

# SAMUEL OGLE MIDDLE SCHOOL

4111 Chelmont Lane, Bowie, Maryland 20715

Phone: 301-805-2641

Guidance: 301-805-2706

FAX: 301-805-6674

Rigorous Academic Model for Success

Glenise Marshall  
Principal

Tamela Taylor-Orr  
Assistant Principal

## To the Parent/Guardian of Student Athletes

The attached documents must be completed and returned to your child's coach before the first game of the season. The documents are:

1. Medical Card for Athlete – this completed card is retained in the medical kit with the coach at all time to ensure prompt medical attention if needed.
2. Game Day Meals – Game days are particularly long days for students. Some students will not have eaten since 11:00 AM. We offer this meal plan for those who wish to participate. See form for details. (Cheerleaders cheer only at home games, so for cheerleaders, the plan is for ½ the rate indicated.)
3. Parent Pick-Up Authorization – Complete this form to identify any person who is permitted to pick up your child from practices and/or games. Students are not permitted to walk home after practices or games.
4. Uniform Agreement – Samuel Ogle Middle will provide your child with a team uniform. Proper wash and care of that uniform and return of the uniform in good condition is anticipated. Please wash only in cold water and dry on a low setting. Jersey numbers and sizes will be included upon return of the signed agreement.
5. Publicity Release form
6. Concussion and heat stroke awareness information. Sign the two forms acknowledging receipt of the information, but please keep the information sheets at the end of the packet for both of these conditions.

Thank you for your prompt completion and return of these forms.

Sincerely,

Ingrid Charlton

Athletic Director

Samuel Ogle Middle School

(301) 805-2641 ext 303

ingrid.charlton@pgcps.org



## MEDICAL CARD FOR ATHLETE

Office of Interscholastic Athletics  
PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS

MEDICAL CARD FOR ATHLETE

**INSTRUCTIONS:** This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

School Name \_\_\_\_\_ Jersey Number \_\_\_\_\_  
Student Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Home Address \_\_\_\_\_ Alternate \_\_\_\_\_  
\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Family Physician \_\_\_\_\_ Physician \_\_\_\_\_  
\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Date of Last \_\_\_\_\_  
\_\_\_\_\_ Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_  
Allergies \_\_\_\_\_  
Medicine Administered on the Field \_\_\_\_\_

PGIN 7540-2212

(OVER)

## MEDICAL CARD FOR ATHLETE

### INSURANCE INFORMATION:

Does your son/daughter have medical insurance? ☐ Yes ☐ No

If Yes, name of insurance company \_\_\_\_\_

### RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I can not be reached.

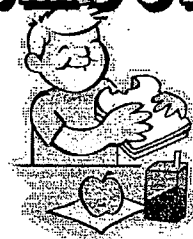
\_\_\_\_\_  
*Signature, Parent/Guardian*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

This Card Must Be Kept On File In The Medical Kit For Each Sport. It Must Accompany The Athlete To The Doctor Or Hospital When Medical Attention Is Required.

# SAMUEL OGLE MIDDLE SCHOOL

## Athletics



### GAME DAY MEALS

In order to ensure that students are adequately nourished on days when there are games, Samuel Ogle's Athletics Department is offering the following option for meal provisions on these days:

- Parent will provide \$5.00 per game for a meal for his/her child.
  - 8 games x \$5 per game = **\$40.00**
- Meals will consist of a Subway sandwich (turkey, ham, or BMT), chips, and a drink.
- Students will report to the cafeteria on game days as soon as they are dressed for the game.
- Students whose parents have selected the meal option will be provided a meal prior to the start of the game.

*Participation in the meal plan is optional.*

If you are interested in having your child participate in the meal plan option, kindly forward \$40 in cash in a secure envelope to Mrs. Charlton before the first game of the season. Be sure to put your child's name on the envelope.

---

### MEAL PLAN FOR INTERSCHOLASTIC ATHLETES

\_\_\_\_ Yes, I would like to have my child participate in the meal option. I am enclosing payment of \$40.00.

