CIF Transfer Paperwork		
Parent/Student Certification Form	*Given To Date*	
	Returned Date	
CIF Approval	*Date*	

Riverside Unified School District

Athletic Clearance

The following steps must be taken to secure Athletic and Medical Clearance and be eligible for Participation in the Arlington/Lincoln/King/North/Poly/Ramona High School Programs:

1) Complete and sign every part of this application. Please remember that to be academically eligible for participation in any sport, the student must be passing a minimum of four (4) classes and have a GPA of 2.0 or higher in the previous grading period. Students new to RUSD should provide a copy of their most recent report card and must complete all CIF transfer paperwork prior to competition.
2) Complete a physical examination. Under California Education Code, an athletic physical is valid for a period of 12 months from the date given.
3) Complete the Emergency Medical Information and Transportation Permit form. New forms are required for each new season of sport.
4) Read and understand the RUSD Athletic Code.
5) All the above materials must be presented to the site Assistant Principal/Athletic Director and be on file in that person's office. No try-outs, practice, or participation of any kind may take place prior to receiving approval from the AP/Athletic Director. By CIF rule, information provided by the student or his/her parent which proves to be false may result in the loss of as much as 24 months of athletic eligibility.

FAILURE TO COMPLETE ALL ITEMS <u>WILL</u> RESULT IN DELAY OF APPROVAL TO PARTICIPATE

<u>CHECK ACTIVITIES IN WHICH YOU PARTICIPATE</u>
(ONE SPORT PER SEASON)

Performance Group

- ☐ Pep Squad
- ☐ Marching Band
- ☐ ROTC
- ☐ Dance
- ☐ Color Guard

FALL

- ☐ Cross Country
- ☐ Football
- ☐ Girls Golf
- ☐ Girls Tennis
- ☐ Girls Volleyball
- ☐ Boys Water Polo

WINTER

- ☐ Basketball
- ☐ Soccer
- ☐ Wrestling
- ☐ Girls Water Polo

SPRING

- ☐ Boys Baseball
- ☐ Boys Golf
- ☐ Girls Softball
- ☐ Swimming
- ☐ Boys Tennis
- ☐ Track
- ☐ Boys Volleyball

Student Name: (last) _____ (first) _____
(middle) _____
Student ID # _____ Grade _____ DOB _____

RIVERSIDE UNIFIED SCHOOL DISTRICT

Annual Medical Clearance and Indemnification Package

www.rusdlink.org

Innovation in Education

A **completed and signed** Annual Medical Clearance and Indemnification Package is required to participate in **athletic programs, pep squad, dance, color guard, band, orchestra, or ROTC** programs within Riverside Unified School District middle and high schools.

The Board of Education deems these activities to be worthy for students but does not require student participation. Because these activities are voluntary, a completed and signed Annual Medical Clearance and Indemnification Package is required before the student may participate. No penalty other than non-participation will be assessed if the form is not signed. The Annual Medical Clearance and Indemnification Package forms are not required for curricular related school activities. No tryout, practice, game, performance or exercise participation may take place until the student receives final approval from the Athletic Director, band, orchestra or ROTC teacher.

This Annual Medical Clearance and Indemnification Package includes: (ALL REQUIRE SIGNATURE AND RETURN TO SCHOOL)

1. Pre-participation Physical Evaluation Form (for your physician)
2. Student-Athlete Risk Acknowledgement
3. Authorization to Participate in Voluntary Baseline Concussion Testing
4. Athletic Philosophy and Code of Conduct
5. Athletic Transportation Permit/Authorization for Emergency Medical Care

Information Documents to retain for your records:

- CIF Concussion Information Sheet
- CIF Cardiac Arrest Information Sheet
- CIF Prevention of Heat Illness Information
- Sudden Cardiac Arrest Information
- Prescription Opioid Fact Sheet
- Athletic Philosophy & Code of Conduct

*Information is available upon request for Student Medical Insurance

Please take the following steps to complete this Package. [For multipart forms, please use a ball point pen and press hard when filling out the form so that all information appears on each page.] Note, there are multiple locations for initials and/or signatures; all applicable are required for a Package to be complete.

