

CHS ATHLETIC PACKET



All students who wish to participate in athletics are required to submit a completed Athletic Packet, including an annual physical and medical release from a physician to the Student Store. CIF requires clearance for tryouts, off-season, summer and school year participation.

The following forms are to be **completed, printed and submitted to the Student Store** for clearance:

1. Emergency Medical Card – A new card must be submitted for each sport.
2. Emergency Medical Card – To remain on file at Student Store.
3. Athletic Information Sheet
4. California Interscholastic Federation Athletes Code of Ethics; and
CHS Parent/Guardian Code of Ethics
5. Eligibility Requirements for Extra Curricular Activities Participation
6. LVSUD Random Student Drug Testing Policy for Student Athletes
7. LVUSD Consent to Test Form
8. Concussion Information Sheet
9. C.I.F. Athletic Participation Health Form

ONLY COMPLETED PACKETS ARE ACCEPTED.
Must include a current physical.

CALABASAS HIGH SCHOOL
EMERGENCY MEDICAL CARD
COACH'S COPY

PLEASE PRINT CLEARLY

Year: _____

STUDENT'S NAME: _____ Gender M _____ F _____ SPORT/ACTIVITY: _____

(Last) (First) PHYSICAL DATE: _____
ADDRESS: _____ BIRTH DATE: _____

(STREET) HOME PHONE: _____
CITY/ZIP _____ MOTHER'S CELL# _____
Mother's Email Address: _____ MOTHER'S WORK # _____
Father's Email Address: _____ FATHER'S CELL # _____
Student's Email Address: _____
MOTHER'S NAME (PLEASE PRINT) _____
FATHER'S NAME (PLEASE PRINT) _____

EMERGENCY CONTACTS OTHER THAN PARENTS:

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

CONSENT FOR EMERGENCY TREATMENT:

I hereby give permission to a physician to administer emergency treatment to the above student.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

ANY KNOWN ALLEGORIES OR PERTINENT INFORMATION: _____

INSURANCE CERTIFICATION:

COMPANY NAME: _____ POLICY NO: _____

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s)/guardian or participant.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

* STUDENT STORE STAMP REQUIRED HERE

CALABASAS HIGH SCHOOL
EMERGENCY MEDICAL CARD
TO REMAIN ON FILE AT STUDENT STORE

PLEASE PRINT CLEARLY

Year: _____

STUDENT'S NAME: _____ Gender M _____ F _____ SPORT/ACTIVITY: _____

(Last) (First) PHYSICAL DATE: _____

ADDRESS: _____ BIRTH DATE: _____
(STREET)

CITY/ZIP _____ HOME PHONE: _____

Mother's Email Address: _____ MOTHER'S CELL# _____

Father's Email Address: _____ MOTHER'S WORK # _____

Student's Email Address: _____ FATHER'S CELL # _____

MOTHER'S NAME (PLEASE PRINT) _____

FATHER'S NAME (PLEASE PRINT) _____

EMERGENCY CONTACTS OTHER THAN PARENTS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

CONSENT FOR EMERGENCY TREATMENT:

I hereby give permission to a physician to administer emergency treatment to the above student.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

ANY KNOWN ALLEGORIES OR PERTINENT INFORMATION: _____

INSURANCE CERTIFICATION:

COMPANY NAME: _____ POLICY NO: _____

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s)/guardian or participant.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

* STUDENT STORE STAMP REQUIRED HERE

LAS VIRGENES UNIFIED SCHOOL DISTRICT
CALABASAS HIGH SCHOOL
ATHLETICS



Sport: _____

Athlete _____

Year: _____

Parent Name _____

Athletes Cell Phone _____

Address _____

Dad Cell Phone _____

City/Zip _____

Mom Cell Phone _____

Home Phone _____

Dad Work Phone _____

Mom Email _____

Mom Work Phone _____

Dad Email _____

Athletes Email _____

____ My son/daughter has permission to participate on any sport team offered by Calabasas High School Athletics.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

ATHLETIC INSURANCE INFORMATION

INSURANCE CERTIFICATION (A OR B MUST BE COMPLETED)

(THE DISTRICT/SCHOOL DOES NOT PROVIDE HEALTH/ACCIDENT INSURANCE.) I hereby certify that the above-name student is covered by accident insurance which provides protection for bodily injury and for accidental death as required by Education Code Sections 32220-24 for participation in approved school activities during the school year.

