that if I do not keep my agreement to fulfill the above obligation, I can be removed from athletics.

Students Signature

Date

Parent’s/ or Legal Guardians Signature

Date

Parental Release

For audio taping, and broadcasting school activities, news activity programs and performances

I understand my child may be audio taped and/or videotaped for school activities, news activity programs and performances during this school year. I give my permission for my child to be audio taped and/or videotaped, and hereby assign and authorize the producer all rights in and to such audiotape and/ or videotape. I also authorize the producer, without limitations, the right to reproduce, copy, exhibit, publish, broadcast, or distribute any such audiotape and/ or videotape, and expressly waive any rights or claim I may have against all broadcasting entities, including Cleveland Public Schools or any of its affiliates, subsidiaries, or assignees, or the Cleveland School Board of Education and all of its employees except as outlined in this release. I further understand that by granting permission for my child to be audio taped and/ or videotaped, I relinquish all control over reproduction, exhibition, publication, and distribution of the audio taped and/ or videotaped material. I also give permission for coaches to interact with my child through school appropriate video editing software, in order to watch game and practice film.

Student/ Athlete Signature _____

Date _____

Parent/ Legal Guardian Signature _____

Date _____

Over-the-counter Medication Permission Form

I _____ being the parent/ or legal guardian of _____, student athlete, hereby give permission to the coaches, training staff, team physician, and/or medical professionals of Cleveland Public Schools to administer over-the-counter medications such as ibuprofen, acetaminophen, antacids, anti-diareahals, etc. These medications will only be given out when deemed necessary by the people listed above. Please be aware all manufactures' directions will be followed.

Signature of Parent/ or Legal Guardian

Date

Student-Athlete Medical Release

Student Name	Grade	Date of Birth	Age	Sex
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Home Address	Zip	Parents Names
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To Whom It May Concern: I realize that participating in sports can be dangerous and serious injuries may result. My son/ daughter have my permission to participate in the following sport/ sports _____ . I give my permission for my child, _____ to receive emergency medical care in the event I am not in attendance at an event or I cannot be reached.

Signature of Parent or Legal Guardian	Date
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INSURANCE RELEASE

Check the appropriate blank and complete information for Item 1, if applicable.

_____1. This is to certify that my child is covered by the accident insurance listed below and has my permission to participate in all school-sponsored activities. It is agreed that the school will be relieved of all responsibility in the event of injury.

(Name of insurance and type of policy)

_____2. This is to certify that my child will be covered by a student accident insurance policy provided by the school

_____3. This is to certify that we have NO INSURANCE policy which will cover my/our child. However, he/ she have my permission to participate in all school activities. It is further agreed that the school will be relieved of all responsibility in the event of injury.

Signature of Parent or Legal Guardian	Date
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Mom's Work _____ Dad's Work _____

Mom's Cell _____ Dad's Cell _____

Emergency Contact: _____
(Please write name and phone number)

Family Medical Information:

Primary Care Physician's Name: _____ Phone Number: _____

Primary Care Dentist's Name: _____ Phone Number: _____

Insurance Company Name: _____ HMO/ PPO _____

Policy Holders Name: _____ Policy Number: _____ Hospital

Preference: _____

Does athlete wear glasses? _____ Contact Lenses? _____ Hearing Aids? _____

List any known Allergies: _____

List of Medication athlete carries: _____

Concussion and Head Injury Acknowledgement

In compliance with Oklahoma Statue 24-155 of Title 70, this acknowledgement form is the confirm that you have read and understand the Concussion Fact Sheet provided to you by Cleveland Public School related to potential concussions and head injuries occurring during participation in athletic programs.

I, _____ as a student-athlete who
(Please Print Athlete's Name)

participates in _____ within Cleveland Public School
(please print sport / sports)

Athletics during the 2016-2017 school year and I as the parent/ or legal guardian

_____ of _____ (Parent
/ Legal Guardian) (Student Athlete Name)

have read the information material provided to us by the Cleveland Athletic Department of Cleveland Public School related to concussions and head injuries occurring during participation in athletic programs and understand it's contents and warnings.

Signature of Student-Athlete Date

Signature of Parent / Legal Guardian Date

Given a copy of:

Heads Up: Concussion in High School Sports, A Fact Sheet for Parents and Guardians

Heads Up: Concussion in High School Sports, A Fact Sheet for Athletes.