For parents/guardians and student participants:

1. Complete the Pre-participation Physical Evaluation Form and take with you to your appointment with a qualifying health care provider (MD, DO, PA-C or NP) for a physical or other appropriate determination of medical clearance.
2. For Student-Athletes and their parent/guardians, read and follow the *CIF/CDC Concussion Fact Sheets for Student-Athletes and Parents/Guardians*. Initial and sign where indicated on the Student-Athlete Concussion Statement. Return the signed Statement to the school with the other required elements of the Package.
3. For Student-Athletes and their parent/guardians, read and follow the Athletic Philosophy and Code of Conduct and Pursuing Victory with Honor. Sign where indicated. Return the signed copy to the school with the other required elements of the Package.
4. Read the information and statements in the Annual Medical Clearance and Indemnification Package and initial each acknowledgement as appropriate. Only parents/guardians of student-athletes (cheerleaders, team managers, etc. as defined above) need to acknowledge Concussion Management Protocol. All parents/guardians and student participants must acknowledge and sign at the end of the Package. Return the initialed and signed folder to the school.

Student Name: (last) _____ (first) _____ (MI) _____

Pre-participation Physical Evaluation and Clearance

A medical clearance is required from a qualifying health care provider (Medical Doctor [MD], Doctor of Osteopathic Medicine [DO], Certified Physician's Assistant [PA-C], or Nurse Practitioner [NP]) for a student to participate in athletic, marching band, orchestra and ROTC programs within Riverside Unified School District middle and high schools. A Pre-participation Physical Evaluation Form for your use in securing the required medical clearance from a physician is provided; however, individual physicians may require or use a different medical history form based on personal preference. (Riverside Unified School District only accepts medical clearance from MD or DO physicians, and PA-C and NP health care providers; the district does not accept clearances from Doctors of Chiropractic Medicine or any other health care providers.) The Pre-participation Physical Evaluation Form is to be returned to the school. Riverside Unified School District is reliant on the opinion of your physician and as such requires that the answers to the questions on the Pre-participation Physical Evaluation Form be true, correct and complete.

Physical evaluations and clearances are valid for twelve (12) months from the date of the evaluation.

Concussion Management Protocol for Student-Athletes

Concussions and other brain injuries can be serious and potentially life-threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for Riverside Unified School District student-athletes suspected of sustaining a concussion. A ***concussion*** occurs when there is a direct or indirect offense to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions *do not* result in loss of consciousness and, therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

1. An athlete suspected of sustaining a concussion shall be evaluated by the team's coach, athletic trainer or other trained personnel using the RUSD Concussion Report. The presence of symptoms shall dictate that the student-athlete is to be evaluated by a physician (MD or DO only) trained in the evaluation and management of concussion.
2. A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a physician (MD or DO only) trained in the evaluation and management of concussion and who receives written clearance to return to play from that doctor.

Parents/Guardians and student-athletes shall follow and sign a separate "Student-Athlete Risk Acknowledgment" as provided in this Package.

Student Insurance Coverage Certification

I understand that the Riverside Unified School District does not provide medical insurance for students for school-related injuries. I understand that I will be responsible for costs including, but not limited to, medical surgical or dental diagnosis and/or treatment and/or hospital care, x-ray examination, anesthetic, etc. that may be rendered to such student under the general or special supervision and on the advice of a duly licensed physician or dentist.

I understand that the California Education Code (Sections 32220-24) requires that before my child is eligible to participate in athletic, marching band, and orchestra programs, medical insurance coverage must be obtained. "Athletics" includes cheerleaders and their assistants, pompon/song team members, team managers and their assistants, and any student selected to assist in the conduct of the athletic event, including activities incidental to the event. (This requirement excludes middle school students participating in occasional athletic tournaments.) Specifically:

Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling:

Healthy Families at 1-800-880-5305, www.healthyfamilies.ca.gov
Medi-Cal at 1-800-880-5305
Pacific Educators (low cost local program) at 1-800-722-3365