A. **Private Insurance Plan.** I ALREADY HAVE INSURANCE for my son/daughter which meets the requirement of California law.

Name of Insurance Company _____ Policy No _____

*SIGNATURE OF PARENT/GUARDIAN: _____ OR DATE: _____

B. **CIF-Endorsed School Insurance Plan.** I am purchasing Myers/Stevens insurance, and returning the Myers/Stevens envelope to the school office, so the school can send it to the company. I am purchasing the following plan:

_____ "24-Hour Plan" or "School Time Plan" (does not include football).

_____ "Tackle Football Plan" (covers football only.)

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

TRANSPORTATION WAIVER
(Summer Sports Camp ONLY)

I understand that Las Virgenes Unified School District provides **NO** transportation or additional supervision for activities. I, as the parent/guardian of the above-named student, assume full responsibility for any and all transportation needs associated with the activity. I understand that neither the school district nor any of its employees or volunteers can guarantee or provide for the safety of the above-named student going to or coming from the summer activity.

I further understand that there are inherent risks associated with these activities. Accepting that, I hereby give my consent for the above-named student to compete in the Las Virgenes Unified high schools' approved activity program (athletics, cheerleading, marching band, forensics, music, drama, etc.)

Based on this, I, the undersigned, hereby release and discharge the Las Virgenes Unified School District, officers, employees, agents, servants, and volunteers (herein collectively referred to as "District" from all liability arising out of or in connection with the above-described activity or all liabilities associated with any and all claims related to such activity that may be field on behalf of or for the above-named minor. For the purposes of this agreement, liability means all claims, demands, losses, causes of action, suits or judgments of any and every kind that I, my heirs, executors, administrators or assignees any have against the District, or that any other person or entity may have against the District because of any death, personal injury or illness, or because of any loss or damage to property that occurs during the above-described activity and that results from any cause other than the negligence of the District.

*SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PHYSICAL DATE: _____

YEAR: _____

Spring _____

Winter _____

Fall _____

Sports: Summer _____

OFFICE USE ONLY

STUDENT (Last, First): _____

CALIFORNIA INTERSCHOLASTIC FEDERATION ATHLETES CODE OF ETHICS

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives, established for the intellectual, physical social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as a 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.
5. Be attentive to all coaching directions.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of 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, anabolic steroids or any 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 American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

ASSUMPTION OF RISK

I understand the dangers and risks of playing or practicing to play/participate in any sport may result in serious injury of the body, general health and well-being. I understand the importance of following rules and regulations of safety procedures. I assume all risks associated with participating and agree to hold the school district and its employees harmless from any and all liability and claims whatsoever which may arise as a result from participation in sports.

X _____
ATHLETE SIGNATURE

DATE

CHS PARENT/GUARDIAN CODE OF ETHICS

As a parent, I understand that it is my responsibility to:

1. Support all of the athletes participating in the competition.
2. Show respect for athletes, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Respect the integrity and judgment of coaches and their staff.
5. Never approach any member of the coaching staff with concerns during or after a game.
6. In case of a concern between the player and coach, the following protocol **must** be followed:
 - a. player and coach conference.
 - b. player, coach and athletic director conference. (If there is still a problem, the parent may be included).
 - c. player, coach, athletic director, parent and principal conference.
7. Parents and guardians have a seating section at the game, and must remain in that area during the competition, including time-outs. Parents and guardians may never enter the playing area, unless asked to by a coaching staff member.

PARENT/GUARDIAN ACKNOWLEDGEMENT

I understand that any parent, whose actions are found to be disrespectful to players, coaches or officials will be asked to leave the playing site. They may not return until a conference has been held between the parent, the athletic director and principal. If a parent is asked to leave a second time, they will no longer be admitted to future competitions. Any person threatening a player, coach, official or school staff member will be reported to the appropriate authorities and will no longer be admitted to competitions.

