

## Center ISD Department of Athletics CONSENT for Sickle Cell Trait Testing

## About Sickle Cell Trait

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Although Sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean, and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, hypoxia (lack of oxygen) in the muscles may cause sickling of red blood cells (red blood cells changing from a normal disc shape to a crescent or "sickle" shape), which can accumulate in the bloodstream and "logjam" blood vessels, leading to collapse from the rapid breakdown of muscles starved of blood. In rare severe cases, exertional sickling has led to the death of athletes with this trait.

## Sickle Cell Trait Testing

- The NCAA recommends that all student-athletes at the Division I and II levels have knowledge of their sickle cell trait status before the student-athlete participates in any intercollegiate athletics event, including strength and conditioning sessions, practices, competitions, etc.
- Center ISD Athletics offers sickle cell trait screening in the form of a blood test to all student-athletes as part of the pre-participation physical examination process for participating in college sports or college campus visiting with intent to participate in sports.
- Testing will be conducted at the Center ISD. Results will be reported to Center ISD athletic department and attending physician office that performed testing (Priority Family Healthcare). The lab test fee is \$12.00 and due day of testing.
- Individuals that test positive for sickle cell trait will be counseled on what can be done to avoid complications and to provide optimal care of you during practice, competition, and conditioning.

Sign this form only if you agree to take the sickle cell trait test. Do not sign if you sign the sickle cell trait testing waiver form.

**Sign only this consent form or the waiver form. Do not sign both forms.**				
" I agree to testing (include copy of test	ing results if ob	tained off campus)		
Student-Athlete Signature Stu		nt-Athlete Print Name		
Sport	Date			
Parent/Guardian Signature (If under 18 ye	ars of age)	Parent/Guardian Print Name	 Date	



## SICKLE CELL TRAIT TESTING WAIVER

Student-Athlete Name (Print Name)	, understand and acknowledge that th	IE NCAA
recommends that all student-athletes have kno and fully understand the aforementioned infor		
Recognizing that my true physical condition is of any symptoms, complaints, prior injuries, ail fully disclosed in writing any prior medical histoathletic personnel.	ments, and/or disabilities experienced	d, I hereby affirm that I hav
I do not wish to undergo sickle cell trait testing	g as part of my pre-participation phys	sical examination
I have read and signed this document with full state that I am at least 18 years of age and com has signed this document.		
Sign this form only if you do not want to take sickle cell trait testing form.	the sickle cell trait test. Do not sign if	you sign the consent for
**Sign only this waiver form or the consent fo	orm. Do not sign both forms. **	
Student-Athlete Signature	Sport	Date
I am the parent or legal guardian of the studen knowledge of its significance.	t-athlete. I have read and signed this o	document with full
Parent/Guardian Signature (If under 18 years of age)	Parent/Guardian Print Name	Date
Witness Signature Witness	Print Name	 Date