

VIRGINIA HIGH SCHOOL LEAGUE, INC.
1642 State Farm Blvd., Charlottesville, Va. 22911

ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

For school year _____

PART I- ATHLETIC PARTICIPATION
(To be filled in and signed by the student)

Male _____
Female _____

PRINT CLEARLY

Name _____ Student ID# _____
(Last) (First) (Middle Initial)

Home Address _____

City/Zip Code _____

Home Address of Parents _____

City/Zip Code _____

Date of Birth _____ Place of Birth _____

This is my _____ semester in _____ High School, and my _____ semester since first entering the ninth grade. Last semester I attended _____ School and passed _____ credit subjects, and I am taking _____ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.

→Student Signature: _____ Date: _____

PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.

PART III- PHYSICAL EXAMINATION

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)**

NAME _____ DATE OF BIRTH _____ SCHOOL _____

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/	L 20/
		Corrected	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION
- MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF: _____
- MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS: _____
Reason: _____
- NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF: _____
- NOT MEDICALLY ELIGIBLE FOR ANY SPORTS

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: _____ (MD, DO, NP or PA)+ DATE**: _____
 EXAMINER'S NAME AND DEGREE (PRINT): _____ PHONE NUMBER: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT

(To be completed by parent/guardian)

I give permission for _____ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): _____

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes__ no__); has athletic participation insurance coverage through the school (yes__ no__); is insured by our family policy with:
Name of medical insurance company: _____

Policy number: _____ Name of policy holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to www.coverva.org or calling 855-242-8282.

PART V- EMERGENCY PERMISSION FORM*

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: _____ GRADE: _____ AGE: _____ DOB: _____

HIGH SCHOOL: _____ CITY: _____

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: _____

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? _____ LIST THE EMERGENCY MEDICATION: _____

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? _____ IF SO, WHAT? _____

DOES THE STUDENT WEAR CONTACT LENSES? _____ DATE OF LAST Tdap OR Td (TETANUS) SHOT: _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of _____ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): _____

CELL PHONE NUMBER: _____

→ SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

RELATIONSHIP TO STUDENT: _____

*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT: _____

Parent/Guardian signature

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

Part VI: Concussion, Sudden Cardiac Arrest, & Heat-Related Illness Policy (Attached to VHSL Physical Form)

State law mandates that school divisions provide information to parents and students concerning the risk of concussion, its consequences, and procedures for returning to participation after an incident. The goals of the “Student-Athlete Protection Act (SB 652)” are to ensure that student-athletes who sustain concussions are properly diagnosed, given adequate time to heal, and are comprehensively supported until they are symptom-free.

I. Definition of Concussion

A brain injury that is characterized by an onset of impairment of cognitive and /or physical functioning, and is caused by a blow to the head, face, or neck, or a blow to the body that causes a sudden jarring of the head. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

II. Signs and Symptoms

Signs observed by parents or guardians

- appears dazed or stunned
- is confused or forgets about assignment, position, or instruction
- is unsure of the game, score, or opponent
- moves clumsily
- answers questions slowly
- loses consciousness (even briefly)
- shows behavior or personality changes
- can't recall events prior to or after hit or fall

Symptoms reported by the athlete

- headache or “pressure” in head
- nausea or vomiting
- double or blurry vision, balance problems, or dizziness
- sensitivity to light or noise
- confusion
- feeling sluggish, hazy, foggy, or groggy
- does not “feel right”
- concentration or memory problems

III. Return to Learn

Many of the signs and symptoms associated with a concussion can affect a student's ability to participate in normal academic activities. With different rates of recovery, students may need modifications in their academic setting. Adjustments could include cognitive and physical rest with no school, part-time school, or full-day school with minimal instructional modifications.

IV. Return to Play Progression

If an athlete is suspected of having incurred a concussion during practice or play, this policy will be followed:

1. removal from activity
2. notification of parent/guardian regarding the incident
3. doctor's release on the “HCPS Concussion Medical Evaluation Form”
4. begin a 7-stage return to play progression per the school's licensed athletic trainer, coach or nurse
5. return to full participation after completing steps 1-4 above.