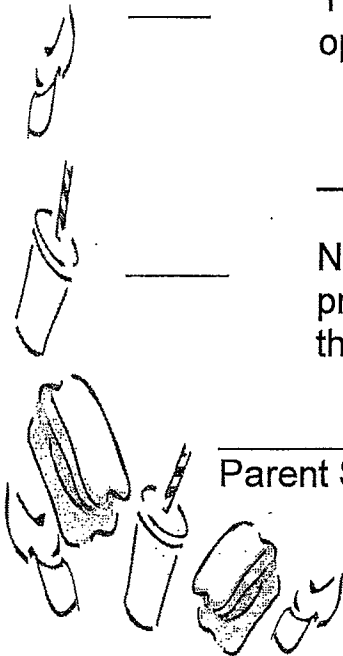
***There is no game-to-game option.***

\_\_\_\_ **CASH - (NO CHECKS WILL BE ACCEPTED!)**

\_\_\_\_ No, I am not interested in the meal plan for my child. I will provide an additional snack for my child to have before the game(s).

\_\_\_\_  
Parent Signature

\_\_\_\_  
Student Athlete (PLEASE PRINT)



# Samuel Ogle Middle School

## PARENT PICK-UP AUTHORIZATION

Students who participate in after school activities must be picked up from school by an authorized parent/guardian by 5:45pm. For students who participate on school teams that compete against other schools, students must be picked up following the completion of a game. If a student is unable to be picked up in a timely manner the student may not continue to participate in the activity.

In the event that you, the parent/guardian, are unable to pick up your child, prior written authorization must be given to the activity sponsor/coach indicating who the child is authorized to go home with.

Complete the bottom section of this form indicating who is allowed to pick up your child in the event that you can not do so.

Students are not permitted to walk home following an after school activity.

STUDENT: \_\_\_\_\_

PARENT/GUARDIAN:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

PARENT/GUARDIAN

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

PHONE: Home - \_\_\_\_\_ email: \_\_\_\_\_

Work - \_\_\_\_\_ Cell - \_\_\_\_\_

The following person(s) are authorized to take my child home after an after-school activity:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



Samuel Ogle Middle School  
Cheerleading  
**Uniform Agreement**

I, \_\_\_\_\_, agree to accept the cheerleading uniform belonging to Samuel Ogle Middle School for the duration of the season. I understand that I will be held responsible for the cleaning and proper care and treatment of the uniform while it is in my care. I also understand that I am to return the complete uniform to my coach at the end of the season. I know that I will need to pay for the cost of replacing the uniform should there be any irreparable damage done to it while it is in my care.

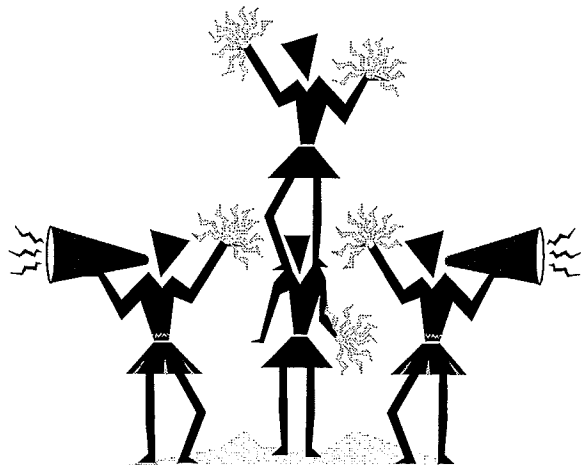
Student Athlete: \_\_\_\_\_  
Printed Name Signature

Parent: \_\_\_\_\_  
Printed Name Signature

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

Jersey Size: \_\_\_\_\_

Skirt Size: \_\_\_\_\_



# RELEASE

# PUBLICITY

Throughout the school year, the Board of Education of Prince George's County and individual schools within Prince George's County Public Schools will conduct activities that may be publicized through local or national news media. These activities may include interview sessions with news reporters; photographs of individual students or groups of students for newspapers or various school system publications including newsletters, calendars, and brochures; the use of student photos on the PGCPs Web site; and videotaping for local and national television news programs, cable programming, and school system promotional videos.

