



Sevier County Schools Athletic Handbook



LECONTE
MEDICAL CENTER

Sports Medicine

Pre-Participation Physicals

Prior to participating in TSSAA sanctioned athletics, several forms must be completed. All student athletes must have a current physical on file with their coach or athletic trainer. This physical must be signed by a doctor of medicine, osteopathic physician, physician's assistant, or certified nurse practitioner. Physicals must be given after May 1 to be valid for the following school year and are good for one year from the date taken. A physical must be obtained before participating in any practices, scrimmages, or games.

Every year LeConte Medical Center offers sports physicals for all Sevier County high Schools. The physicals are usually held during the first two weeks in May. These are for all athletes. Prior to physicals, the date, times, and location will be posted on the LeConte Medical Center website at www.lecontemedicalcenter.com in the Sports Medicine Outreach section. You can also ask your athletic trainer or coach for specific dates and times. We strongly encourage parents and students to take advantage of this opportunity, but you are always welcome to obtain a physical from another provider. If you choose to see another provider please obtain a physical form from your coach or athletic trainer to be filled out and signed.

The Sports Medical Permission Form should be attached to your physical form. It is important that you fill this form out, and that both the student and a parent sign this form. This acknowledges that there is certain risk in participating in athletics. It allows any physician and/or athletic trainer associated with your high school to render aid if deemed necessary. It also releases the high school from any liability for any damages or injuries sustained as a result of participation in athletics. It is required that no student be permitted to participate in practice sessions or in athletic contests until there is on file a parental consent certificate signed by a parent or legal guardian stating that the student has the consent of his/her parent(s) or legal guardian to participate.

Medical Information Sheet

This form provides valuable information that would be needed in case of an emergency and is to be kept on file with your athletic trainer at all times. It is very important that this form is filled out completely, to the best of your ability, signed and returned promptly to your athletic trainer. This form provides emergency contact information, insurance information, and permission for the student athlete to be treated in the event that a parent cannot be reached. It also provides us with information on any special medical conditions your child might have, allergies, or medications they may be taking. **The Medical Information Sheet can be found on the last page of this booklet and must be completed and returned to your athletic trainer as soon as possible.**

In the Event of an Injury

The athletic trainer will evaluate the injury and the appropriate course of action will be taken. In most cases injuries are minor in nature and the athlete can be treated successfully in the athletic training room at their high school. If the injury is more extensive or will require further medical evaluation by a physician the athlete's parents or guardian will be notified.

In some cases the athletic trainer will accompany teams to away games. Unfortunately that is not always possible. If an athlete is injured on the road they should report their injury to the coach. Many area high schools have certified athletic trainers but this is not always the case. The host athletic trainer will most likely provide basic care for the injury and refer the athlete back to their athletic trainer.

If you are concerned about an injury your child sustained please call the athletic trainer. Some injuries that appear minor one day can become more severe the next day. Please do not hesitate to call so that your athletic trainer can assist you in deciding what to do. As always it is your right as a parent to seek medical care for your child if you have any doubts as to the seriousness of their injury.

In order to better accommodate local student athletes, Several Orthopedic clinics offer after hours or weekend clinics. This allows athletes to be treated by a physician in a timely manner without students having to miss school and parents missing work. Please see you schools athletic trainer or call the LeConte Sports Medicine coordinator at 865-755-5742

Please note that all medical information provided shall be stored in a separate file from a student's normal school records. The Athletic Trainer and the Sevier County School System shall take necessary steps to ensure that student's medical information remain both private and protected

Insurance Information

Should you seek medical attention beyond the on-site care of your athletic trainer, your personal insurance serves as your primary insurance. The facilities which you are attending for medical care will be able to tell you whether they are in your carrier's network or not. Should you require the care of a specialist, including orthopedics, you need to check with your insurance company and see if they require a referral to see a specialist. There should be a 1-800 number on the back of your insurance card that you can call to find out. If a referral is needed, call your family practice physician and request that a referral be faxed to the specialist.

Each Student athlete in Sevier County is required to have school insurance. This serves as a secondary insurance if your son or daughter is injured while participating in school athletics. In order to receive the benefits from this insurance, please have your child pick up a school insurance form at their school from the coach, athletic director or athletic trainer. Follow the steps below:

Student Athlete Insurance Information

Fill out part A and B of the form

Have a coach or Athletic Trainer sign part A

Make Multiple copies of completed Form

Send copies to each medical facility you have visited for this particular injury. (i.e.: LeConte Medical Center, family physician, ER, etc...)