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussions

Part VII: Sudden Cardiac Arrest Policy

State law mandates that school divisions provide information to parents and students concerning the risks of sudden cardiac arrest and procedures for returning to participation after an incident. The goals of the “Guidelines for Policies on Sudden Cardiac Arrest Prevention in Student-Athletes (SB 463)” are to protect student-athletes by providing recommendations that support the development and implementation of effective sudden cardiac arrest (SCA) prevention policies in local school divisions through education, prompt recognition, and appropriate response.

I. Definition of Sudden Cardiac Arrest

A medical emergency occurs when the heart stops beating effectively. A host of factors including electrical or structural problems in the heart can cause sudden cardiac arrest. Many of the causes of cardiac arrest are not recognized or diagnosed until the individual begins to experience adverse symptoms.

II. Signs and Symptoms

- Unexplained fainting during or right after exercise
- Fainting with excitement or when startled
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Convulsions
- Racing or fluttering heart palpitations or irregular heartbeat
- Dizziness or lightheadedness
- Extreme unexpected fatigue during or after exercise

III. Return to Play

If an athlete is suspected of showing signs of sudden cardiac arrest during practice or play, this policy will be followed:

1. immediate removal from activity
2. notification of parent/guardian regarding the incident
3. written doctor’s release from a licensed physician, physician assistant, or nurse practitioner
4. return to full participation after completing steps 1-3 above.

Part VIII: Heat-Related Illness Policy

State law mandates that school divisions provide information to parents and students concerning the nature and risks of heat-related illness. Senate Bill [161](#) (2022) states that the Department of Education is directed to develop and distribute to school divisions guidelines on policies to inform and educate coaches, student-athletes, and student-athletes parents or guardians on the nature and risk of heat-related illness.

I. Definition & Symptoms of Heat-Related Illness

- **Heat-related illness** is a general term describing a number of medical conditions associated with dehydration, poor acclimatization, and exposure to or prolonged exercise in hot and humid environments.
- **Heat exhaustion** is the body's response to an excessive loss of water and salt, usually through excessive sweating. **Symptoms** may include fatigue, nausea, fainting, weakness, vomiting, dizziness or lightheadedness, pale complexion, chills, diarrhea, irritability, or headache.
- **Heat stroke** is the most serious heat-related illness. It occurs when the body can no longer control its temperature, the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Heat stroke can cause permanent disability or death if the person does not receive emergency treatment. **Symptoms** may include irrational behavior, irritability or emotional instability, altered consciousness, disorientation, dizziness, headache, confusion, nausea or vomiting, diarrhea, collapse, and staggering or sluggish feeling.
- **Heat syncope** refers to fainting (syncope) episodes experienced by individuals exercising in hot and humid environments and results from a temporary decrease in blood flow to the brain causing a brief loss of consciousness. Factors that contribute to heat syncope include dehydration and lack of acclimatization. **Symptoms** may include dizziness/lightheadedness, weakness, loss of consciousness, or tunnel vision.
- **Heat cramps** are a type of exercise-related muscle cramps characterized by painful cramping usually occurring in the arms and legs. Heat cramps may be caused by exercising in hot or humid environments, dehydration, or excess sodium and electrolyte loss commonly associated with exercise in those environments. While not a medical emergency, heat cramps may be confused with a more serious condition, exertional sickling. **Symptoms** may include dehydration, fatigue, or painful, involuntary muscle spasms.

II. Risk Factors

- **May include-**
 - i. Exercising in hot and humid environments (air temp > 91°F/33°C)
 - ii. Overweight or obese, inadequate hydration, lack of sleep, fever, stomach illness
- **Other Factors-**
 - i. Intense or prolonged exercise with minimal breaks
 - ii. Repeated or prolonged exposure to high temperature, humidity, or the sun
 - iii. Wearing dark-colored or heavy-weight clothing
 - iv. Wearing protective equipment
 - v. No or limited access to fluids or breaks during practice
 - vi. Delay in recognition of signs and symptoms associated with exertional heat stroke (EHS)

