

Sports Safety Compliance Check Off

Overview: This is the check off in compliance of the Articles set forth by state law ACT 259. Whereas that we are to document that you have received information as it applies in Chapter 5 of BESE bulletin 135 section 503.

I _____ Have attended a meeting on _____ at Captain Shreve High school that meeting covered the areas Listed below.

_____ I have received a copy of the Emergency Action Plan (EAP) for my practice venue and the Athletic Director and Athletic Training staff went over in detail the location of:

AED

Primary Gates and Keys needed

My Role in the case we have to activate The EAP

_____ I have completed the NFHS course on Concussion in sports In addition covered in the meeting we discussed:

Role in reporting to the Athletic Training Staff

Process in how Concussion are managed and the RTP process

Athletes with concussion must have a physician note to return.

_____ I have completed the NFHS course of Heat Illness in sports. In addition in the meeting we discussed:

Signs of heat illness

Role in reporting to the Athletic Training Staff

WBGT Zones and changes

Cold Water Immersion area

_____ I have completed the NFHS course of Sudden Cardiac death In addition in the meeting we discussed:

Activating the EAP

Location of the AED at your site

_____ In the Meeting I was provided the policy and procedure for injury reporting, Pre participation physicals, Documentation from physicians, Medication, and coverage policy.

_____ I received information about concussions. I also acknowledged that I am responsible to inform my team's parents and players on the risk and provide the CDC fact sheet to the players and parents. I also have to document that meeting by using the informed consent sign off sheet.

_____ I received the lighting policy. I understand the safe shelters on my campus and playing areas. I understand the parameters of when I am to clear the field.

_____ I acknowledge that we covered the Covid-19 policy, about reporting, quarantine, Positive results and the Return to play requirements set forth by the LHSAA sports medicine advisory committee.

School: Captain Shreve High School

Sports I Coach: _____

I am currently CPR/AED certified ----- Yes or No If yes expires when _____

Principal Signature _____ Date _____

AD Signature _____ Date _____

Athletic Trainer Signature _____ Date _____