SPORT(s)____ ORIGINAL

			20 - 20
LAST NAME	FIRST NAME	MIDDLE	SCHOOL YEAR

EMERGENCY MEDICAL TREATMENT

STUDENT NAME	DATE OF BIRTH	AGE
PARENT/GUARDIAN NAME	HOME PHONE NUMBER	PARENT GUARDIAN WORK NUMBER
FAMILY PHYSICIAN	PHYSICIAN'S PHONE NUMBER	
SPECIAL MEDICAL CONDITIONS OF STUDENT	STUDENT IS ALLERGIC TO	

PERMISSION FOR MEDICAL TREATMENT

I grant school personnel permission to act on my behalf in securing medical attention for ___________________________in case of any medical emergency while participating in said activity. The local emergency facilities have my permission to treat him/her for any illness/injury that occurs while participating in said activity wherever conducted. I also understand that I am totally responsible for any costs incurred for medical attention.

I further verify that____is covered under the following insurance policy:

Name of Insurance Co:	
Policy Number:	
Policy Holder:	
Group Number:	
Policy Expiration Date:	

EXTRA-CURRICULAR AUTHORIZATION FORM

I desire that________________________________participate fully in various interscholastic and extra-curricular activities available through the Coweta County School System and hereby authorize and grant my permission for he/she to participate. I realize that such activities involve the potential for injury, which is inherent in all interscholastic and extra-curricular events. I hereby acknowledge that even with the best teaching and coaching, the use of the most advanced equipment and the requirement of strict observance of all rules, injuries are still possible. I further realize that injuries received can be so severe as to result in total disability, paralysis, or even death. I hereby acknowledge that I have read and understand this warning and I/We hereby give my/our permission for he/she to participate in **ALL SPORTS**.

INJURY AWARENESS FILM

I have viewed the Injury Awareness Film regarding the possibility of injury in extra-curricular activities.

**Injury Awareness Film can be viewed at the following address:
http://www.cowetaschools.org/nhs/images/Athletics/Athletics%20warning%20video.mp4

I hereby acknowledge that I have read, understand and completed this document with full and complete understanding of its terms and that the information contained herein is true and correct. I give permission for my student to accompany any school team of which the student is a member on any of its local or out of town trips.

This____________day of_____________________________________, 20________.

PARENT / GUARDIAN SIGNATURE:

Newnan High School

Athletic Training Department

Training Room Treatment Consent Form

The purpose of the athletic training program at Newnan High School is to prevent, provide care for, and rehabilitate athletic injuries. The athletic training room exists as the area from which this program begins. It is our intent to provide injured athletes with the most efficient therapeutic program that will enable them to return as quickly as feasible to the highest degree of fitness and effectiveness of which the athletes are capable.

We have many therapeutic modalities and procedures available in the training room to help accomplish our objectives. There are also plans to obtain additional equipment. The modalities and procedures are all under the direct supervision of an Athletic Trainer, who is licensed, by the State of Georgia to "…use physical modalities, such as heat, light, sound, electricity, or mechanical devices related to rehabilitation and treatment." (Georgia Board of Athletic Trainers Licensing Act, Sec. 43-5-1). Team and/or family physicians make recommendations for treatment programs.

Listed on the form below are the modalities and procedures available in the athletic training room at Newnan High School. A list, of definitions, is provided on the back of this memo to identify the modalities and procedures. All services, provided in the facility by the athletic trainers, are provided to all student athletes, free of charge. If you have any questions at any time during the school year about any of the services offered, please feel free to contact Jordan Fowler-Kinnard at Newnan High School, at (770) 500-2192

Please complete and return this form. No athlete will be treated in the training room until a permission form is on file in the Athletic Trainer's office.

NAME OF STUDENT ATHLETE: ____________________________________

Permission is hereby granted for the above named student to receive any of the treatments or combination of treatments indicated below in the athletic training facility at Newnan High School. I understand that all treatments given will be under supervision of a licensed Athletic Trainer, Certified Athletic Trainer, registered physical therapist or licensed physician.