Parent/Guardian Authorization: I presently have the required insurance coverage for said student. I declare that I will maintain this insurance or notify in writing the school principal of any cancellation. *All parents/guardians and student participants (except middle school students participating in occasional athletic tournaments) must acknowledge this responsibility by initialing here:*_____

Acknowledgement of Risks and Indemnification of District

Parent/Guardian Authorization: For and in consideration of permitting the below named student to participate in the activity described herein, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Riverside Unified School District, its officers, employees, and agents for liability **from any and all claims including the negligence of the Riverside Unified School District, its officers, employees and agents**, resulting in personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

I hereby acknowledge that my child has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by participants. I understand these safety regulations will be enforced during all games, practices, performances and exercises to the extent practically possible. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Every reasonable effort is made to avoid the potential for accidents and injuries. Participants will engage in physical and practical training and competitive athletics involving a variety of athletic, musical, sound, and military equipment and other physical contact and activities. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, and 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the activities made possible by participation. I understand that participation in this activity is voluntary and I understand that this activity could cause serious illness and/or injury or death.

I also agree to **INDEMNIFY AND HOLD HARMLESS** the Riverside Unified School District from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's involvement in the activity described herein. The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I hereby acknowledge that I knowingly and voluntarily assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue, as stated, and expressly acknowledge my intention, by executing this instrument, to exempt and relieve the Riverside Unified School District, its officers, employees, and agents from any liability for personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. I have read this wavier of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing this agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

I have read, understand and agree to the above Acknowledgement of Risks and Indemnification of District, and each of the preceding sections of this Package.

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

Riverside Unified School District

Student-Athlete Risk Acknowledgement

_____ I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer, or other designated and trained personnel.
Parent/Student Initial

_____ I have read and understand the attached *CIF Prevention of Heat Illness Information Sheet for Student-Athletes and Parents/Guardians.*
Parent/Student Initial

_____ I have read and understand the attached *Prescription Opioid Fact Information Sheet for Student-Athletes and Parents/Guardians.*
Parent/Student Initial

_____ I have read and understand the attached *CIF Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians.*
Parent/Student Initial

_____ I have read and understand the attached *CIF Concussion Fact Sheets for Student-Athletes and Parents/Guardian*
Parent/Student Initial

After reading the *CIF/CDC Concussion Fact Sheets for Student-Athletes and Parents/Guardians*, I am aware of the following information:

_____ A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or other designated and trained personnel.
Parent/Student Initial

_____ A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance.
Parent/Student Initial

_____ A concussion cannot be seen, but I might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
Parent/Student Initial

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or other designated and trained personnel.
Parent/Student Initial

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
Parent/Student Initial

_____ Following concussion, the brain needs time to heal. I am much more likely to have a repeat concussion if I return to play before my symptoms resolve themselves.
Parent/Student Initial

_____ Repeat concussions can cause permanent brain damage and even death.
Parent/Student Initial

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Authorization to Participate in Voluntary Baseline Concussion Testing for Student-Athletes

Concussions and other brain injuries can be serious and potentially life-threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury, the following concussion management protocol will be used for Riverside Unified School District student-athletes suspected of sustaining a concussion. A *concussion* occurs when there is a direct or indirect offense to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions *do not* result in loss of consciousness, and therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

1. A student-athlete suspected of sustaining a concussion shall be evaluated by the team's coach, athletic trainer or other trained personnel using the RUSD Concussion Report. The presence of symptoms shall dictate that the student-athlete is to be evaluated by a physician (MD or DO) trained in the evaluation and management of concussions.

2. A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a doctor (MD or DO) trained in the evaluation and management of concussion and who receives written clearance to return to play from that doctor.

Given the inherent difficulties in concussion management, it is important to manage concussions on an individualized basis and to implement baseline testing and/or post-injury neurocognitive testing. This type of concussion assessment can help to objectively evaluate a concussed student-athlete's post-injury condition and track recovery for safe return to play, thus preventing the cumulative effects of a concussion. Baseline and post-injury neurocognitive testing can be administered by an athletic trainer, school nurse, athletic director, coach, doctor, or anyone trained to administer baseline testing. The importance of baseline testing varies depending on classification of sport according to the relative risk of an injury based on whether the sport involves contact, limited contact, or no contact. As such, it is not considered necessary for all student-athletes.