For more information on concussions and traumatic brain injury, visit:

www.cdc.gov/TraumaticBrainInjury/

www.oata.net

www.ossaa.com

www.nfhslearn.com

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
Headache or “pressure” in head	Appears dazed or stunned
Nausea or vomiting	Is Confused about assignment or position
Balance problems or dizziness	Forgets an instruction
Double or blurry vision	Is unsure of game, score, or opponent
Sensitivity to light	Moves clumsily
Sensitivity to noise	Answers questions slowly
Feeling sluggish, hazy, foggy, or groggy Concentration or memory problems, Confusion	Loses consciousness (even briefly)
Just “not feeling right” or “feeling down”	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.

HEADS UP

CONCUSSION IN HIGH SCHOOL SPORTS

A fact sheet for Student-Athletes

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

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

- **DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.
- **GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.
- **TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

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

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

Heat Illness Symptoms and Treatments

(As stated by the National Athletic Trainers Association, July 1999)

	Symptoms	Treatments
Heat Cramps	<ul style="list-style-type: none"> *Muscle Spasms caused by an imbalance of water and electrolytes in muscle *Usually affects the legs and abdominal muscles 	<ul style="list-style-type: none"> *Rest in a cool place *Drink plenty of fluids, proper stretching and massaging *Application of ice in some cases
Heat Exhaustion	<ul style="list-style-type: none"> *Can be a precursor to heat stroke *Normally to high temperature *Heavy sweating *Skin is flushed or cool and pale *Headache and dizziness *Rapid pulse, nausea, and weakness *Physical collapse may occur *Can occur without prior symptoms, such as cramps 	<ul style="list-style-type: none"> *Get to a cool place immediately and out the heat *Drink plenty of fluids *Remove excess clothing *In some cases, immerse body in cool water
Heat Stroke	<ul style="list-style-type: none"> *Body's cooling system shuts down *Increased core temperature of 104 F or greater *If untreated it can cause damage to internal organs and even death *Sweating stops *Shallow breathing and rapid pulse *possible disorientation or loss of consciousness *Possible irregular heartbeat and cardiac arrest 	<ul style="list-style-type: none"> *Call 911 immediately *Cool bath with ice packs near large arteries, such as neck, armpits, and groin *replenish fluids by drinking or intravenously, if needed

Fluid Replacement

Weight Loss During Workout

2 pounds
4 pounds
6 pounds

Fluid Amount Needed to Refuel

32 oz. (4 cups or 1 sports bottle)
64 oz. (8 cups or 2 sports bottles)
96 oz. (12 cups or 3 sports bottles)

Guidelines for Hydrating During Exercise

1. Drink 16-24 oz. of fluid 1 to 2 hours before the workout or competition
2. Drink 8-10 oz. of water or sports drink during every 20 minutes of exercise
3. Drink before you feel thirsty. When you feel thirsty, you have already lost needed fluids.

Signature of Student Athlete

Signature of Parent/ Guardian

Transcript Release Form

I am requesting that my academic record (transcript) be released to colleges and universities that request it in regards to the recruiting process. Cleveland Public Schools may release my transcript to a college coach who requests it. I am willing for this information to be released.

Parent/ Legal Guardian Signature

Student Signature

Student Signature if over 18 years of age

Student Name when enrolled (if different from above): _____

Number of copies needed: _____

Mailing address where transcript is to be sent: _____

Whose attention does it need to be addressed to: _____

What sport is the transcript needed for: _____

Student Travel Agreement

I SHALL:

- Obey the student code of conduct in addition to any campus rules of discipline.
- Not possess or use tobacco, illegal drugs or alcohol
- Remain at all times with sponsor/ coach or assigned chaperone
- Not change buses without permission of the sponsor/ coach
- Secure transportation home upon my return
- Not use swimming pools or water parks or be involved in any type of recreational water activity unless prior approval has been granted by coach/ sponsor

IF TRIP IS OVERNIGHT, I SHALL ALSO:

- Not leave the lodging area unless accompanied by the coach/ sponsor or assigned chaperone
- Keep 11:00 p.m. curfew or as set by coach/ sponsor
- Be allowed to socialize in rooms provided the following guidelines are observed and permission is granted by coach/ sponsor
 - Doors will remain open.
 - Noise level will remain low so that other guests are not disturbed.
 - Students will return to their designated rooms at curfew.
 - Students will **not** have guest of the opposite sex in their rooms at any time.