X _____
PARENT/GUARDIAN SIGNATURE

DATE

ELIGIBILITY REQUIREMENTS FOR EXTRA CURRICULAR ACTIVITIES PARTICIPATION

EXPECTATIONS:

- Avoid use of profanity or illegal tactics.
 - Be gracious in defeat and modest in victory.
 - Respect his/her opponent.
 - Have complete control of him/herself at all times.
 - Be courteous and polite.
 - Never question an official's decision (unless you are a captain and it is allowed).
 - Give his/her best at all times.
 - Never try to hurt an opponent.
 - Cheer for his/her team, not against his/her competition.
- Any behavior contrary to that which is stated above will not be tolerated. Violations of a minor nature will result in removal from the game. Those of a serious nature will result in suspension and possibly removal from the team.
 - A player who is removed from two games in one season of sport, due to toughness or unsportsmanlike conduct, may be dropped from the team.
 - Any player who is found guilty of striking an official will be barred from athletic competition for the remainder of his/her high school career. (per CIF Rule).
 - Under no circumstances may an athlete drive themselves to or from an athletic event.

CONDUCT

The way one acts and looks on and off campus is of great importance. Athletes should be leaders and fellow students should respect and follow them. Athletes should conduct themselves morally, conduct which is considered acceptable by the community and does not violate state statutes and city ordinances. Athletes should conduct themselves in a manner which reflects favorably on themselves and Calabasas High School. Behavior/appearance contrary to the above will be reviewed by the athletic department and may result in suspension, or being dropped from the team.

APPEARANCE

Policy will be at the discretion of each coach. However, no outlandish dress which separates an athlete from the rest of the team will be allowed. Earrings and other jewelry may not be worn at any game or practice per CIF rule on safety.

CITIZENSHIP

To participate, a student athlete must maintain satisfactory citizenship and have no outstanding disciplinary hours. If a student is suspended from school, he/she is ineligible during the period of the suspension. When the student returns to school the period of the athlete's ineligibility is determined by the principal and athletic director.

SCHOLASTIC ELIGIBILITY

In order to represent Calabasas High School in athletics, a student must have earned an overall academic grade point average of 2.0 or higher in the quarter immediately preceding that of participation and have no more than one fail grade in the previous report card. A student athlete must be making normal progress toward graduation by passing at least 25 semester units of new work the previous semester. Only one subject may be physical education. (5 semester units)

DRUGS, ALCOHOL, TOBACCO, AND CONTROLLED SUBSTANCES

A student involved in the possession, use, sale or provision of drug paraphernalia, drugs, alcohol, tobacco, performance enhancing drugs or other controlled substances, as defined in the Health and Safety Code Section 11007, will be suspended indefinitely pending an investigation with a possibility of a 365 day suspension. Reinstatement can only occur after the successful completion of a Choices program.

TRANSFER OF PLAYERS FROM ONE TEAM TO ANOTHER

A player who quits a team will receive a grade consequence. The player will not be allowed to enroll in another sport until the season of the sport that was initially stated is over. Coaches should not encourage players to leave one team for another. Any transfer before the deadline must be approved by the releasing coach. A player who is asked to leave the team will be under the same restrictions as the player who quits the team (see above).

ATTENDANCE

Students and parents are reminded that there is a direct correlation between good attendance and academic achievement. Student athletes are expected to attend all classes on the day of a competition, just as every other day of the week. A cut from class on a game day may result in suspension from the next competition. Failure to attend a class on that day will result in suspension from that day's competition. **A student who has undergone medical treatment must be cleared by the doctor to return to competition.**

X _____
PARENT/GUARDIAN SIGNATURE

DATE

X _____
ATHLETE SIGNATURE

DATE

Las Virgenes Unified School District
Random Student Drug Testing Policy for Student
Athletes

Read only – Do not return with packet

I. POLICY

The Las Virgenes Unified School District is implementing this random drug testing policy for all student athletes in grade 9-12. Under the policy, all student athletes must participate in random drug testing and conform to the procedures for random drug testing outlined below. The District believes that such a policy is necessary to provide for the health and safety of its student athletes, and reduce the use of drugs and alcohol at the high school level. Requiring student athletes to participate in random drug testing is constitutional. In *Board of Education of Independent School District No. 92 of Pottawatomie county v. Earls*, 532 U.S. 822 (2002), the U.S. Supreme court held that a district policy requiring students participating in extracurricular activities to submit to random drug testing is constitutional. And, in *Vernonia School District 74J v. Acton*, 515 U.S. 646 (1995), the Court upheld suspicionless drug testing programs holding that the district's custodial responsibility outweighs a student's privacy rights.