III. Prevention

- Monitoring ambient temperature & humidity
- Heat acclimatization
- Increased hydration

IV. Return to Play

- **Heat cramps**

- i. Remove from activity to a cool or shaded area.
 - ii. Stretch and/or massage the affected area.
 - iii. Provide water and/or a sports drink to replenish fluids.
 - iv. The student-athlete can return to activity that same day once the cramps have subsided and following a period of rest and fluid replacement. The cramps may return if the fluids have not been adequately replaced.
- **Heat syncope**
 - i. Remove from activity to a cool or shaded area
 - ii. Have the student-athlete sit or lie down at first indication of symptoms.
 - iii. Monitor the student-athlete for signs or symptoms of another medical condition.
 - iv. Elevate the student-athlete's legs.
 - v. Provide water and/or a sports drink to replenish fluids.
 - vi. The student-athlete can return to activity following a period of rest, fluid replacement, and once symptoms have resolved and other medical conditions have been ruled out. Medical clearance is advised prior to returning to activity.
 - **Heat exhaustion**
 - i. Remove from activity to a cool or shaded area and remove excess clothing and/or protective equipment.
 - ii. Cool the student-athlete by dousing with cold water (cold shower), rotating ice towels and/or ice bags over as much of the body as possible, and/or using fans.
 - iii. Monitor for changes in central nervous system function.
 - iv. Elevate the student-athletes legs.
 - v. Provide water and/or a sports drink to replenish fluids.
 - vi. If central nervous system changes develop or the student-athlete is slow to recover, suspect heat stroke and treat accordingly.
 - vii. The student-athlete should rest and hydrate for at least 24-48 hours before returning to play. The return to play process should include gradual increases in exercise intensity and duration. Medical clearance is strongly recommended.
 - **Heat stroke**
 - i. Immediately remove all clothing and protective equipment as quickly as possible. If this proves challenging, avoid further delay by leaving clothing/equipment in place and proceed with rapid cooling.
 - ii. Cool the student-athlete as quickly as possible using whole-body, cold-water immersion by placing the individual into a 35-58°F tub or tank filled with ice and water.
 - iii. If whole-body cold-water immersion is not available, take the student-athlete to a cool or shaded area and cool by dousing with cold water (cold shower), rotating ice towels and/or ice bags over as much of the body as possible, and/or using fans.
 - iv. Monitor and maintain an open airway, breathing, circulation and nervous system changes and activate EMS/call 911.
 - v. A student-athlete experiencing heat stroke requires adequate time to rest, hydrate, and a formal medical evaluation before returning to activity.

Acknowledgment by Parents/Guardians and Student-Athletes
Please sign and return this page only!

I have reviewed the information concerning concussions, sudden cardiac arrest and heat-related illnesses, and return-to-play procedures.

Student-Athlete Name (PRINTED)

Student-Athlete Name (SIGNATURE)

Date

Parent/Guardian Name (PRINTED)

Parent/Guardian Name (SIGNATURE)

Date

Parte VI: Política de conmoción cerebral, paro cardíaco repentino y enfermedades causadas por el calor (Se adjunta al formulario del examen físico de VHSL)

La ley estatal ordena que las divisiones escolares deben informar a padres y estudiantes sobre el riesgo de conmoción cerebral, sus consecuencias, y los procedimientos para volver a participar después de un incidente. Las metas de la "Ley de Protección al Estudiante Deportista (SB 652)" son asegurar que aquellos estudiantes deportistas que tengan una conmoción cerebral sean diagnosticados apropiadamente, reciban el tiempo adecuado para sanar y reciban apoyo integral hasta que los síntomas hayan desaparecido.

I. Definición de conmoción cerebral

Lesión cerebral caracterizada por un comienzo de trastornos del funcionamiento cognitivo y/o físico, causada por un golpe a la cabeza, cara o cuello, o un golpe al cuerpo que haya hecho sacudir la cabeza. Una conmoción cerebral puede ocurrir con o sin pérdida de la conciencia, y es esencial darle un manejo apropiado por la seguridad inmediata y el futuro a largo plazo de la persona lesionada.