Please **check one** of the two statements below. **Sign and return** this document to your child's school.

☐

I/we **grant permission** for my/our child's name, voice, and photographic likeness to be used by Prince George's County Public Schools personnel, or reporters, journalists, or photographers employed by news media.

☐

I/we **do not give permission** for my child's name, voice, and photographic likeness to be used by Prince George's County Public Schools personnel, or reporters, journalists, or photographers employed by news media.

Child's Name

School

Signature of Parent(s) or Guardian(s)

Signature of Parent(s) or Guardian(s)

Date

## CONCUSSION DANGER SIGNS

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

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

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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

### *Remember*

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

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

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

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse.

After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

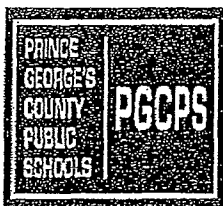
\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



For official use only:	
School:	
Name of Athlete:	
Sport:	
Date Received:	/ /

Heat Acclimatization Awareness  
Parent/Student-Athlete Acknowledgement Statement

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
Name of Student Athlete

Acknowledge that I have received information on all of the following:

- The definition of Exertional Heat Stroke (EHS)
- The signs and symptoms of EHS
- Predisposing Factors
- Prevention
- Heat Acclimatization
- Return to play must be determined by a physician

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

Student Athlete \_\_\_\_\_ Student Athlete \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Signature

To be returned with packet.



To be retained by parents.

# HEADS\*UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

### What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports *one* or *more* symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"><li>• Appears dazed or stunned</li><li>• Is confused about assignment or position</li><li>• Forgets an instruction</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily</li><li>• Answers questions slowly</li><li>• Loses consciousness (even briefly)</li><li>• Shows mood, behavior, or personality changes</li><li>• Can't recall events prior to hit or fall</li><li>• Can't recall events after hit or fall</li></ul>	<ul style="list-style-type: none"><li>• Headache or "pressure" in head</li><li>• Nausea or vomiting</li><li>• Balance problems or dizziness</li><li>• Double or blurry vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish, hazy, foggy, or groggy</li><li>• Concentration or memory problems</li><li>• Confusion</li><li>• Just not "feeling right" or is "feeling down"</li></ul>

### How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

### What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen ~~assume~~ *assume* that s/he's "just fine."
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play.  
Seek the advice of a health care professional.

**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



To be retained by athlete.

# HEADS\*UP

## CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way your brain normally works.
- Can occur during practices or games in any sport or recreational activity.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or "had your bell rung."

All concussions are serious. A concussion can affect your ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most people with a concussion get better, but it is important to give your brain time to heal.

### What are the symptoms of a concussion?

You can't see a concussion, but you might notice *one or more* of the symptoms listed below or that you "don't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

### What should I do if I think I have a concussion?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach right away if you think you have a concussion or if one of your teammates might have a concussion.
- Get a medical check-up. A doctor or other health care professional can tell if you have a concussion and when it is OK to return to play.
- Give yourself time to get better. If you have a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have another concussion. Repeat concussions can increase the time it takes for you to recover and may cause more damage to your brain. It is important to rest and not return to play until you get the OK from your health care professional that you are symptom-free.

### How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Use the proper sports equipment, including personal protective equipment. In order for equipment to protect you, it must be:
  - The right equipment for the game, position, or activity
  - Worn correctly and the correct size and fit
  - Used every time you play or practice
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If you think you have a concussion:**

**Don't hide it. Report it. Take time to recover.**

**It's better to miss one game than the whole season.**

For more information and to order additional materials *free-of-charge*, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People.™

## Heat and Athletes



People who exercise in extreme heat are more likely to become dehydrated and get heat-related illness.