Read and follow instructions on forms and mail form along with any itemized bills or EOB's to scholastic insurers

Keep a copy for your records

Call Scott Byrd at 865-755-5742 if you have any questions

If your son or daughter seeks professional medical care, please make sure that your child returns with a written treatment plan or release form signed by the physician. This will be required in order for them to return to participation.

Tips for Injury Care

R.I.C.E.

Immediate treatment of an injury should include the R.I.C.E. principle to reduce pain, swelling and promote healing

R= Rest

Do not do any needless activity with the injured area. Crutches, a sling or splint will be provided if necessary

I= Ice

Ice helps to decrease the amount of swelling. Ice should be applied no more than 20 minutes every two hours

C=Compression

An ACE wrap should be applied to the injured area to control the amount of swelling. Be careful not to wrap so tight that it causes numbness, tingling, or loss of circulation to the injured area or below it. The wrap should not be worn to sleep.

E= Elevate

Legs should be elevated to hip level and arms should rest on a table whenever possible

Ice or Heat – Which should I use?

Ice should be used immediately following an injury, with pain that is intense, throbbing, stabbing or sharp. It should be applied for 20 minutes and used regularly over the next 48 – 72 hours.

Please do not use chemical packs longer than 15 minutes. Be sure to place a towel between the pack and the skin. Chemical packs may be colder than 32 degrees and can cause frostbite. Never fall asleep while icing. If you are allergic to cold or develop an irritation it is recommended that you place a towel between the ice and your skin. It is usually not necessary because melting water creates the barrier.

After the acute phase of an injury, once the student athlete has resumed some activity, ice should be applied after activity until the injury has healed.

Heat should not be used until 48-72 hours after an injury, once the swelling has decreased. It can be applied to dull, achy pain over large muscle areas or joints where no swelling is present. This type of soreness is usually due to muscle tightness or joint stiffness that may be associated with improper preparation for activity. Moist heat should be applied no more than 20 minutes then removed for at least 2 hours.

After the acute phase of an injury, heat can generally be used to loosen up the injury area before activity. NEVER use a sports cream under a moist heat application. This can lead to tissue damage and burns.

Understand that these are only general guidelines. Please check with you athletic trainer for treatments specific to your child's injury

Head Injuries and ImPACT Testing

LeConte Medical Center and the Sevier County Board of Education are currently implementing an innovative program for our student athlete population who are participating in contact sports. The purpose of this program is to provide an essential tool for assisting our physicians / athletic trainers in assessing and treating head injuries (i.e.: concussions). Sports that involve an increased chance of head injury include contact sports. In order to better manage concussions sustained by our student athletes, we have acquired a software tool called ImPACT (Immediate, Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, high school and clinical programs across the country to successfully assess and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of the head injury and when the injury is fully healed.

The computerized test is given to athletes prior to beginning contact sport practice or competition. After the initial testing, the baseline test is repeated every other year due to continued development at the high school age group. This non-invasive test is set up in “video game” type format and takes approximately 20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed and concentration. It, however, it is not an IQ test.

If a concussion is suspected, athletes will be required to re-take the test before returning to participation. Both the preseason and post-injury test data is reviewed by the athletic trainer to help assess the injury. The information gathered can also be shared with your family doctor or one of our sports medicine physician resources if necessary. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to you child, you will be promptly notified with all the details.

We are excited to implement this program given that it provides us with the best available information for managing concussions and preventing potential brain damage that can occur with multiple brain concussions.

In order for your child to participate in this important testing, you must complete, sign, and return the forming the back of this booklet. Please feel free to contact you athletic trainer or the sports medicine outreach coordinator if you have any questions regarding ImPACT testing.

Head Injuries

Head injuries can be a troublesome experience for both the athlete and the parents. The following page contains information regarding the management of head injuries once you take your child home. Please do not take this as a replacement for medical attention, but as only a homecare guideline once proper medical care has been received. If you have any doubts, do not hesitate to seek more medical care.

It is important that you speak with your child regarding the importance of reporting his/her head injury to an Athletic Trainer, a coach or a medical provider. The Sevier County Schools System needs parent help to ensure that student athletes take head injuries seriously.

