

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

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

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth: \_\_\_\_\_

List past and current medical conditions. _____ _____
Have you ever had surgery? If yes, list all past surgical procedures. _____ _____
Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____ _____
Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____ _____

Patient Health Questionnaire Version 4 (PHQ-4)				
<i>Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)</i>				
	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
(A sum of $\geq 3$ is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)				

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



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### 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, e-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-enhancing 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 (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Medically eligible for all sports without restriction

Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

\_\_\_\_\_  
\_\_\_\_\_

Medically eligible for certain sports

\_\_\_\_\_  
\_\_\_\_\_

Not medically eligible pending further evaluation

Not medically eligible for any sports

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	<b>Yes</b>	<b>No</b>
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or 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 as having 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.**

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**Please indicate whether you have ever had any of the following conditions:**

	<b>Yes</b>	<b>No</b>
Atlantoaxial instability		
Radiographic (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.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**FAYETTE COUNTY SCHOOL SYSTEM**  
**ATHLETIC AND EXTRACURRICULAR PARTICIPATION**  
**CODE OF CONDUCT CONTRACT**

Interscholastic extracurricular programs are a vital part of the total educational program and a means of developing wholesome attitudes and good human relations, as well as knowledge and skills. The Fayette County School System encourages participation in a variety of extracurricular activities.

Participation in school athletic and extracurricular activities is a privilege and not a property right. All students, parents, coaches, and sponsors understand that the top priority is academic achievement. The purpose of the Code of Conduct is to establish high expectations regarding behavior and minimum/consistent consequences when violations occur. However, coaches/sponsors may establish consequences that are more stringent than the stated code. Team/organization rules must be in writing and approved by the administration of each school.

**CODE OF CONDUCT VIOLATIONS AND CONSEQUENCES**

**VIOLATION:** Students enrolled in Alternative School/Long-Term Suspension  
**CONSEQUENCES:** Ineligible to attend or participate in any athletic or extracurricular activity.

**VIOLATION:** Arrest for Felony (regardless of location or time of the alleged act; in or out of school)  
**CONSEQUENCES:** Immediately suspended from all participation pending investigation by school officials.

For violations below, a school administrator must have valid evidence and/or verification of the violation as defined in the following:

1. Self-admitted involvement by the student.
2. Witnessed student involvement by the sponsor, coach, or any staff member.
3. Parent admission of their student's involvement in tobacco, drugs, or alcohol.
4. Verified by official police report given to the school.
5. Evidence of violations through investigation by school officials.

If this offense occurs at school or on school property at any time, off the school grounds at a school-sponsored activity, function, or event, and en route to and from school, the student will be subject to the actions of the Fayette County School System Student Code of Conduct.

**VIOLATION:** Alcohol/Drugs  
**CONSEQUENCES:** Coach/sponsor will meet with the student and parents.  
1<sup>st</sup> Offense- Suspension from any athletic/extracurricular activity for 25% of the season  
2<sup>nd</sup> Offense- One (1) calendar year suspension from all athletic/extracurricular activities

**VIOLATION:** Criminal Law Violations (Non-Felony away from school)  
**CONSEQUENCE:** Disposition determined by the coach and school administration based on the severity of the charge(s).

**VIOLATION:** Tobacco (any type)-In season  
**CONSEQUENCES:** 1<sup>st</sup> Offense- Minimum of one (1) game/activity suspension.  
2<sup>nd</sup> Offense- Suspension from any athletic/extracurricular activity for 25% of the season  
3<sup>rd</sup> Offense- Dismissed from the team/activity but allowed to try out for subsequent athletic/extracurricular activities after that sport/activity has completed its season.

**VIOLATION:** Violations of school rules that result in in-school suspension and out-of-school suspension  
**CONSEQUENCES:** Participation may resume when:  
  
ISS All assignments are completed and released from in-school suspension and/or  
OSS The student returns to school on the next school day upon completion of out-of-school suspension  
  
Out-of-School Suspension (Short Term—2 or more days)  
1<sup>st</sup> Offense- Minimum of one (1) game/activity suspension  
2<sup>nd</sup> Offense- Suspension from any athletic/extracurricular activity for 25% of the season  
3<sup>rd</sup> Offense- Dismissed from team/activity but allowed to try out for subsequent athletic/extracurricular activities after that sport/activity has completed its season.

**VIOLATION:** Hazing  
**CONSEQUENCES:** Coach/Sponsor will meet with the student and parents.  
1<sup>st</sup> Offense Suspension from any athletic/extracurricular activity for minimum of 25% of the season  
2<sup>nd</sup> Offense One (1) calendar year suspension from all athletic/extracurricular activities

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parents: Please sign and return one copy to the school and retain one copy for your records.**

**FAYETTE COUNTY SCHOOL SYSTEM  
PARENTAL CONSENT FOR ATHLETIC/EXTRACURRICULAR PARTICIPATION**

*\*Parents signature needed in four places. Student signature needed in two places*

**PLEASE PRINT**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (Zip)

The student is domiciled at the above address located in the \_\_\_\_\_ school attendance area.  
(School must be notified if student moves from the above address)

The student attended this Fayette County School for at least one full School Year? YES \_\_\_\_\_ NO \_\_\_\_\_