II. Signos y síntomas

Signos observados por los padres, madres o tutores

- apariencia deslumbrada o aturdida
- confusión u olvido de tareas, posición o instrucciones
- inseguro sobre el juego, el puntaje o los oponentes
- se mueve con torpeza
- responde las preguntas con lentitud
- pérdida de la conciencia (aunque sea brevemente)
- cambios de conducta o personalidad
- incapacidad para recordar eventos sucedidos antes o después del golpe o la caída

Síntomas reportados por el deportista

- dolor o "presión" en la cabeza
- náusea o vómitos
- visión doble o borrosa, dificultad para mantener el equilibrio o mareos
- sensibilidad a la luz o al ruido
- confusión
- sensación de pereza, mente nublada o aturdimiento
- no se "siente como debería"
- problemas de concentración o con la memoria

III. De vuelta a la escuela

Muchos de los signos y síntomas asociados a una conmoción cerebral pueden afectar la capacidad de un(a) estudiante para participar en las actividades académicas normales. Debido a que la velocidad de recuperación es diferente en cada caso, los estudiantes pueden necesitar que su situación académica sea modificada. Estos ajustes pueden incluir un descanso cognitivo y físico sin recibir clases, escuela a tiempo parcial o escuela a tiempo completo con adaptaciones mínimas a la enseñanza.

IV. Proceso para regresar a jugar

Si se sospecha que un(a) deportista tuvo una conmoción cerebral durante una práctica o un juego, se seguirá esta política:

1. retiro de la actividad
2. informar sobre el incidente a uno de los padres o tutores
3. alta médica en el "Formulario de Evaluación Médica de la Conmoción Cerebral de HCPS"
4. comenzar un proceso de 7 etapas con el entrenador deportivo autorizado, entrenador o enfermero(a) escolar a fin de poder regresar a jugar
5. después de completar los pasos 1 - 4, puede restablecer su participación completamente.

Es mejor perderse un juego que perder toda la temporada. Para más información sobre conmociones cerebrales, visite: www.cdc.gov/Concussions.

Parte VII: Política de paro cardíaco repentino

La ley estatal ordena que las divisiones escolares deben informar a padres y estudiantes sobre el riesgo de paro cardíaco repentino y los procedimientos para volver a participar después de un incidente. Las metas de las "Directrices para las Políticas de Prevención de Paro Cardíaco Repentino en Estudiantes Deportistas (SB 463)" son proteger a los estudiantes deportistas mediante emitir recomendaciones que apoyen el desarrollo e implementación de políticas efectivas de prevención de paros cardíacos repentinos (SCA, por sus siglas en inglés) en las divisiones escolares locales a través de la educación, el reconocimiento temprano y la respuesta apropiada.

I. Definición de paro cardíaco repentino

Emergencia médica que ocurre cuando el corazón deja de latir de forma regular. Una variedad de causas puede llevar a un paro cardíaco repentino, incluyendo problemas eléctricos o estructurales del corazón. Muchas de las causas de un paro cardíaco repentino no son identificadas o diagnosticadas sino hasta que la persona comienza a experimentar síntomas perjudiciales.

II. Signos y síntomas

- Desmayo sin explicación durante o justo después de hacer ejercicio
- Desmayo al emocionarse o sobresaltarse
- Dolor en el pecho o incomodidad al hacer ejercicio
- Falta de aliento excesiva al hacer ejercicio
- Convulsiones
- Aceleración o agitación del ritmo cardíaco, o latidos irregulares del corazón
- Mareos o aturdimiento
- Fatiga extrema no esperada durante o después del ejercicio

III. De vuelta al juego

Si se sospecha que un(a) deportista tiene síntomas de paro cardíaco repentino durante una práctica o un juego, se seguirá esta política:

1. retirarse de la actividad inmediatamente
2. informar sobre el incidente a uno de los padres o tutores
3. alta médica por escrito de un doctor, médico asociado o enfermera facultativa
4. después de completar los pasos 1 - 3, puede restablecer su participación completamente.

