

EXERTIONAL HEAT ILLNESS ACKNOWLEDGMENT & SIGN-OFF

Participant Clearance Package | Parent & Athlete Must Both Sign

Exertional Heat Stroke is one of the top three causes of sudden death in athletes. Early recognition and immediate cooling saves lives. Read this entire form carefully.

ATHLETE & SCHOOL INFORMATION

Athlete Last Name: _____	First Name: _____
Date of Birth: _____	Grade: _____
School: _____	Sport(s): _____
School Year: _____	AD / Coach: _____

WHY MIDDLE SCHOOL ATHLETES FACE ELEVATED RISK

Middle school athletes are at greater risk for exertional heat illness than older athletes for several physiological reasons: (1) they produce more heat per unit of body mass during exercise; (2) they have a lower sweat rate and sweat less efficiently; (3) they have a higher ratio of body surface area to body mass, causing faster core temperature rise; (4) they are less likely to self-report symptoms; and (5) they are often unacclimatized at the start of a new season. These factors make it critical that coaches, parents, AND athletes all understand and monitor for heat illness warning signs.

TYPES OF HEAT ILLNESS — RECOGNIZE, RESPOND, REPORT

Condition	Signs & Symptoms	Immediate Response
Heat Cramps	Muscle spasms (legs/abdomen); heavy sweating	Rest; hydrate with electrolytes; stretch/massage; NO return until resolved
Heat Syncope	Fainting/near-fainting; pale skin; low heart rate	Lie flat; elevate legs; move to cool area; monitor; notify parents
Heat Exhaustion	Heavy sweating; weakness; cool/pale/clammy skin; nausea; headache; possible fainting	Remove from activity; cool with ice/wet towels; fluids if conscious; call 911 if no improvement in 15 min
Heat Stroke ★	HOT/RED/DRY or damp skin; body temp 103°F+; confusion; rapid pulse; possible unconsciousness	CALL 911 IMMEDIATELY. Cold-water immersion NOW. DO NOT WAIT FOR EMS TO COOL.

HYDRATION RULES EVERY ATHLETE & PARENT MUST KNOW

- ✓ Drink 16–20 oz of water at least 2 hours before any practice or game.
- ✓ Drink 6–8 oz every 15–20 minutes during activity — DO NOT wait until thirsty.

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- ✓ After activity, drink 24 oz for every pound of body weight lost.
- ✓ Avoid energy drinks, excessive caffeine, or diuretics before/during activity.
- ✓ Pale yellow urine = well hydrated. Dark yellow/amber = dehydrated — inform your coach immediately.
- ✓ Athletes who are ill, recently had diarrhea/vomiting, or are on certain medications are at higher risk.

PERSONAL HEAT RISK FACTORS — PARENT COMPLETES

1. Has the athlete ever been diagnosed with exertional heat illness or heat stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the athlete ever had rhabdomyolysis (muscle breakdown from exercise)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the athlete have sickle cell trait or sickle cell disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the athlete take medications that may affect heat regulation (diuretics, stimulants, antihistamines, antipsychotics)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the athlete have a medical condition that may affect sweating or fluid regulation (diabetes, cystic fibrosis, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the athlete been ill with fever, vomiting, or diarrhea in the past 7 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES to any above, explain and note any physician guidance received:

ACKNOWLEDGMENT & SIGN-OFF

We, the undersigned athlete and parent/guardian, acknowledge that we have read and understand the NFMS Exertional Heat Illness information provided above. We understand the warning signs of heat illness and the risks involved in athletic participation in hot and/or humid conditions. We agree that the athlete will: (1) arrive to all practices and events properly hydrated; (2) immediately report any symptoms of heat illness to a coach or athletic trainer; (3) never attempt to 'push through' symptoms of dizziness, fainting, confusion, or chest discomfort. We understand that a coach or school official must receive this signed form before the athlete is permitted to participate in any NFMS-affiliated athletic activity.

Athlete _____
Signature: _____

Date: _____

Parent/Guardian _____
Signature: _____

Date: _____

Printed Name of _____
Parent: _____

Relationship: _____

Coach / AD _____
Signature: _____

Date Received: _____