TREATMENTS: **(Please circle the appropriate answer)**

Yes **No** 1.) Bandaging
Yes **No** 2.) Contrast Bath
Yes **No** 3.) Electrical Muscle Stimulation
Yes **No** 4.) Ice Massage
Yes **No** 5.) Ice Pack
Yes **No** 6.) Moist Heat Pack
Yes **No** 7.) Protective Padding
Yes **No** 8.) Taping/Wrapping
Yes **No** 9.) T.E.N.S.
Yes **No** 10.) Massage
Yes **No** 11.) Therapeutic Exercise
Yes **No** 12.) Whirlpool

By signing this form, I waive any and all liability which the Board of Education of Coweta County, or any of its employees or agents, may have for any injury suffered by my student as a result of treatment received in the athletic training facility at Newnan High School.

Student Signature: ____________________________________

Parent/Guardian Signature:__________________________ Date: ________________

DEFINITIONS

1. Bandaging - Used to protect an injury and promote healing.

2. Contrast Baths - Alternate use of heat and cold.

3. Electrical Muscle Stimulation - Use of mild electrical current to stimulate muscle function (helps to prevent muscle from wasting away after an injury, reeducate muscle after injury, reduces muscle spasm, reduces swelling).

4. Ice Massage - Block ice massaged over an area, provides massaging action in addition to the benefits of cold.

5. Ice Pack - Ice contained in a bag to provide cooling and reduce swelling and inflammation.

6. Moist Heat Pack - Pack of silicone gel kept in warm water until ready for use, provides local moist heat to an injured area.

7. Protective Padding - To protect the body part from further injury.

8. Taping/Wrapping - Applied to provide support and protection from further injury.

9. T.E.N.S. - Transcutaneous Electrical Nerve Stimulation, uses mild electrical impulses to stimulate nerves to help relieve pain and joint function.

10. Massage - A rubbing and kneading of a part of the body to loosen up muscles and improve circulation

11. Therapeutic Exercise - Exercises specified for different body areas to strengthen an area after an injury.

12. Whirlpool - Water therapy tank for cold or warm water, which is agitated to provide a massaging effect.

***NOTE: Though each of the modalities and procedures listed above are relatively safe when used properly by trained personnel, there are always certain risks involved with any electrical modality and/or medical procedure. The athletic training staff will do whatever is humanly possible to lessen these risks, including annual inspection of equipment by qualified persons. It is possible, however, that one of the following may occur as a result of the above treatments: minor skin irritations, blistering and/or burning of the skin, minor electrical shock (as with a malfunction in an electrical unit), or major electrical shock (as in the rare instance of a malfunctioning whirlpool unit). Again, be assured the athletic training staff will do everything possible to eliminate these risks.

NEWNAN HIGH SCHOOL

Name:____

Sport(s):

	Sport	
☐	Football	
☐	Cheerleading	
☐	Softball	
☐	Gymnastics	
☐	Volleyball	
☐	Cross Country	**Boys / Girls**
☐	Swimming	**Boys / Girls**
☐	Basketball	**Boys / Girls**
☐	Wrestling	**Boys / Girls**
☐	Soccer	**Boys / Girls**
☐	Lacrosse	**Boys / Girls**
☐	Baseball	**Boys / Girls**
☐	Tennis	**Boys / Girls**
☐	Golf	**Boys / Girls**
☐	Track	**Boys / Girls**

Certificate of Receipt for Practice Procedures for High Heat and Humidity

By signing below I,____parent/guardian of

____, acknowledge that I have received a copy of the Practice Procedures for High Heat and Humidity for my child's school. I understand that I may contact the head coach or the athletic director if I have any questions.

Parent Signature_____________________________________ **Date** ______________________

Effective 3/22/16

GHSA Student/Parent Concussion Awareness Form

SCHOOL: ____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.
b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give_________________________High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2017-2018 school year. This form will be stored with the athletic physical form and other accompanying forms required by the________________________School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

_________________________ _________________________ __________

Student Name (Printed) ***Student Name (Signed)*** ***Date***

_________________________ _________________________ __________

Parent Name (Printed) ***Parent Name (Signed)*** ***Date***

(Revised: 7/15)

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: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ 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: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ 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 ______

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■ Preparticipation Physical Evaluation

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam ______________________________

Name ______________________________ Date of birth ______________

Sex ______ Age ______ Grade ______ School ______________ Sport(s) ______________

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	**No**
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

____

____

____

____

____

Please indicate if you have ever had any of the following.