Head Injury Home Care

Any athlete receiving a blow to the head may have an injury to the brain or the small blood vessels that is *not always evident immediately following the incident*. It is very important that the athlete is observed closely during the 48 hours following the injury. It is imperative that a doctor be contacted immediately if any signs of deterioration are observed.

The following is a list of signs that may reveal further problems:

1. **Noticeable changes in the level of consciousness:** difficulty awakening or losing or consciousness suddenly.
2. **Persistent Vomiting:** for a more severe head injury, vomiting will often occur once or twice after the trauma. However, vomiting should not occur more than twice, nor should it begin again hours after ending.
3. **Dilation or enlargement** of one pupil.
4. **Weakness or paralysis:** the athlete may not be able to use either arm or leg as well as previously. The athlete may also be progressively unsteady in walking.
5. **Headaches:** a headache is common after injury. A common warning sign is when the headache becomes more severe. Many over-the-counter medications can “mask” or hide the symptoms and can actually make the condition worse. Most authorities agree that it’s in the athlete’s best interest to refrain from using medications for at least 24 hours after a blow to the head.
6. **Convulsions or Jerking** and or stiffening movements of arms and legs.
7. **Confusion**, disorientation, memory loss, changes in personality.
8. **Speech** becomes slurred or inability to talk.
9. **Blurred or double vision** or failure of eyes to move as a pair
10. **Marked restlessness**
11. **Decreased or irregular pulse**, changes in respiration or difficulty breathing
12. **Dizziness**, poor balance or unsteadiness

If any of the above should start to occur or deteriorate, take you child to a hospital immediately.

It is important to pay close attention to head injuries, even those that seem minor. A second blow to the head before the first injury has resolved could result in Serious Consequences. It is imperative that your child be free from all signs and symptoms before returning to competition.

If you have any questions, it is always better to be safe than sorry- consult your family physician or have your child evaluated by a medical professional.

TSSAA Concussion Policy

The TSSAA has issued a policy on concussions and it states:

Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health-care professional.

This policy allows the officials of an athletic contest to remove any athlete who exhibits signs of a concussion, and the player may only return to competition after they have been examined by a licensed medical doctor (M.D.), Osteopathic Physician (D. O.) or Clinical Neurophysiologist who must have signed a “TSSAA Concussion Return to Play” form and given it to the official in charge of the event.

This means that if a player is removed from a contest by an official, the player cannot be evaluated and returned to play by the Athletic Trainer.

According to the TSSAA:

Common Symptoms of Concussion Include:

- Headache
- Fogginess
- Difficulty concentrating
- Easily confused
- Slowed thought processes
- Difficulty with memory
- Nausea
- Lack of energy, tiredness
- Dizziness, poor balance
- Blurred vision
- Sensitive to light and sounds
- Mood changes – irritable, anxious, or tearful

Suggested Concussion Management:

1. No athlete should return to play (RTP) or practice on the same day of a concussion
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.

Nutrition Tips

To Increase Energy

Hydrate

Eat enough (remember carbs, protein and fat)

Don't skip meals

Eat every 3-4 hours

Include rest days

Eat Breakfast: a breakfast rich in carbohydrates with some protein serves as fuel to your muscles for the day's workout.

Eat Before and After Practice: eating a small meal or snack 1-2 hours before practice gives you energy to burn during your workout. After practice, your body needs carbohydrates and protein to rebuild muscle.

During exercise?

Solid or Liquid carbs digest equally well

Sports Drinks

Sports Bars

Fruit and Water

Gels and Water

Recovery after exercise

Muscle reloading

Eating high carb, moderate-protein snacks immediately after practice

Eat more within 2 hours after practice: 2 Carbs and 1 protein

Healthy Food Choices?

Carbohydrate rich foods:

Whole grain cereals

Whole Grain breads

Pasta

½ cup raisins

Sports Drink

Watermelon

Bananas

Apples

Protein Rich Foods:

Lean Meats

Fish

Peanut Butter or peanuts

Beef Jerky

Sunflower seeds

Milk

Yogurt

Beans

Pre-Game meal planning

Increase fluid, increase Carbs, decrease Protein, decrease Fat, Decrease Fiber

500-100 Calories taking into account digestion times Don't try new foods

Key Point: what you eat today, fuels your body tomorrow

Team Meals

Well-Balanced=protein, carbs, fat

Simple tried and true vs. new stuff

FLUIDS

watch the junk food

Examples: Veggie Tray and spinach dip, Sub Sandwiches, fresh fruit tray,

Pasta with low-fat meat sauce, wraps/roll-ups, Potato or Taco Bar.