Riverside Unified School District offers the opportunity for student-athletes who participate in contact sports to take a baseline test to help detect possible sports-related concussions *in the future.* The exam takes about 20-30 minutes and is non-invasive. The baseline test is basically a physical of the brain's cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration. Although the test product itself may vary, most used by RUSD will be a computerized exam that the student-athlete may take on campus prior to a sport season. If the student-athlete is believed to have suffered a concussion in the future during competition, the results from the baseline test will be accessible to the treating doctor. The baseline test results will be stored and may be shared with your student-athlete's doctor or other healthcare provider. There is no cost to you for this baseline concussion testing.

I agree to allow my student-athlete to participate in the administration of a baseline concussion assessment and cognitive testing program and storage of test results. (Although **highly recommended**, this is a voluntary test and is not mandatory to participate in an athletic program. If you do not desire baseline testing for your student-athlete, simply skip this form.

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

www.rusdlink.org
www.cifstate.org
www.impacttest.com

Athletic Philosophy and Code of Conduct

All students-athletes and parents shall read and understand the Riverside Unified School District Athletic Philosophy and Regulations. Furthermore, the Riverside Unified School District and each school have adopted a code of conduct for student athletes. Participation is a PRIVILEGE and parents and student athletes are expected to accept the responsibilities defined in the code of conduct. Athletic competitions should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of competition is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. These principles apply to all student athletes involved in interscholastic sports in California. Athletics is an integral part of the total education program offered by the Riverside Unified School District and shall be congruent with the school's stated goals and objectives established for the intelligent, physical, social, and moral development of its students. As an athlete and parent/guardian of an athlete, I understand that it is my responsibility to:

1) Place academic achievement as the highest priority.
2) Show respect for teammates, opponents, officials and coaches.
3) Respect the integrity and judgment of game officials.
4) Exhibit fair play, sportsmanship, and proper conduct on and off the playing field and court.
5) Maintain a high level of safety awareness, including reporting all injuries and illnesses to the coach.
6) Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
7) Adhere to the established rules and standards to the game to be played.
8) Respect all equipment and use it safely and appropriately.
9) Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs.
10) Refrain from the use of androgenic/anabolic steroids or any other substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States, or the American Medical Association and without the written prescription of a licensed physician to treat a medical condition.
11) Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
12) Refrain from providing false or fraudulent information relative to medical condition, medical treatment, eligibility to play, and return to play.
13) Win with character; lose with dignity; pursue victory with honor.

If there are questions regarding philosophy, regulations or the expectations for competitive conduct, please contact the school's athletic director or principal.

I received and retained a copy of the Riverside Unified School District Athletic Philosophy and Code of Conduct and the accompanying Pursuing Victory with Honor Code of Conduct for Student-Athletes. ***I have read and understand the requirements of this Code of Conduct and accompanying* Pursuing Victory with Honor Code of Conduct for Student-Athletes. *I understand that my student and I are expected to act in accord with principles established by this Code of Conduct and Pursuing Victory with Honor Code of Conduct for Student-Athletes. I further understand that there may be sanctions or penalties if I do not act in accord with these principles.***

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

Additional Resources: www.rusdlink.org www.cifstate.org

RIVERSIDE UNIFIED SCHOOL DISTRICT CONSENT FORM FOR FIELD TRIP

Please return this form to your child's school signed by the parent or guardian.

To the Parent or Legal Guardian of: _____

Teacher/Designee in Charge: Athletic Coach at _____ (High School)

☒Single Date: 2022-2023 Year Time Leaving: TBA _____ Time Returning: TBA _____

☐Multiple Date/s: _____ Time Leaving: _____ Time Returning: _____

Destination: Athletic Contest and School events for the 2020-2021 School Year

Instructional Focus: _____

Transportation: ☒**Walk** ☒School Bus ☒Alternative Transportation (*must fill out form 26-9050b Hold Harmless-Waiver*)

Student will be returned to their school and must be picked up by an adult named on the student's emergency card, if they return after school hours.