	Yes	**No**
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

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 ______________

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■ Preparticipation Physical Evaluation
PHYSICAL EXAMINATION FORM

Name ______________________________ Date of birth ______________

PHYSICIAN REMINDERS

1. 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?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height Weight ☐ Male ☐ Female		
BP / (/) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ 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		

[a]Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
[b]Consider GU exam if in private setting. Having third party present is recommended.
[c]Consider 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

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Preparticipation Physical Evaluation
CLEARANCE FORM

Name ____ Sex ☐ M ☐ F Age ______________ Date of birth ______________

☐ 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

EMERGENCY INFORMATION

Allergies ____

____

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____

____

Other information ____

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Newnan High School Practice Procedures for High Heat and Humidity

The Coweta County School System and Newnan High School are concerned about the health and safety of all student athletes. In accordance with GHSA regulations, Coweta County Schools and Newnan High School have developed High Heat and Humidity Practice Procedures. These procedures follow GHSA and American College of Sports Medicine recommendations. All coaches and athletic trainers are required to follow all procedures and mandates in order to insure the health and safety of all student athletes.

The safety of student athletes is a top priority of coaches, trainers and administrators at Newnan High School. By adhering to the procedures outlined and with proper nutrition, hydration and conditioning of athletes, the risk of heat related injuries can be minimized.

GHSA- Practice Procedure for High Heat and Humidity

Schools must follow the statewide policy for conducting practices and voluntary conditioning workouts in all sports during times of extremely high heat and/or humidity that will be signed by each head coach at the beginning of each season and distributed to all players and their parents or guardians. The policy shall follow modified guidelines of the American College of Sports Medicine in regard to:

1. The scheduling of practices at various heat/humidity levels
2. The ratio of workout time to time allotted for rest and hydration at various heat/humidity levels
3. The heat/humidity level that will result in practice being terminated

A scientifically approved instrument that measures Wet Bulb Globe Temperature (WBGT) reading must be utilized at each practice to ensure that the written policy is being followed properly.

WBGT READING ACTIVITY GUIDELINES & REST BREAK GUIDELINES

UNDER 82.0 Normal activities --Provide at least three separate rest breaks each hour of minimum duration of 3 minutes each during workout

82.0 -86.9 Use discretion for intense or prolonged exercise; watch at-risk players carefully; provide at least three separate rests breaks each hour of a minimum of four minutes duration each.

87.0 – 89.9 Maximum practice time is two hours. For Football: players restricted to helmet, shoulder pads, and shorts during practice. All protective equipment must be removed for conditioning activities. For all sports: Provide at least four separate rests breaks each hour of a minimum of four minutes each

90.0--92.0 Maximum length of practice is one hour, no protective equipment may be worn during practice and there may be no conditioning activities. There must be 20 minutes of rest breaks provided during the hour of practice.

OVER 92 No outdoor workouts; Cancel exercise; delay practices until a cooler WBGT reading occurs

GHSA GUIDELINES FOR HYDRATION AND REST BREAKS

1. Rest time should involve both unlimited hydration intake and rest without any activity.
2. For football, helmets should be removed during rest time
3. The site of the rest time should be a "cooling zone" and not in direct sunlight.
4. When the WBGT reading is over 86:

A. ice towels and spray bottles filled with ice water should be available at the "cooling zone" to aid the cooling process.
B. Cold immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness.

DEFINITIONS

1. PRACTICE: the period of time that a participant engages in a coach-supervised, school-approved sport or conditioning-related activity. Practices are timed from the time the players report to the field until they leave.

2. WALK THROUGH: this period of time shall last no more than one hour, is not considered to be a part of the practice time regulation, and may not involve conditioning or weight-room activities. Players may not wear protective equipment.