On the road...

Fast Food: Hamburger or Chicken sandwich, side salad, low-fat milkshake

Buffet Restaurants: Lean Meat, two vegetables, salad, bread

Snacks: Water, Sports Drink, cereal, bagels, fruit, sandwiches, energy bars

Heat illness and Hydration

Exertional heat illness is a potentially fatal condition and is described in the following categories:

Heat Cramps- dehydration, thirst, sweating, muscle cramps and fatigue.

Heat Syncope- dehydration, fatigue, tunnel vision, pale or sweaty skin, decreased pulse rate, dizziness, lightheadedness, fainting

Heat Exhaustion- normal or elevated body temperature, dehydration, lightheadedness, headache, nausea, persistent muscle cramping, cool clammy skin, profuse sweating, weakness, hyperventilation

Heat Stroke- elevated body temperature(104 and up); hot, wet, or dry skin; confusion; irrational behavior; weakness; increased pulse rate, irritability; loss of consciousness

The TSSAA has issued a state wide heat policy relating to heat related illnesses. This policy is to help coaches, certified athletic trainers and athletic directors prevent exertional heat related illness in athletes. More information is available on the Sevier.org web site as well as the Lecontemedicalcenter.org

While many factors can lead to heat illness, dehydration is a common cause. Every athlete must be responsible for maintaining their own hydration throughout the day, not just during practice and games. The following guidelines can help your child stay hydrated.

Pre activity hydration:

Consume 16-20 ounces of water along with a sports drink 2-3 hours before activity. Drink another 6-10 ounces of water 10-20 minutes before activity.

What not to drink: Fruit juices, caffeine, alcohol, carbonated beverages or energy drinks

During activity hydration:

Do not wait until you are thirsty to drink! Drink at least 6-10 ounces of water every 10-20 minutes to maintain hydration. Sports drinks are recommended for activities lasting longer than 45 minutes.

Post-activity re-hydration

Athletes should consume 16-20 ounces of fluid (water or sports drink) for every pound lost of body weight

Heat index measurements should be taken on-site by the coach or athletic trainer 30 minutes prior to activity for the day by a digital heat index monitoring system. The heat index reading will determine the precautions that must be taken during physical activity. The entire policy is available on the sevier.org and lecontemedicalcenter.com websites as well as with each athletic trainer at your school.

Staph Infection in Athletics: Prevention is the Key!

In recent years, bacterial skin infections in athletes have been on the rise. The most prevalent of these bacterial infections involves a strain called Methicillin-resistant Staphylococcus aureus (MRSA). MRSA, common in hospitals and nursing homes for many years, has become a concern in the athletic population at all levels of competition. Many of the commonly used prescription antibiotics are ineffective in treating this infection.

High risk individuals include all athletes that use a team facility, locker room, weight room, wrestling room and team showers), and contact sport athletes (football, wrestling, rugby), but anyone can contract this bacteria if they come in contact with infected persons or items. MRSA is passed much like the flu and the common cold through casual contact and contact with contaminated items.

Skin wounds and abrasions are very common in athletics. Please report any wounds to the athletic trainer so they can be properly cleaned and dressed. The following are signs and symptoms of any type of infection, regardless of MRSA:

- Bright red surrounding the area
- Bright red streaking leading away from the area
- Oozing pus from the area
- Inflammation and or extreme pain around the area
- Fever

Identification of MRSA can be difficult and is often misdiagnosed. The following are signs and symptoms which could indicate MRSA:

- “pimple” or “insect bite” like lesion that grows quickly
- area is often red and hot
- lesion usually becomes very painful and hard around the core in 2 or 3 days
- if the lesion opens there is commonly a dark, milky puss that weeps out

Symptoms can be at the site of a previous cut or break in the skin or at areas of high friction, where protective equipment or uniforms rub. Any wound that looks suspicious, or is not healing should be evaluated by a qualified medical person as soon as possible to determine if additional treatment and medication is required. All wound should be cleaned regularly with soap and water and should be covered during activity.

Treatment:

- See a physician!
- Remove athlete from all athletic participation until the infection is under control and the wound is not weeping. MRSA can spread through a team within days causing other participants to become sick, so removal from contact is extremely important.

Prevention: as with most things in life, prevention is the key to keeping your athlete healthy!