Parte VIII: Política de enfermedades causadas por el calor

La ley estatal ordena que las divisiones escolares informen a padres y estudiantes sobre la naturaleza y los riesgos de las enfermedades causadas por el calor. La propuesta de ley [161](#) (2022) del Senado indica que el Departamento de Educación debe desarrollar directrices para las políticas y distribuirlas a las divisiones escolares a fin de educar a entrenadores, estudiantes deportistas y a los padres o tutores de éstos sobre la naturaleza y riesgos asociados a las enfermedades causadas por el calor.

I. Definición y síntomas de las enfermedades causadas por el calor

- **Enfermedad relacionada con el calor** es una expresión que describe varias condiciones médicas asociadas a la deshidratación, pobre aclimatación y exposición a ambientes calurosos y húmedos, o la realización de ejercicio prolongado en éstos.
- El **agotamiento por calor** es la respuesta del cuerpo a una pérdida excesiva de agua y sales, generalmente debido a una sudoración excesiva. Los **síntomas** incluyen fatiga, náuseas, desmayo, debilidad, vómito, mareo o aturdimiento, palidez, escalofríos, diarrea, irritabilidad o dolor de cabeza.
- El **golpe de calor** es la más seria de las enfermedades causadas por el calor. Se produce cuando el cuerpo se vuelve incapaz de controlar su temperatura, y ésta se eleva rápidamente, el mecanismo de la sudoración falla y el cuerpo no consigue enfriarse. Si la persona no es tratada urgentemente, el golpe de calor puede ocasionar una discapacidad permanente o la muerte. Los **síntomas** incluyen conductas irracionales, irritabilidad o inestabilidad emocional, conciencia alterada, desorientación, mareos, dolor de cabeza, confusión, náuseas o vómito, diarrea, desplomo y una sensación de desvanecimiento o pesadez.
- **Síncope por calor** se refiere a cuando la persona que hace ejercicio en un ambiente caluroso y húmedo se desmaya (síncope). Esto se debe a una disminución temporal del flujo sanguíneo hacia el cerebro, causando una breve pérdida de la conciencia. Los factores que contribuyen al síncope por calor incluyen la deshidratación y la falta de aclimatación. Los **síntomas** incluyen mareos/aturdimiento, debilidad, pérdida de la conciencia o visión en túnel.
- Los **calambres por calor** son un tipo de espasmo muscular relacionado con el ejercicio, los cuales se caracterizan por calambres dolorosos que generalmente ocurren en brazos y piernas. Los calambres por calor pueden ser el resultado de hacer ejercicio en ambientes calurosos o húmedos, de la deshidratación o de una pérdida excesiva de sodio y electrolitos asociada al ejercicio en dichos ambientes. Mientras que los calambres por calor no son una urgencia médica, sí pueden ser confundidos con una condición más seria: la drepanocitosis por esfuerzo. Los **síntomas** incluyen deshidratación, fatiga o espasmos musculares dolorosos e involuntarios.

II. Factores de riesgo

- **Incluyen:**
 - i. Hacer ejercicio en ambientes calurosos y húmedos (temperatura del aire mayor a 91°F/33°C)
 - ii. Tener sobrepeso u obesidad, hidratación inadecuada, falta de sueño, fiebre o enfermedad del estómago
- **Otros factores:**
 - i. Ejercicio intenso o prolongado con poco descanso
 - ii. Exposición repetida o prolongada a temperatura o humedad altas o a la radiación solar
 - iii. Usar ropa oscura o pesada
 - iv. Usar equipo de protección personal
 - v. Cantidad nula o insuficiente de líquidos o descansos durante la práctica
 - vi. Retraso en la identificación de los signos y síntomas asociados al golpe de calor por esfuerzo (EHS, por sus siglas en inglés)