Riverside USD does not provide medical insurance for students for school related injuries. On any occasion where student emergency medical care is deemed necessary, Parent/Guardian herein authorizes such emergency transportation and/or medical attention as may be required. Further, Parent/Guardian agrees to defend, indemnify and hold harmless the Riverside Unified School District, the Board of Trustees, the individual members thereof, and all District officers, staff, agents, employees and volunteers from any and all loss, costs, and expense including legal fees or other obligations or claims, arising directly or indirectly out of any liability or claim of loss or liability for personal injury, bodily injury to persons, contractual liability, and damage to property, or any other loss, damage, injury or other claim of any kind or nature, arising out of participation in the field study trip and any medical or dental treatment which may be rendered to minor child student. Parent/Guardian agrees to assume the financial responsibility for such care as the treating doctor may consider necessary. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the district, its employees or agents.

THE INFORMATION IN THIS SECTION MUST BE FILLED OUT AND RETURNED TO THE SCHOOL ***TWO (2) WEEKS PRIOR TO THE FIELD TRIP. NO PERMISSION FOR PARTICIPATING IN A FIELD TRIP CAN BE GRANTED OVER THE TELEPHONE. Students requiring medication while on the field trip must have a CURRENT medication order on file at school. If there is not a CURRENT medication order, please have your child's physician complete 26-9050a Medication Order and return completed form to school at least two (2) weeks prior to field trip.***

Name of medication: _____ When and how often taken: _____ Dosage amount: _____

Health information:

Are there any physical defects or congenital illnesses that may endanger his/her activity or safety? _____

_____

Please add information that you feel we need to know about your child's health: _____

_____

List any known allergies to insects, food, medicines, other _____

Does your child have an Epi-pen? ☐**Yes** ☐**No** Does he/she have parent/physician authorization to self administer? ☐**Yes** ☐**No**

Does your child have an Inhaler for Asthma? ☐**Yes** ☐ **No** Does he/she have parent/physician authorization to self administer? ☐**Yes** ☐**No**

In case of emergency, if I, the parent, cannot be reached at _____ (*Home phone*) ***or*** _____ (*Cell phone/Work phone*)

Please contact: _____ ***at*** _____

I accept the conditions described on this form and give my consent for my son/daughter to participate in the field trip.

_____ **Date:** _____
(Parent/Guardian Signature)

Original – School Yellow – Teacher Pink – Parent/Guardian

\

Riverside Unified School District
Hold Harmless and Waiver

PARENTS/GUARDIANS PICKING UP AND TRANSPORTING THEIR OWN CHILD TO AND OR FROM FIELD TRIP

Student's Name:_____ Date of field trip: 2022-2023 school year

School Name: Riverside Poly High School
Arlington High School Field trip location: Various schools

Parent/Guardian Name:_____ Relationship to student:_____

The parent/guardian of the student named above has elected to pick up and transport his/her own child to and/or from a district-sponsored field trip, although transportation is provided by Riverside Unified School District to and from this event.

By electing to pick up and provide alternate transportation, the parent/guardian agrees to defend, indemnify and hold harmless the Riverside Unified School District, the Board of Trustees, the individual members thereof, and all District officers, staff, agents, employees and volunteers from any and all loss, costs, and expense including legal fees, or other obligations or claims, arising directly or indirectly out of any liability or claim of loss or liability for personal injury, bodily injury to persons, contractual liability, and damage to property, or any other loss, damage, injury or other claim of any kind or nature, arising out of the parent/guardian's decision to pick up and provide alternate transportation for his/her child from the District-sponsored field trip.

_____ _____

Signature of Parent or Legal Guardian Date Signed

Media Authorization and Release

PARTICIPANTS NAME: _____

PROGRAM: Riverside Unified School District Media

For the opportunity to participate in a District media program produced by Riverside Unified School District I authorize and agree that the medium(s) may be broadcast and distributed without limitation through any means and I shall not receive any compensation for my participation.