- Regular hand washing and general cleanliness significantly decreases the risk of infection
- Cleaning uniforms and protective equipment regularly with hot water and detergent keeps the risk of reintroducing the bacteria back to the user
- Sharing of personal equipment (i.e.: helmets and pads) and clothing should be discouraged
- If an item is shared, it should be cleaned thoroughly between users
- Community areas such as locker rooms and weight rooms should be cleaned regularly and should smell clean. The unpleasant smell common in locker rooms is caused by the growth of fungus and bacteria and is a sign of a potential hazard.
- Use of hard surface sanitizers and commercial grade antibacterial cleansers is effective in killing the bacteria in team locker rooms, showers and toilet facilities.
- Include an antibacterial additive in team laundry to eliminate the risk of cross contamination.
- Use hand sanitizer between hand washings and washing bath towels after each use.

Please feel free to contact your athletic trainer with any questions for assistance with injury care. The LeConte Sports Medicine staff is committed to providing expertise not only for you athlete, but also for relatives, friends and classmates. Do not hesitate to call for a free injury screening or advise regarding orthopaedic injuries.

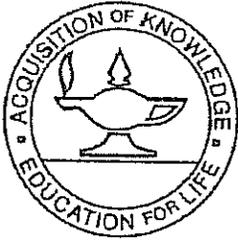
Athletic Trainers' phone list

Name	School	Phone
Michelle Myers	Sevier County	865-755-5743
Scott Byrd	Gatlinburg Pittman	865-755-5742
Jason Seaton	Seymour	865-256-4157
Carolina Merchen	Pigeon Forge	865-755-5744
Jay Smith	Northview Academy	TBD

Scott Byrd
Sports Medicine Coordinator
LeConte Sports Medicine
Office & Cell: 865-755-5742
Email: sbyrd@covhlth.com

We also would like to encourage you to visit our web site at www.lecontemedicalcenter.com to find out more information on:

- Patient education
- Sports medicine outreach
- Physical forms
- Hospital services available



Sevier County School System

Dr. Jack A. Parton, Director of Schools

226 Cedar Street
Sevierville, Tennessee 37862

Phone : (865) 453-4671
Fax : (865) 522-1497

Sports Medical Permission Form

I. Parent's Consent

I hereby give my consent for (student's name) _____ to represent (name of school) _____ in the sport(s) of _____, realizing that such activity involves the potential for injury. I recognize the importance of listening to and following all of the coach's instructions and warnings along with all reading and adhering to all written instructions regarding playing techniques, training methods, rules of the sport and other team rules. I understand that all instructions and warnings, verbal and written are incorporated by reference into this agreement and I hereby expressly promise to obey all such instructions and warnings. I acknowledge that even with the best coaching, use of the most advances equipment and strict observance of rules injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I / We accept the financial responsibility for medical expense incurred as the result of possible injuries while participating in voluntary sports.

I / We acknowledge that I / We have read and understand this warning and that insurance and/or medical expense ARE MY RESPONSIBILITY there in connection with my child paying voluntary sports.

I acknowledge that I have read and understand this warning.

Date ____/____/____

Signature _____
(Parent or Guardian)

Signature _____
(Player)

II. Medical Consent Form

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations and immunizations for the above named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice sessions, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the athletic trainer to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Signature of Parent or Guardian

Date

CONSENT FOR ATHLETIC PARTICIPATION & MEDICAL CARE

*Entire Page Completed By Patient

Athlete Information

Last Name _____ First Name _____ MI _____

Sex: [] Male [] Female Grade (2014-2015) _____ Age _____ DOB ____/____/____

Allergies _____

Medications _____

Insurance _____ Policy Number _____

Group Number _____ Insurance Phone Number _____

Emergency Contact Information

Home Address _____ (City) _____ (Zip) _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Another Person to Contact _____

Phone Number _____ Relationship _____

Legal/Parent Consent

I/We hereby give consent for (athlete's name) _____ to represent (name of school) _____ in athletics realizing that such activity involves potential for injury. I/We acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. ***On rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics.*** By the execution of this consent, the student athlete named above and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the examination. As parent or legal Guardian, ***I/We remain fully responsible for any legal responsibility which may result from any personal actions taken by the above named student athlete.***