COOL ZONES FOR FALL AND SPRING SPORTS

Each fall and spring sport is required to have a designated "cool zone" and "cooling station". Below are the cool zones and cooling station locations for each athletic team at Newnan High School that practice in the fall or spring.

BASEBALL- Baseball locker room.
CHEERLEADING- Main media center.
CROSSCOUNTRY- Softball locker room.
FOOTBALL- Misting tents located on practice field.
GOLF- Clubhouse of golf course.
LACROSSE- Softball locker room.
SOCCER- Softball locker room.
SOFTBALL- Softball locker room and dugouts.
TENNIS- Softball locker room.
TRACK-Softball locker room.
VOLLEYBALL- Athletic Office.

HEAT INDEX MEASUREMENT AND RECORD

Newnan High School will use the GHSA Heat Index Measurement and Record Form to record all WBGT readings. Readings will be taken at the start of practice and at the discretion of the athletic trainer. A copy of the form will be kept on file and submitted to the athletic director daily.

FLUID REPLACEMENT AND HEAT ILLNESS INFORMATION

Every athlete is given educational information on Fluid Replacement Guidelines and Heat Illness Symptoms and Treatments. Parents/Guardians and athletes should use this information to assist in recovery from practices in warm weather conditions

FLUID REPLACEMENT INFORMATION

(National Athletic Trainers Association-NATA)

Weight Lost During Workout	Fluid Amount Needed to Refuel
2 pounds	32 oz. (4 cups or 1 sports drink bottle)
4 pounds	64 oz. (8 cups or 2 bottles)
6 pounds	96 oz. (12 cups or 3 bottles)
8 pounds	128 oz. (16 cups or 4 bottles)

Athletes should hydrate during the school day prior to practice or competition.

GUIDELINES FOR HYDRATION DURING EXERCISE

1. Drink 16-24 oz. of fluid 1 to 2 hours before the workout or competition.

2. Drink 4-8 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.

HEAT ILLNESS SYMPTOMS AND TREATMENTS

(National Athletic trainers Association-NATA)

Heat Cramps - Symptoms

1. Muscle symptoms caused by an imbalance of water and electrolytes in muscles.
2. Usually affects the legs and abdominal muscles.

Heat Cramps - Treatments

1. Rest in cool place.
2. Drink plenty of fluids
3. Proper stretching and massaging
4. Application of ice in some cases

Heat Exhaustion - Symptoms

1. Can be precursor to heat stroke.
2. Normal to high temperature.
3. Heavy sweating.
4. Skin is flushed or cool and pale.
5. Headaches, dizziness.
6. Rapid pulse, nausea, weakness
7. Physical collapse may occur.
8. Can occur without prior symptoms, such as cramps.

Heat Exhaustion - Treatments

1. Get to a cool place immediately.
2. Drink plenty of fluids.
3. Remove excess clothing.
4. In some cases, immerse body in cool water.

Heat Stroke - Symptoms

1. Body’s cooling system shuts down.
2. Increased core temperature of 104 degrees or greater.
3. Sweating stops.
4. Shallow breathing and rapid pulse.
5. Possible disorientation or loss of consciousness.
6. Possible irregular heartbeat and cardiac arrest.
7. If untreated could cause damage to brain or internal organs, and even death.

Heat Stroke - Treatments

1. Call 911 immediately.
2. Cool bath with ice packs near large arteries such as neck, armpits and groin.
3. Replenish fluids by drinking or intravenously.

Student/Parent Concussion Awareness Form

Parent Copy – Please keep

Dangers of Concussion
Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.
Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

Common signs and symptoms of concussion

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

By-law 2.68: GHSA Concussion Policy: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include, licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

c) It is mandatory that every coach in each GHSA sport participate in a free, online course on concussion management prepared by the NFHS and available at www.nfhslearn.com at least every two years – beginning with the 2013-2014 school year.

d) Each school will be responsible for monitoring the participation of its coaches in the concussion management course, and shall keep a record of those who participate.

I have read this form and I understand the facts presented in it.