I confirm that any and all material furnished by me for this medium(s) either of my own or otherwise is authorized for such use without obligation to me or any third party. I also agree to the use of my name, likeness, portrait or pictures, voice and biographical material about me for educational, program, or series publicity and organizational promotional purposes.

I further agree that my participation in the program confers upon me no rights to use, ownership or copyright. I release Riverside Unified School District, its employees, agents, and assigns from all liability which may arise from any and/or all claims by me or any third party in connection with my participation in the program(s).

It is understood that Riverside Unified School District is under no obligation to broadcast the above-identified program(s) or series.

Agreed to and signed this _____ day of _____, 20___ by:

_____ _____

Participant Name (Print) Participant's Signature

_____ _____

Parent Name (required if under 18) Parent's Signature

_____

Street Address City, State, Zip

_____

Home Phone/Cell Phone

RIVERSIDE UNIFIED SCHOOL DISTRICT

ATHLETIC TRANSPORTATION PERMIT

Use ballpoint pen. Press hard so last copy is clear.

Student _____ Student ID# _____ School _____

Dear Parent/Guardian:

Your consent is required to permit your child to be transported for athletic activities. No student will be permitted to participate in athletic activates off campus without a signed permission slip.

☐ I **DO** permit my child to be transported by the Riverside Unified School District or District approved transportation.

I hereby grant permission for the District to allow emergency medical treatment if required and accept liability for such treatment.

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE (WAIVER)

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be easily reached.

1. STUDENT NAME: (last)_____ (first)_____ Grad Year:_____ DATE:_____
   ADDRESS:_____ SEX:_____ AGE:_____ DATE OF BIRTH:_____
   CITY:_____ ZIP:_____ PHONE:_____
2. FATHER'S NAME:_____ PHONE:_____ CELL:_____
   EMPLOYER:_____ PHONE:_____
3. MOTHER'S NAME:_____ PHONE:_____ CELL:_____
   EMPLOYER:_____ PHONE:_____
4. Name of person, other than parent or guardian, who is authorized to approve emergency medical treatment:
   _____
5. FAMILY DOCTOR:_____ PHONE:_____
   FAMILY DENTIST:_____ PHONE:_____
   HEALTH INSURANCE CO.:_____ PHONE:_____

In the event of reasonable attempts to contact me/us at the above locations, or other person(s) names in item 4 above fail, full authorization is given for (1) the administration of any treatment deemed to be necessary by a medical practitioner; and (2) the transfer of son/daughter or ward to any medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Allergies: _____ Allergies to specific medication(s): _____

Any previous significant medical problems: _____

Sickle Cell Trait/Disease Yes ☐ No ☐ **Asthma** Yes ☐ No ☐

_____ _____

Parent/Guardian Signature Date

White – Coach **Yellow – Athletic Trainer** **Pink – Athletic Director/Administrator**

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

_____

Have you ever had surgery? If yes, list all past surgical procedures. _____

_____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

_____

_____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

_____

_____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	**Yes**	**No**
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	**Yes**	**No**
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

Explain "Yes" answers here.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

☐ Cleared for all sports, without restrictions

☐ Cleared for all sports without restriction with recommendation for further evaluation or treatment for

_____

_____

☐ Not cleared
- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

RETAIN THIS COPY FOR YOUR RECORDS

CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. *There is NO same day return to play for a youth with a suspected concussion.* Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:	
• Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or awkwardly • Answers questions slowly	• Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or has a fit • Any change in typical behavior or personality • Passes out

Symptoms may include one or more of the following:	
• Headaches • "Pressure in head" • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns	• Loss of memory • "Don't feel right" • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same question/comment

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:
- *American Medical Society for Sports Medicine position statement: concussion in sport (2013)*
- *Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012*
- *http://www.cdc.gov/concussion/HeadsUp/youth.html*

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING is the #1 SYMPTOM OF A HEART CONDITION

What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidently hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.