Signature of Athlete

Signature of Parent/Guardian

Date

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I, _____ (*student name*) ("Student"), and my parents/
legal guardians/ adults responsible for my care ("responsible adult") (*circle the one that is applicable*),
_____ (*parent/legal guardian/responsible adult name*) and
_____ (*parent/legal guardian/responsible adult name*), hereby authorize
LeConte Medical Center and its certified athletic trainers to disclose to the Sevier County School System
coaches, athletic staff, and any other person involved in the operation, administration, or management of
the Sevier County Board of Education sanctioned extracurricular sports programs
at _____ (*school attending*), as well as Student's parents/ legal guardians/
responsible adults, any medical or health information relevant to Student's involvement or participation in
such extracurricular sports programs. Such disclosure shall be for the purpose of communicating
Student's ability to participate or continue participation in an extracurricular sports program, including
whether Student has suffered any injury, the extent of such injury, the impact such injury could make on
continued participation, whether Student's condition requires further treatment, and whether there should
be any adjustment to Student's participation in such extracurricular sports programs in the Sevier County
School System. This authorization shall terminate when the season for the extracurricular sports program
in which Student is participating ends, including any post-season (e.g., tournament) play. The
undersigned have the right to revoke this authorization at any time by providing the LeConte Medical
Center Privacy Officer notice in writing. Exceptions to this right of revocation and a description of how
this authorization may be revoked are contained in the LeConte Medical Center Notice of Privacy
Practices. LeConte Medical Center's certified athletic trainers will not condition treatment on whether
this authorization is signed; however, the Sevier County School System will not permit any student to
participate in any extracurricular sports games or tournament play attended by an athletic trainer if the
student and his/her parents/legal guardians/responsible adults have not signed an authorization. The
undersigned understands and agrees that medical or health information disclosed by LeConte Medical
Center or its certified athletic trainers pursuant to this authorization may be subsequently disclosed by the
recipient and may no longer be protected by applicable law.

In addition to the foregoing, the undersigned hereby acknowledges receipt of LeConte Medical Center's Notice of Privacy Practices.

_____	_____
Student Signature	Date
_____	_____
Parents/Legal Guardian/Responsible Adult	Date
_____	_____
Parents/Legal Guardian/Responsible Adult	Date

The purpose of these Pre-participation screenings is to meet the requirements for participation as set by the Tennessee Secondary School Athletic Association. We recommend that the Student athletes also visit their family practice medical provider to obtain a thorough physical examination. I acknowledge that these screenings are in no way meant to take the place of an annual physical examination conducted by the Student Athletes family physician.

Parent or Legal Guardian Signature _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- 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. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

MEDICAL INFORMATION SHEET

General information: (please print)

Student Name: _____ Sport(s): _____

Age: _____ Grade: _____ Birth date: _____

Mother's name _____

Home phone: _____ work phone _____ cell phone: _____

Address _____

Father's name: _____

Home phone: _____ work phone: _____ cell phone: _____

Address _____

Other authorized persons to contact in case of emergency:

Name: _____ Phone: _____ relation: _____

Name: _____ Phone: _____ relation: _____

Preference of Physician (and permission to contact if needed):

Name: _____ Phone: _____

Name: _____ Phone: _____

Insurance Company: _____ Phone: _____

Policy Number: _____ Group Number _____

Medical Information:

Medical illnesses: _____

Last Tetanus shot (mo/yr) _____ allergies: _____

Medication: _____

ANY MEDICATIONS NEEDED TO BE TAKEN DURING COMPETITION
REQUIRE A PHYSICIANS NOTE

Any previous injuries?

Consent for Athletic Training Services and healthcare procedures:

I hereby give consent for my child to participate in the school's athletic conditioning and training program and to receive any necessary healthcare treatment; including first-aid, diagnostic procedures and medical treatment that may be provided by physicians, nurses and other healthcare providers, including LECONTE MEDICAL CENTER athletic trainers. LECONTE MEDICAL CENTER has my permission to release athletic injury information about my child to the school. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to receive necessary medical treatment.

Parent or Guardian signature: _____ date: _____

(If under the age of 19)

Consent For Cognitive Testing and Release of Information

This form will be kept on file and considered valid for permission to perform future ImPACT baseline and post-concussion testing according to protocol

I give my permission for (name of Child) _____
Child's Date of Birth _____

To have a post concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered. I understand that my child may need to be tested more than once, depending on the results of the test, as compared to my child's baseline test, which is on file at his or her school. I understand there is no charge for the testing.