A student athlete is any student who participates in interscholastic athletic programs including cheer/pep squad that is sponsored by the District. Participation in student athletics is completely voluntary.

For the purpose of this policy, "drugs" include, but are not limited to: (1) alcoholic beverages, (2) controlled substances listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code, or (3) an intoxicant of any kind.

II. PROCEDURE

The procedures for random drug testing of student athletes are as follows:

A. Consent Form

Any student who wishes to participate in student athletics and the student's parent/guardian must consent in writing to random drug testing of the student. Written consent shall be made on the "Consent to Test Form". Completed forms shall be submitted to Calabasas High School Student Store. Failure to submit a signed and completed Consent to Test Form will result in the student being ineligible to participate in student athletics.

By signing and submitting the Consent to Test Form, a student becomes automatically eligible to be selected from a selection pool for random drug testing for one calendar school year. If at any time a student wishes to remove him/herself from the random drug testing selection pool, the student shall complete the Athletic Activity Drop Form (available in the Athletic Office), sign the form, have it signed by his/her parent/guardian, the appropriate coach and the appropriate Athletic Assistant Principal who will collect the form. Upon submission of an Athletic Activity Drop Form, the student will be ineligible to participate in any student athletic activities for one calendar year from the date he/she is officially dropped from the athletic activity.

B. Selection for Drug Testing

Student identification numbers for all student athletes will be placed in a selection pool. On a periodic basis throughout the school year, a designated staff member will randomly draw student identification numbers for drug testing. At minimum, 10% of all student athletes will be selected from the selection pool and tested. Those students selected for testing shall be immediately notified and tested on the same day of selection. **After the test has been completed, a courtesy phone call will be made to the student's parent/guardian notifying them of the test.** Any selected student who refuses to be tested or avoids testing without good cause violates this policy and fails the drug test.

C. Collection of Sample

Students selected for drug testing will be accompanied by a designated staff member to the Health Office. Upon arrival at the Health Office, the student shall fill out a provided form and indicate what, if any prescription medication the student is presently taking. In a private setting, the student shall provide a urine sample in a provided container. After which, the student shall submit such sample to the attending Health Office nurse/clerk. A student who tampers with the urine sample violates this policy and fails the drug test.

D. Testing of Sample and Results

The Health Office shall test the provided urine/saliva sample using the "dip-test." If the test is negative, no further tests will be conducted on the sample and **the parent/guardian will be notified of the result in writing by the school.**

If the test is positive, the student shall promptly complete a "Specimen Control Form", which bears an identification number. This identification number shall be the means for identifying the sample. Only designated staff members shall know the assigned number for tested student. The sample will then be delivered by courier to an independent laboratory for verification. **If the test performed by the independent laboratory is positive, the Assistant Principal assigned to athletics will notify the tested student and his/her parent/guardian and inform them of the results.** All costs related to independent laboratory testing of samples shall be the responsibility of the District.

E. Failed Drug Test

A positive drug test that is verified by the independent laboratory is a failed drug test. Also, a selected student who refuses to be tested, avoids testing without good cause, or tampers with the urine sample is in violation of this policy and fails the drug test. A student athlete who fails the drug test for the first time shall be suspended from participation in student athletics for the remainder of the athletic activity season. After notification of a failed drug test, the student will be encouraged to participate in a drug/alcohol assistance program and may be required to submit to subsequent random drug tests.

If a student athlete is subsequently selected for testing and fails the drug test for a second time, he/she shall be suspended from participation in student athletics for one calendar year from the date of the notification of the second failed drug test. If a student athlete is subsequently selected for testing and fails the drug test for a third time, he/she shall be banned indefinitely from participation in all student athletics. **A student shall not be subject to any disciplinary action (other than suspension from student athletics) or academic penalty as a result of a drug test that is administered pursuant to this policy.** The tested student of his/her parent/guardian may appeal a suspension from student athletics to the Principal of his/her school.

F. Confidentiality

The District respects the privacy of its students. All records and subsequent actions related to drug testing shall be kept in a file separate from the student's regular records. The District will not release drug testing related records to anyone other than to the student and his/her parent/guardian without written authorization from parent/guardian or the student (if the student is at least 18 years old).

Consent to Test Form

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the LVUSD Board of Education and the sponsors for the activity in which I participate.