- Limit outdoor activity, especially midday when the sun is hottest.
- Wear and reapply sunscreen as indicated on the package.
- Schedule workouts and practices earlier or later in the day when the temperature is cooler.
- Pace activity. Start activities slow and pick up the pace gradually.
- Drink more water than usual and don't wait until you're thirsty to drink more. Muscle cramping may be an early sign of heat-related illness.
- Monitor a teammate's condition, and have someone do the same for you.
- Wear loose, lightweight, light-colored clothing.
- Seek medical care immediately if you or a teammate has symptoms of heat-related illness (</extremeheat/warning.html>).
- Learn more ([/nceh/hsb/extreme/heat\\_illness\\_training.htm](/nceh/hsb/extreme/heat_illness_training.htm)) by participating in a CDC course on preventing heat-related illness.

Muscle cramping might be the first sign of heat-related illness, and may lead to heat exhaustion or stroke. Here is how you can recognize heat exhaustion and heat stroke and what to do:

### Heat Exhaustion



- Heavy sweating
- Weakness
- Cold, pale, and clammy skin
- Fast, weak pulse
- Nausea or vomiting
- Fainting

#### What You Should Do:

- Move to a cooler location.
- Lie down and loosen your clothing.
- Apply cool, wet cloths to as much of your body as possible.
- Sip water.
- If you have vomited and it continues, seek medical attention immediately.

### Heat Stroke



- High body temperature (above 103°F)\*
- Hot, red, dry or moist skin
- Rapid and strong pulse
- Possible unconsciousness

#### What You Should Do:

- Call 911 immediately — **this is a medical emergency.**
- Move the person to a cooler environment.
- Reduce the person's body temperature with cool cloths or even a bath.
- Do **NOT** give fluids.

\*104°F taken rectally is the most accurate.

# NIOSH Fast Facts

## Protecting Yourself from Heat Stress

Heat stress, from exertion or hot environments, places workers at risk for illnesses such as heat stroke, heat exhaustion, or heat cramps.

### Heat Stroke

A condition that occurs when the body becomes unable to control its temperature, and can cause death or permanent disability.

#### Symptoms

- High body temperature
- Confusion
- Loss of coordination
- Hot, dry skin or profuse sweating
- Throbbing headache
- Seizures, coma

#### First Aid

- Request immediate medical assistance.
- Move the worker to a cool, shaded area.
- Remove excess clothing and apply cool water to their body.

### Heat Exhaustion

The body's response to an excessive loss of water and salt, usually through sweating.

#### Symptoms

- Rapid heart beat
- Heavy sweating
- Extreme weakness or fatigue
- Dizziness
- Nausea, vomiting
- Irritability
- Fast, shallow breathing
- Slightly elevated body temperature

#### First Aid

- Rest in a cool area.
- Drink plenty of water or other cool beverages.
- Take a cool shower, bath, or sponge bath.

### Heat Cramps

Affect workers who sweat a lot during strenuous activity. Sweating depletes the body's salt and moisture levels.

#### Symptoms

- Muscle cramps, pain, or spasms in the abdomen, arms or legs

#### First Aid

- Stop all activity, and sit in a cool place.
- Drink clear juice or a sports beverage, or drink water with food.
  - Avoid salt tablets.
- Do not return to strenuous work for a few hours after the cramps subside.
- Seek medical attention if you have the following: heart problems, are on a low-sodium diet, or if the cramps do not subside within one hour.

### Protect Yourself

Avoid heavy exertion, extreme heat, sun exposure, and high humidity when possible. When these cannot be avoided, take the following preventative steps:

- Monitor your physical condition and that of your coworkers for signs or symptoms of heat illnesses.
- Wear light-colored, loose-fitting, breathable clothing such as cotton.
  - Avoid non-breathable synthetic clothing.
- Gradually build up to heavy work.
- Schedule heavy work during the coolest parts of day.
- Take more breaks when doing heavier work, and in high heat and humidity.
  - Take breaks in the shade or a cool area.
- Drink water frequently. Drink enough water that you never become thirsty.
- Be aware that protective clothing or personal protective equipment may increase the risk of heat-related illnesses.