Signing below indicates reading, understanding and agreeing to follow the above-mentioned rules and accepting the consequences for violations.

Student Name (please print)

Student Signature

Date

Parent/ Legal Guardian Signature

Date

CLEVELAND PUBLIC SCHOOLS ACTIVITY STUDENT DRUG TESTING POLICY

The Cleveland Board of Education in an effort to protect the health and safety of its extra-curricular activities students from illegal drug use and abuse, thereby setting an example for all other students of the Cleveland Public School District, proposes to adopt the following policy for drug testing of activity students.

STATEMENT OF PURPOSE AND INTENT

Although the Board of Education, administration, and staff desire that every student in the Cleveland Public School District refrain from using or possessing illegal drugs, district officials realize that their power to restrict the possession or use of illegal drugs is limited. Therefore, this policy governs only illegal drug use by students participating in certain extra-curricular activities. The sanctions imposed for violations of this policy will be limitations solely upon limiting the opportunity of any student determined to be in violation of this policy to a student's privilege to participate in extra-curricular activities. No suspensions from school or academic sanctions will be imposed for violations of this policy. This policy supplements and complements all other policies, rules, and regulations of the Cleveland Public School District regarding possession or use of illegal drugs. Participation in school-sponsored interscholastic extra-curricular activities at the Cleveland Public School District is a privilege. Students who participate in these activities are respected by the student body and are representing the school district and the community. Accordingly, students in extra-curricular activities carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, sportsmanship, and training, which includes avoiding the use or possession of illegal drugs.

Illegal drug use of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in extra-curricular activities which involve competition and upon the positive image these students project to other students and to the community on behalf of the Cleveland Public School District. For the safety, health and well-being of students in extra-curricular activities the Cleveland Public School District has adopted this policy for use by all participants in interscholastic extra-curricular activities which involve competition in grades 7-12.

The purposes of this policy are five-fold:

1. To educate students of the serious physical, mental and emotional harm caused by illegal drug use.
2. To alert students with possible substance abuse problems to the potential harms that drug use poses for their physical, mental, and emotional well-being and offer them the privilege of competition as an incentive to stop using such substances.
3. Ensure that students adhere to a training program that bars the intake of drugs.
4. To prevent injury, illness, and harm for students that may arise as a result from illegal drug use.
5. To offer students practices, competition and school activities free of the effects of illegal drug use.

The administration may adopt regulations to implement this policy.

I. Definitions

"Activity Student" means a member of any middle school or high school Cleveland Public School District sponsored extra-curricular organization, which participates in interscholastic competition. This includes any student that represents Cleveland Schools in any extra-curricular activity in interscholastic competition, such as, but not limited to, FFA, Academic Team, Band, Vocal, Cheerleader, and Athletics.

"Drug use test" means a scientifically substantiated method to test for the presence of illegal drugs or the metabolites thereof in a person's urine. "Random Selection Basis" means a mechanism for selecting activity students for drug testing that:

A. results in an equal probability that any activity student from a group of grade level activity students subject to the selection mechanism will be selected, and

B. does not give the School District discretion to waive the selection of any activity student selected under the mechanism.

"Illegal drugs" means any substance, which an individual may not sell, possess, use, distribute or purchase under either Federal or Oklahoma law. "Illegal drugs" includes, but is not limited to, all scheduled drugs as defined by the Oklahoma Uniform Controlled Dangerous Substance Act, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose. "Illegal drugs" shall also include, but is not limited to, alcohol and anabolic steroids.

"Positive" when referring to a drug use test administered under this policy means a toxicological test result which is considered to demonstrate the presence of an illegal drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.

"Reasonable suspicion" means a suspicion of illegal drug use based on specific observations made by coaches/administrators/sponsors of the appearance, speech, or behavior of an activity student; the reasonable inferences that are drawn from those observations; and/or information of illegal drug use by an activity student supplied to school officials by other students, staff members, or patrons.

Students in attendance at school and/or school sponsored event(s) and under the influence of illegal drugs as determined by school personnel and/or in possession of an illegal drug(s) and/or paraphernalia are subject to Cleveland Public Schools Board Policy and are subject to suspension from school.