The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest

Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1

Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR

Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation

Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care

Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- ☐ Fainting or seizure, especially during or right after exercise
- ☐ Fainting repeatedly or with excitement or startle
- ☐ Excessive shortness of breath during exercise
- ☐ Racing or fluttering heart palpitations or irregular heartbeat
- ☐ Repeated dizziness or lightheadedness
- ☐ Chest pain or discomfort with exercise
- ☐ Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- ☐ Family history of known heart abnormalities or sudden death before age 50
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ☐ Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- ☐ Known structural heart abnormality, repaired or unrepaired
- ☐ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE	PRINT STUDENT-ATHLETE'S NAME	DATE
PARENT/GUARDIAN SIGNATURE	PRINT PARENT/GUARDIAN'S NAME	DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
http.www.cifstate.org

Eric Paredes Save A Life Foundation
http:www.epsavealife.org

CardiacWise (20-minute training video)
http.www.sportsafetyinternational.org

ERIC PAREDES SAVE A LIFE FOUNDATION

Parent/Student CIF Heat Illness Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *The law requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), heat illness (AB 2800) as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is Heat Illness and how would I recognize it?

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam form edication/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle lineman.

Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

PREVENTION: There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION The athlete should arrive at practice well-hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.

Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.

Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION: Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at https://nfhslearn.com/courses/61140/heat-illness-prevention.

Parent/Student CIF Heat Illness Information Sheet

HEAT EXHAUSTION: Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 and 104 degrees Fahrenheit.

• Dizziness, lightheadedness, weakness	• Profuse sweating
• Headache	• Cool, clammy skin
• Nausea	• Hyperventilation
• Diarrhea, urge to defecate	• Decreased urine output
• Pallor, chills	

Treatment: Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE: Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.
Warning Symptoms:

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Treatment: Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

Signs observed by teammates, parents and coaches include:	
• Dizziness	• Weakness
• Drowsiness, loss of consciousness	• Hot and wet or dry skin
• Seizures	• Rapid heartbeat, low blood pressure
• Staggering, disorientation	• Hyperventilation
• Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)	• Vomiting, diarrhea

Final Thoughts for Parents and Guardians:

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather in many parts of the California. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths continue to occur each season in the United States. There is no excuse for heatstroke deaths if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about possible heat illness signs and symptoms that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

Student-Athlete Name *Printed*	Student-Athlete *Signature*	Date
Parent or Legal Guardian Name *Printed*	Parent or Legal Guardian *Signature*	Date

California Interscholastic Federation

SPORTS MEDICINE BULLETIN

Prevention of Heat Illness

www.cifstate.org

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high. There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION

- The athlete should arrive at practice well-hydrated to reduce the risk of dehydration.
- Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.
- Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.
- Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION

- Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat.
- Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

HYDRATION STATUS RECORD KEEPING

- Athletes should weigh-in before and after practice, ideally in dry undergarments in their to check hydration status.
- The amount of fluid lost should be replaced by the next session of activity. An athlete should drink approximately 16 oz of fluid for each kilogram of fluid lost (1 kg = 2.2 lbs).
- The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

ADDITIONAL PREVENTION MEASURES

- Appropriate medical coverage during exercise.
- The use of light weight synthetic clothing which aids heat loss.
- Athletes should wear light colored clothing.
- Well balanced diet which aids in replacing lost electrolytes.
- Avoid drinks containing stimulants such as ephedrine or high doses of caffeine.
- Alteration of practice plans in extreme environmental conditions.
- Adequate rest breaks in the shade.
- Allow athletes to remove unnecessary equipment during rest breaks.
- Adjust the amount of conditioning activities in hot weather.
- Athletes with febrile or gastrointestinal illnesses should not be allowed to participate until recovered.