I agree to participate in the Random Student Drug Testing pool. I agree to allow qualified LVUSD employees, or a qualified laboratory, to conduct a test on a urine specimen which I provide on-site for drugs if my name is drawn from the random pool. I authorize the release of information concerning the results of such test (i.e. positive or negative) to District personnel and, if I am at least 18 years old, to my parent/guardian listed below. If I am at least 18 years old, I also agree that the District may notify my parent/guardian listed below of the fact that I have undergone a random drug test.

I understand that I may be randomly drug tested throughout the remainder of the school year whether or not I have been previously tested. I also understand that I will remain a member of the pool even if the activity of which I am a part is over.

I understand that if I fail a drug test for the first time, I will be suspended from participation in student athletics for the remainder of the athletic activity season. If I am subsequently selected for testing and fail a drug test for the second time, I understand that I will be suspended from participation in student athletics for one calendar year from the date I am notified of my second failed drug test. If I am subsequently selected for testing and fail a drug test for the third time, I understand that I will be banned indefinitely from participation in all student athletics.

If I choose to remove myself from the selection pool I will fill out an Activity Drop Form and have it signed by my parent/guardian, my coach/advisor and the Athletic Assistant Principal. I understand that if I complete an Athletic Activity Drop Form and remove myself from the testing pool, I will not be eligible to participate in student athletics for one calendar year from the date I am officially dropped from the current athletic activity.

Student Name (please print)

Student Signature

Parent/Guardian Name (please print)

Parent/Guardian Signature

Parent/Guardian Name Home Phone

Parent/Guardian Work Phone

I plan to participate in the following sports: _____

This form is to remain on file at the school site.

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 accidentally 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.

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>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>





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, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

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, is having difficulty staying awake or answering simple questions, he or she should be immediately taken 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 progress. 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. 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 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 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:

- | | |
|--|---|
| <ul style="list-style-type: none">• Looks dizzy• Looks spaced out• Confused about plays• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or awkwardly• Answers questions slowly | <ul style="list-style-type: none">• 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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. 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. 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 that became 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 suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

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>



Concussion Information Sheet



Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

C.I.F. ATHLETIC PARTICIPATION HEALTH FORM LAS VIRGENES UNIFIED SCHOOL DISTRICT HEALTH SERVICES

STUDENT INFORMATION – To be completed by student – Parent/Guardian Signature Required

Name: _____
Last First

Address: _____
Street City Zip Phone

HISTORY

1. Have you ever had – (Circle if yes): allergies, asthma, seizures, heart murmur, a broken bone, diabetes, surgery, admission to hospital? _____
2. Do you wear corrective lenses during sports? Yes _____ No _____
3. Is your hearing normal? Yes _____ No _____
4. Do you take medications? Yes _____ No _____
5. Please note any other medical information that school personnel may need _____

Parent Permission for EXAM

Parent/Guardian Signature _____

Date _____

PHYSICIAN INFORMATION – To be completed by Physician or Nurse Practitioner only.

PHYSICAL EXAMINATION

Height: _____ Weight: _____ B.P.: _____ / _____ Pulse: _____
Code: 0 – Negative X = Positive NE = No Examination

| | |
|--------------------------------|-------------------------------------|
| 1. Ear, Nose, Throat | 8. Musculoskeletal evaluation |
| 2. Eyes – pupil equal reactive | 8.1 Flexibility/stability of joints |
| - symmetry of eye movement | - gait |
| 3. Dental – missing teeth | - knee bend |
| - chipped teeth | 8.2 Spine: scoliosis |
| - removable appliances | 8.3 Swelling of any joint |
| - orthodontia | 8.4 Muscular weakness |
| 4. Lungs | 8.5 Atrophy |
| 5. Heart | - thigh |
| 6. Abdomen | - calf |
| 7. Hernia | 9. In coordination/loss of balance |

Additional findings, comments and/or recommendations _____

"I certify that I have on this date examined this student and that, on the basis of the exam requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities."

IF STUDENT IS NOT MEDICALLY FIT TO PARTICIPATE IN ATHLETICS OR IF THERE ARE EXCEPTIONS TO THE ABOVE STATEMENT, EXAMINING PHYSICIAN SHOULD INDICATE ABOVE.

Signature of Examining Physician: _____ Phone: _____

Print Name: _____ Date: _____ Agency: _____

* PHYSICIAN STAMP REQUIRED HERE

Date of Physical: _____