II. Procedures

Each activity student shall be provided with a copy of the "Student Drug Testing Consent Form" which shall be read, signed and dated by the student, parent or custodial guardian and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activities. The consent requires the activity student to provide a urine sample when the activity student is selected by the random selection basis to provide a urine sample and at any time when there is reasonable suspicion to test for illegal drugs. No student shall be allowed

to practice or participate in any extra-curricular activities involving interscholastic competition unless the student has returned the properly signed "Student Drug Testing Consent Form."

Each year an orientation session will be held with each Activity Student to educate them of the sample collection process, privacy arrangements, drug testing procedures and other areas which may help to reassure the activity student and help avoid embarrassment or uncomfortable feelings about the drug testing process.

In addition, each Activity Student shall receive a copy of the Activity Student Drug Testing Policy. The head coach, sponsor or other designated school official shall be responsible for explaining the Policy to all prospective students.

All Activity Students will be required to sign a "Student Drug Testing Consent Form" before the student may participate in an extra-curricular activity covered under this policy. A student who moves into the district after the school year begins will be required to sign a "Student Drug Testing Consent Form" before they will be eligible for participation.

Drug use testing for Activity Students will be chosen on a random selection basis from a list of all Activity Students who are involved in off-season and in-season activities. The Cleveland Public School District will determine a monthly number of student names to be drawn at random from each grade level to provide a urine sample for drug use testing for illegal drugs.

In addition to the random drug test required above, any Activity Student may be required at any time to submit to a test for illegal drugs, or the metabolites thereof when an administrator, coach, or sponsor has reasonable suspicion of illegal or performance-enhancing drug use by that particular student.

Any drug use test will be administered by or at the direction of a professional laboratory chosen by the Cleveland Public School District. The professional laboratory shall be required to use scientifically validated toxicological testing methods, have detailed written specifications to assure chain of custody of the specimens, and proper laboratory control and scientific testing.

All aspects of the drug use testing program, including the taking of specimens, will be conducted so as to safeguard the personal and privacy rights of the student to the maximum degree possible. The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other private facility behind a closed stall. The professional testing company shall provide an employee of the same sex as the student to accompany the student to the restroom. All drug testing employees will be required to have a criminal background and sex offender registry check conducted by the OSBI and on file with the school district. If in the opinion of the drug testing company the urine specimen contains an adulterant or has been tampered with, the specimen will be treated as positive and policy consequences will be in effect. The monitor shall verify the normal warmth and appearance of the specimen. If at any time during the testing procedure the monitor has reason to believe or suspect that a student is tampering with the specimen, the monitor may stop the procedure and inform the principal/athletic director who will then determine if a new sample should be obtained.

An initial positive test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure is positive for the presence of an illegal drug or the metabolites thereof. The unused portion of a specimen that tested positive shall be

preserved by the laboratory for a period of one year. Positive student records will be kept on file for five years. Requests for additional testing will be at the expense of the parent/guardian.

III. Confidentiality

The laboratory will notify the building principal or designee of any positive test or adulterated/tampered specimen. To keep the positive test results confidential, the principal/athletic director or designee will only notify the student and the parent or custodial guardian of the student of the results. The principal/athletic director or designee will schedule a conference with the student and parent or guardian and explain the student's opportunity to submit additional information to the principal/athletic director or to the lab. The Cleveland Public School District will rely on the opinion of the laboratory that performed the test in determining whether the positive test result was produced by something other than consumption of an illegal or performance-enhancing drug. Test results will be kept in files separate from the student's other educational records, shall be disclosed only to those school personnel who have a need to know, and will not be turned over to any law enforcement authorities. The Board of Education will be presented a summary report at the conclusion of each nine weeks period of school. This report shall include the number of students tested by grade level, the number of positive tests, and the types of illegal substances.

IV. Appeal

An Activity Student who has been determined by the principal/athletic director to be in violation of this policy shall have the right to appeal the decision to the Superintendent or his/her designee(s). Such request for a review must be submitted to the Superintendent in writing within five (5) calendar days of notice of the positive test. A student requesting a review will remain eligible to participate in any extra-curricular activities until the review is completed. The Superintendent or his/her designee(s) shall then determine whether the original finding was justified. No further review of the Superintendent's decision will be provided and his/her decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the Superintendent which shall be final and non-appealable. The Superintendent shall report to the Board of Education all appeals and the Superintendent's decision.