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

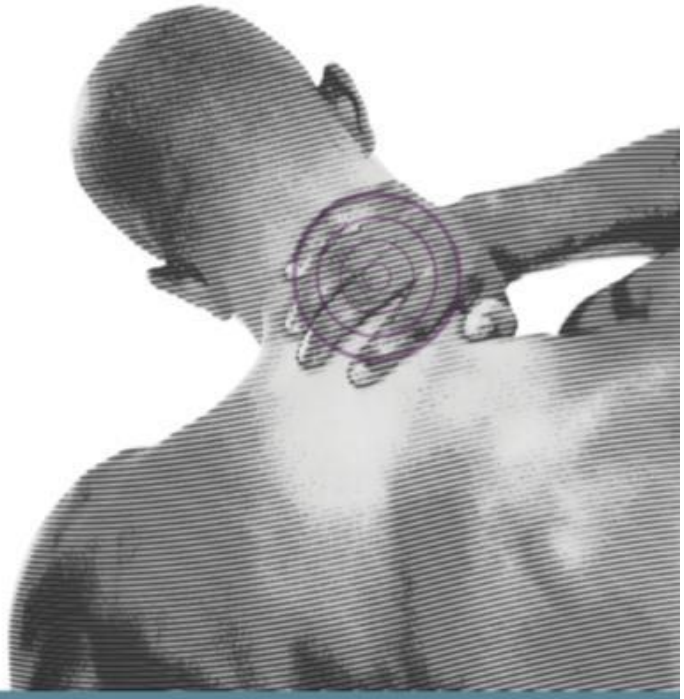
American Hospital Association

CS304107C May 9, 2016

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ☐ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ☐ Some medications that are also used for depression or seizures
- ☐ Physical therapy and exercise
- ☐ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ☐ Never take opioids in greater amounts or more often than prescribed.
- ☐ Follow up with your primary health care provider within ___ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ☐ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ☐ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ☐ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ☐ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ☐ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

LEARN MORE | www.cdc.gov/drugoverdose/prescribing/guideline.html

Pursuing Victory With Honor

Code of Conduct for Student-Athletes

Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:

CITIZENSHIP
• ***Play by the Rules*** Maintain a thorough knowledge of and abide by all applicable game and competition rules.
• ***Spirit of Rules*** Honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.
• ***Respect Officials*** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

TRUSTWORTHINESS
• ***Trustworthiness*** Be worthy of trust in all I do.
• ***Integrity*** Live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly.
• ***Honesty*** Live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct.
• ***Reliability*** Fulfill commitments; do what I say I will do; be on time to practices and games.
• ***Loyalty*** Be loyal to my school and team; put the team above personal glory.

RESPONSIBILITY
• ***Importance of Education*** Be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
• ***Role-Modeling*** Remember, participation in sports is a privilege, not a right; and I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration.
• ***Self-Control*** Exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate.
• ***Healthy Lifestyle*** Safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco, drugs and performance-enhancing supplements or engage in any unhealthy techniques to gain, lose or maintain weight.
• ***Integrity of the Game*** Protect the integrity of the game; don't gamble. Play the game according to the rules.

RESPECT
• ***Respect*** Treat all people with respect all the time and require the same of other student-athletes.
• ***Class*** Live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals.
• ***Disrespectful Conduct*** Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
• ***Respect Officials*** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

FAIRNESS
• ***Be Fair*** Live up to high standards of fair play; be open-minded; always be willing to listen and learn.
• ***Respect Officials*** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.

CARING
• ***Concern for Others*** Demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others.
• ***Teammates*** Help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches.

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Most School Districts **do not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. To help you provide coverage for your child, many districts are making available a low cost medical/dental accident insurance program. The purpose of this plan is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plan does not provide unlimited coverage, but does offer substantial assistance in the event of injury.

There are two levels of benefits available. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School Time" or "24-Hour" (all day, everyday) basis and can cost as little as $11 (one time annual payment).

The plans pay the first $500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.

Since most districts do NOT provide medical/dental accident insurance, we urge that serious consideration be given to the program. To purchase the plan, download the brochure online, fill in the application, enclose payment, and follow the instructions in the brochure.

If you have further questions, please call Pacific Educators, Inc.
Student Accident Department (800) 722-3365

Underwritten by Guarantee Trust Life Insurance Company Certificate of Authority # 3088-02

Questions?

Contact a plan advisor today: **http://www.peinsurance.com/student-accident-insurance**
(800) 722-3365 or email: studentinsurance@peinsurance.com

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