The student lives with (Name of Parent/Parents/Guardian) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date entered 9<sup>th</sup> Grade \_\_\_\_\_ Student's grade level for the upcoming school year \_\_\_\_\_

**PARENTAL CONSENT FOR PARTICIPATION**

**WARNING:**

1. Although participation in supervised inter-scholastic athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS INCLUDES A RISK OR INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.**
2. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**
3. By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (We) hereby give consent for (student's Full Name): \_\_\_\_\_ to:

1. Compete in athletics and/or extracurricular activities at WHITEWATER MIDDLE SCHOOL of the Fayette County School System.
2. To accompany any school team of which the student is a member on any of its local or out-of-town trips
3. I hereby verify that the information of the physical form is correct and understand that any false information may result in my son/daughter being declared ineligible to participate.
4. Students found illegally enrolled out of their school attendance area could be ruled ineligible.
5. If any emergency medical procedures or treatments are required by the student, I consent to the supervisor(s) taking, arranging for, and consenting to the procedures for treatment in his/her discretion.

*We acknowledge that the student is subject to all the rules outlined in the Fayette County School System Student Code of Conduct. This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.*

_____ *Signature(s) of Parent(s) or Guardian(s)	_____ Date
_____ *Signature of Student Athlete / Activity Participant	_____ Date

**INSURANCE INFORMATION**

**Accident insurance is required in order to participate in athletics and/or extracurricular activities.** Please INITIAL one of the following statements regarding insurance coverage for your son/daughter for the \_\_\_\_\_ school year, then sign below:

\_\_\_\_\_ My son/daughter is adequately and currently covered by accident insurance that will cover injuries sustained while participating in Interscholastic Athletics / Extracurricular (including, but not limited to, Varsity and Junior Varsity Football).  
Initial

Company Providing Insurance: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the Benefit Plan offered by the Fayette County School System.  
Initial (A signed copy of this Benefit Plan must be stapled to this form.)

*We acknowledge that unless we purchase the Benefit Plan offered by the Fayette County School System, there is no other school district insurance to cover any injuries, losses or damages resulting from participation in these activities.*

_____ *Signature(s) of Parent(s) or Guardian(s)	_____ Date
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**FAYETTE COUNTY SCHOOL SYSTEM PERMISSION TO PARTICIPATE  
IN ATHLETIC/EXTRACURRICULAR SCHOOL SPONSORED TRIPS**

**CONSENT**

I hereby consent for \_\_\_\_\_ to participate in school-sponsored trips, excluding overnight trips, associated with inter-scholastic athletic and/or intra-scholastic competitions. I understand that transportation may or may not be provided by the Fayette County School System. In the event transportation is not provided by the Fayette County School System, transportation will be the student's responsibility. **My signature below signifies that I understand and agree that I and my student engaged in athletics and/or extracurricular activities may be responsible for getting my student to related activities (practice, game, competition, etc., taking place in or out of Fayette County) at the time designated by the coach/ sponsor. I may be responsible for providing my student the necessary transportation or am responsible for knowing how he/she will be transported which may include my student's own automobile/vehicle or with another parent or student. The school and school district are not responsible for providing transportation to these practices or events and is not responsible for any consequences arising during or as a result of transportation with my student's own automobile/vehicle or with another parent or student. In the event that the school / school district do provide transportation, the coach / sponsor may require that students ride with the team to and from the event.**

If any emergency medical procedures or treatment are required by the student during the trip, I consent to the trip supervisor(s) taking, arranging for, and consenting to the procedures or treatment in his/her direction.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Fayette County School System, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim which I, any other parent guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the student's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment.

_____ <i>*Signature(s) of Parent(s) or Guardian(s)</i>	_____ <i>Date</i>
_____ <i>*Signature of Student Athlete /Activity participant</i>	_____ <i>Date</i>

**AUTHORIZATION**

In case of an emergency or accident on the school grounds or during any school activity involving my child, \_\_\_\_\_, which in the opinion of school authorities present requires immediate medical or surgical attention, I hereby grant permission to said school authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary by school authorities. I hereby grant permission, also, to said physicians to treat said condition unless I am present and request otherwise or until I later request otherwise.

**My signature below attests that I have read, understand and concur with the information on this form, and that I give consent for my child to participate in the athletic programs / extracurricular activities as stated above.**

_____ <i>*Signature(s) of Parent(s) or Guardian(s)</i>	_____ <i>Date:</i>
<i>Relation to Student – (Please check One)</i> Mother     _____ Father     _____ Other     _____	Phone – Work: _____ Phone – Home: _____ Phone – Cell: _____





# Georgia High School Association

## Student/Parent Concussion Awareness Form

**SCHOOL:** WHITEWATER MIDDLE 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 Whitewater Middle 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 \_\_\_\_\_ school year. This form will be stored with the athletic physical form and other accompanying forms required by the Fayette County 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**

# Georgia High School Association

## Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: WHITEWATER MIDDLE SCHOOL

### 1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

### 2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

### 3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

***By signing this concussion form, I give Whitewater Middle School permission to transfer this sudden cardiac awareness form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the \_\_\_\_\_ school year. This form will be stored with the athletic physical form and other accompanying forms required by the Fayette County 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