LeConte Medical Center may release the ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) results to my child's primary care physician, neurologist or other treating physician as indicated below.

Name of parent or guardian: _____

Signature of Parent or guardian: _____

Please Print the Following Information:

Name of Doctor: _____

Name of Practice or Group: _____

Phone Number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number and time if necessary)

_____ (H) _____ (W)

_____ Cell

Sevier County High Schools and Grades 7 – 8 Football, Basketball, and Volleyball Athletic Accident Insurance Memorandum

Dear Parent/Guardian: Below is information describing the athletic insurance program. In the event you need to file a claim during the school year, please follow the **Claim Procedure** instructions.

BENEFITS

If accidental bodily injury occurs while practicing for or competing in interscholastic athletics and requires treatment within 30 days from the original date of injury by a licensed physician, or treatment in a legally constituted hospital, the insurance company will pay the reasonable and customary expenses (see **LIMITATIONS** below) for necessary medical, dental, or hospital care provided within one year from the date of the injury up to the policy maximum amount for any one injury, which are not paid by other collectible insurance plans. You will have free choice of a physician and/or hospital for treatment. However, if your child is insured by any insurance plan and that plan requires treatment by a particular network of physicians and/or hospitals and if you choose not to use your assigned network, the school plan will pay benefits as if your other plan's network guidelines had been followed.

CLAIM PROCEDURE

- 1) Present a claim to your own insurance company FIRST. After a settlement has been made with your insurance company, make certain all questions on the claim form are completed.
- 2) a. A school official must complete Part A on the claim form. b. The parent or guardian must complete Part B on the claim form.
- 3) Attach all medical bills (doctors, hospitals, etc.) to the claim form.
- 4) Attach either proof of benefits paid by your insurance company or their letter of denial.
- 5) Mail completed claim form to: SCHOLASTIC INSURORS, INC., P.O. BOX 3194, JOHNSON CITY, TN 37602.

**NOTE: TREATMENT MUST COMMENCE WITHIN 30 DAYS.
SUBMIT A CLAIM TO SCHOLASTIC INSURORS WITHIN 90 DAYS FROM THE DATE OF ACCIDENT.
ALL TREATMENT MUST BE RECEIVED WITHIN ONE YEAR OF ACCIDENT.**

BENEFIT LIMITATIONS

1. Hospital Room and Board (Semi-private room rate) - Inpatient miscellaneous charges (\$5,000 maximum)
2. Outpatient hospital charges - Non-surgical (\$1,000 maximum)/Surgical (\$4,000 maximum).
3. Physician's surgery/fracture care fees and Physician's non-surgical visits or consultations (Usual & Customary).
4. Physical Therapy (\$25/visit - \$750 maximum).
5. Dental (\$400 per tooth).
6. Ground Ambulance (1 trip paid in full).
7. Motor Vehicle (\$500 per injury).
8. Orthopedic Appliance (\$500 maximum).
9. Diagnostic x-rays, MRI's, CAT Scans (\$500 per injury).

PLEASE READ CAREFULLY:

The athletic accident insurance plan will only consider medical expenses not payable from other family insurance plans, such as deductibles and items which may not be covered by your family policy. You must indicate on this form and the claim form when submitting a claim the name of your personal insurance company before benefits can be paid by this insurance plan. Failure to provide complete claim information will prolong payment of allowable benefits.

Thank you for your cooperation with this program. Please complete below and return to the school.
RETAIN THIS DESCRIPTION OF COVERAGE FOR YOUR RECORDS. This is a brief description of the plan benefits.

-----**DETACH HERE**-----

TO: SEVIER COUNTY SCHOOLS

As parent or guardian of _____ attending _____ school,
(Name of Student) (Name of School)

I have read the above information and agree to the provisions of the athletic insurance plan. My family or group insurance coverage is with _____ Insurance Company(s). The student participates in the following sports

(Name Of Insurance Co.)
(list each sport separately): _____

Signed: _____
(Parent or Guardian)

(Date) Sevier99

CONCUSSION

INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS

(Adapted from CDC “Heads Up Concussion in Youth Sports”)

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

Read and keep this page.
Sign and return the signature page.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. 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. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

* Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

** Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Student-Athlete

Date

Signature of Parent/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 youth athlete'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?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It 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;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

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.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth 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.

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Student-Athlete

Print Student-Athlete's Name Date

Signature of Parent/Guardian

Print Parent/Guardian's Name Date