III. Prevención

- Monitorear la temperatura y humedad ambientales
- Aclimatación al calor

- Aumentar la hidratación

IV. **De vuelta al juego**

- ***Calambres por calor***
 - i. Retirarse de la actividad e irse a un sitio fresco o con sombra.
 - ii. Estiramientos y/o masajes en el área afectada.
 - iii. Ingerir agua y/o bebidas hidratantes para reponer fluidos.
 - iv. Los estudiantes deportistas pueden volver a la actividad el mismo día, siempre y cuando los calambres se hayan calmado y después de un periodo de descanso y reposición de fluidos. Si el volumen de fluidos no fue reponido adecuadamente, los calambres pueden volver.
- ***Síncope por calor***
 - i. Retirarse de la actividad e irse a un sitio fresco o con sombra
 - ii. A la primera manifestación de síntomas, hacer que el/la estudiante deportista se siente o acueste.
 - iii. Monitorear a el/la estudiante deportista para detectar signos o síntomas de alguna otra condición médica.
 - iv. Elevar las piernas de el/la estudiante deportista.
 - v. Ingerir agua y/o bebidas hidratantes para reponer fluidos.
 - vi. El/la estudiante deportista puede regresar a la actividad después de un periodo de descanso, reposición de fluidos y cuando los síntomas se hayan resuelto y la sospecha de alguna otra condición médica se haya descartado. Se sugiere conseguir una autorización médica antes de regresar a la actividad.
- ***Agotamiento por calor***
 - i. Retirarse de la actividad e irse a un sitio fresco o con sombra y retirar la ropa excesiva y/o el equipo de protección.
 - ii. Refrescar a el/la estudiante deportista rociándole agua fría (ducha fría), aplicando compresas con hielo y/o bolsas de hielo sobre tantas partes del cuerpo como sea posible, y/o usando ventiladores.
 - iii. Monitorear la presencia de cambios en el funcionamiento del sistema nervioso central.
 - iv. Elevar las piernas de el/la estudiante deportista.
 - v. Ingerir agua y/o bebidas hidratantes para reponer fluidos.
 - vi. Si se presentan cambios en el sistema nervioso central o el/la estudiante deportista no se recupera rápidamente, suponga que se trata de un golpe de calor y actúe como si fuera así.
 - vii. El/la estudiante deportista debe descansar y rehidratarse por al menos 24 - 48 horas antes de regresar a jugar. Al regresar a jugar, se deben hacer aumentos graduales en la intensidad y duración del ejercicio. Se recomienda insistentemente obtener una autorización médica.
- ***Golpe de calor***
 - i. Retirar inmediatamente toda la ropa y equipos de protección, tan rápido como sea posible. Si esto es difícil de realizar, no pierda más tiempo, deje la ropa o los equipos puestos y proceda con el enfriamiento rápido.
 - ii. Enfríe a el/la estudiante deportista tan rápido como pueda mediante una inmersión de todo el cuerpo en agua fría, colocando a la persona en una tina o contenedor con agua y hielo a 35-58 °F (2-15 °C).
 - iii. Si no puede realizar la inmersión de todo el cuerpo en agua fría, lleve a el/la estudiante deportista a un área fresca o a la sombra y refrésquele rociando agua fría (ducha fría), aplicando compresas con hielo y/o bolsas de hielo sobre tantas partes del cuerpo como sea posible, y/o usando ventiladores.
 - iv. Monitoree que mantenga las vías respiratorias abiertas, la respiración, la circulación y los cambios en el sistema nervioso y active el servicio de emergencia médica o llame al 911.
 - v. Antes de poder regresar a la actividad, los estudiantes deportistas que experimenten un golpe de calor necesitan un tiempo adecuado para descansar, hidratarse, además de una evaluación médica formal.

Reconocimiento de padres/tutores y estudiantes deportistas
¡Favor de firmar y entregar esta página únicamente!

He revisado la información sobre la conmoción cerebral, el paro cardíaco repentino, las enfermedades causadas por el calor y los procedimientos para volver a jugar.

Nombre de el/la estudiante deportista (LETRA DE IMPRENTA)

Nombre de el/la estudiante deportista (FIRMA)

Fecha

Nombre de el/la padre/madre/tutor(a) (LETRA DE IMPRENTA)

Nombre de el/la padre/madre/tutor(a) (FIRMA)

Fecha