V. Consequences

Any Activity Student who tests positive in a drug test under this policy shall be subject to the following restrictions:

A. For the First Offense:

The parent/guardian will be contacted and a private conference will be scheduled with the student, parent/guardian, athletic director/designee, director of student assistance programs, and/or principal/designee to discuss the positive test result.

The student will be suspended from participation in all activities covered under this policy for ten (10) school days. After this ten day period the student may resume participation once they have provided proof to the school that they have completed a drug and alcohol assessment with a licensed drug and alcohol counselor and has completed four (4) hours of substance abuse education/counseling from a qualified drug treatment program or counseling entity the cost of

which will be paid for by the parent/guardian. Additionally, the student will be tested for the remainder of the school year. The time and date will be unknown to the student and determined by school personnel.

These requirements and restrictions shall begin immediately, consecutive in nature, unless a review appeal is filed following receipt of a positive test. Should the parent/student not agree to these provisions the consequences listed in this policy for the second offense will be imposed.

B. For the Second Offense (in the same school year):

Complete suspension from participation in all extra-curricular activities including all meetings, practices, performances, and competition for the remainder of the school year, or eighty-eight school days (1 semester) whichever is the longer.

VI. Refusal to Submit to Drug Use Test

A participating student who refuses to submit to a drug test authorized under this policy, shall not be eligible to participate in any activities covered under this policy including all meetings, practices, performances and competitions for the remainder of the school year or eighty-eight school days whichever is the longer. Additionally, such student shall not be considered for any interscholastic activity honors or awards given by the school.

* * * *

Cleveland Public Schools is committed to cooperating with parents/guardians in an effort to help students avoid illegal drug use. The Cleveland Public School District believes accountability is a powerful tool to help some students avoid using drugs and that early detection and intervention can save lives.

**Cleveland Public School District
Student Drug Testing Consent Form**

Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities at the Cleveland School District is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Cleveland Public School District. For the safety, health, and well-being of the student of the Cleveland Public School District, the Cleveland Public School District has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students at the middle school and high school levels.

Participation in Extra-Curricular Activities

Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample when chosen by the random selection basis and at any time requested based on reasonable suspicion to be tested for illegal drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

Student's Last Name	First Name	MI	Student ID#
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I understand after having read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health, the Cleveland Public School District enforces the rules applying to the consumption or possession of illegal drugs. As a member of a Cleveland extra-curricular interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption or possession of drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

Signature of Student	Date
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We have read and understood the Cleveland Public School District "Activity Student Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participates in the extra-curricular interscholastic programs of the Cleveland Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Signature of Parent or Custodial Guardian	Date
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Signature of Coach/Sponsor/Designee	Team
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Parent Consent Form Transportation

I understand that my child, _____ may miss some classes on game/ match day and I take the responsibility for transporting my student to and from the bus loading area or give permission for my student to ride in a private car.

Because of the distance that must be traveled, I hereby give my permission for my child, _____ to ride in a private car or school bus to practice and athletic events and activities.

I give permission for my child, _____ to transport students to athletic practice or an athletic event in his/ her private vehicle.

Signature of Parent or Legal Guardian

Date

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

While studies have shown sudden cardiac death among young athletes is very uncommon, SCA is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- a racing heart;
- dizziness;
- chest pains; or
- extreme fatigue.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

OK State Department of Health and OK State Department of Education: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/1/2015

Can you screen for cardiac abnormalities?

The annual sports pre-participation physical examination includes a personal and family health history to screen for symptoms or warning signs of SCA.

An electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the pre-participation examination reveals an indication for these tests.

Senate Bill 239 – The Chase Morris Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to address any sport sanctioned and offered in grades 7 through 12 by a school district in order to keep student-athletes safe while practicing or playing. The requirements of the act are:

- All student-athletes and their parents or guardians must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, pediatric cardiologists and athletic trainers.
- In order to coach an athletic activity, coaches are required once each year to complete an approved SCA training course offered by a provider approved by the Oklahoma State Department of Health.

Removal from play/return to play

- Any student who collapses or faints without a concurrent head injury while participating in an athletic activity shall be removed by the coach from participation at that time.
- Any student who is removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a health care provider. Health care provider is defined as a person who is licensed, certified, or otherwise authorized by the laws of this state to practice a health care or healing arts profession or who administers health care in the ordinary course of business (such as a physician, physician assistant, advanced practice nurse, or cardiologist).

Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs

CLEVELAND PUBLIC SCHOOLS

(NAME OF SCHOOL)

I have reviewed the Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms (SCA) and Warning Signs informational material jointly developed by Oklahoma State Department of Health and the Oklahoma State Department of Education and understand the symptoms and warning signs of SCA related to participation in athletic programs.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

Athlete Health Acknowledgements

In compliance with Oklahoma Statute Sections 24-155 and 156 of Title 70, this acknowledgement form confirms that you have read and understand the Concussion/Head Injury Fact Sheet and the Sudden Cardiac Arrest Fact Sheet provided to you by the Cleveland Public School District related to these potential adverse health conditions which may occur during participation in athletics.

I, _____(please print student-athlete's name) as a student-athlete who participates in athletics and I, _____(please print parent/guardian's name) as the parent/legal guardian, have read the information material provided to us by Cleveland Public School District related to sudden cardiac arrest and concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

TIGER PARENT GUIDELINES

If you have a concern to discuss with a coach, the procedure you should follow is below:

1. Call the Coach directly to set up an appointment to address your concerns.
2. Please do not attempt to confront a coach before or after a contest or practice. These can be emotional times for both the parent and the coach. Meetings of this nature usually do not promote positive resolutions.

The Next Step:

What can a parent do if the meeting with the coach did not provide a satisfactory resolution?

1. Call the Athletic Director and set up an appointment with him to discuss your concerns.
2. The Athletic Director will then schedule a meeting with the parent and coach.
3. At this meeting, the appropriate next step can be determined.

Parent Code of Conduct:

1. Make sure your child understands that win or lose, you love him or her.
2. Be realistic about your child's physical ability.
3. Help your child set realistic goals.
4. Emphasize "improved" performance, not winning.
5. Provide a safe environment for training and competition.
6. Don't relive your own athletic past through your child.
7. Control your emotions at games and events. Let the coach do the coaching.
8. Be a "cheerleader" for your child and children on the team.
9. Respect your child's coaches. Communicate with them in a positive way. Encourage others to do the same.
10. Be a positive role model.

Be sensible, responsible and keep your priorities in order. Remain respectful to the officials even when you don't agree with them. You, as well as your child, are a reflection of what the Cleveland Tigers stand for. There is a lot more at stake than winning record. Spectators and Parents may be removed from the sporting event if these rules are not followed. Repeated offenses may result in spectators and parents not being able to attend school events.

Parent Coach Relationship

Both parenting and coaching are extremely difficult vocations. By establishing an understanding of each position, we are better able to accept the actions of the other and provide a greater benefit to children. As parents, when your children become involved in our program, you have the right to understand what expectations are placed on your child. This begins with clear communications from the coach of your child's program.

Communications You Should Expect from Your Child's Coach

1. Philosophy of the Coach.
2. Expectations and goals the coach has for your child as well as for the team/season.
3. Team requirements, special equipment, strength and conditioning program.
4. Procedure if your child is injured during participation.

5. Team rules, guidelines and consequences for infractions.

Communication Coaches Expect from Athletes/Parents

1. Concerns expressed directly to the coach.
2. Notification of any schedule conflicts in advance.
3. Notifications of illness or injury as soon as possible.

As your child becomes involved in the programs at Cleveland Public Schools, he or she will experience some of the most rewarding moments of his or her life. It is important to understand that there also may be times when things do not go the way you and your child wish. At these times, discussion with the coach is encouraged. It is the first and most integral step to understanding and resolution.

Appropriate Concerns to Discuss with Coaches:

1. The treatment of your child.
2. Ways to help your child improve.
3. Concerns about your child's behavior.

It is very difficult to accept your child not playing as much as you hope. Coaches are professionals. They make decisions based on what they believe to be the best for all student athletes involved. As you have seen from the list on the preceding page, certain things can be and should be discussed with your child's coach. Other things, such as those listed below, must be left to the discretion of the coach:

1. Playing time.
2. Team strategy.
3. Play calling.
4. Other student athletes.

There are situations that may require a conference between the coach and player, or coach and parent. These conferences are encouraged. It is important that all parties involved have a clear understanding of the other person's position. When a conference is necessary, the procedure listed at the beginning of this form should be used to help resolve any concerns.

We appreciate you support!!!!

I have read these Guidelines and understand appropriate conduct for a Tiger parent.

Parent or Guardian Signature: _____

Parent or Guardian Signature: _____

Student Signature: _____

Athlete's Name (Print): _____