

Imperial Unified School District

Consent to Treat – Athletic Agreement – Physical Form

I consent to any x-ray examination, anesthetic, medical, dental, surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician/surgeon/or dentist licensed under the provisions of the Medical/Dental Practice Act of the state of California. This authorization is given pursuant to section 25.8 of the Civil Code of California. It is understood that this authorization is given in advance of any specific need for the benefit of said minor.

Minor/Athletic/Student Name: _____ Date: _____

Office Use Only

Academic Eligibility

Fall _____

Fall 1st qtr. _____

Winter 1st qtr. _____

Winter Semester _____

Spring Semester _____

Spring 3rd qtr. _____

Athletic Director Signature _____

1. Participation in athletics is a privilege, not a right.
2. Student/athletes must take and pass a physical examination. The school will verify any information on the Physical form if necessary.
3. Student/athlete must conduct themselves in an orderly manner and maintain a good disciplinary record, both on and off the campus.
4. Student/athletes must abide by the C.I.F. and board policy which states in order to be eligible, they must maintain a 2.0 GPA and have no more than (1) "F".
5. Student/athletes must abide by all C.I.F. rules.
6. Student/athletes must cooperate with teachers of classes they will miss due to athletic participation and get assignments in advance.
7. Student/athletes must govern their conduct in accordance with the rules and regulations of the "Student Handbook". Violations of that book may result in removal from competitive athletics.
8. Student/athletes must ride to and from athletic contests held away from imperial in transportation provided by the school district unless personal contact by parents or guardian is made and written release from responsibility is given to the coach.
9. Student/athletes must not obligate themselves to a job that in any way interferes with practice times or regular contest times.
10. Student/athletes must report all injuries to coach/coaches immediately.
11. Student/athletes must not miss any classes on the day of practice or a contest unless it is for: School business, court, immediate family funeral, eye, dental, or Dr. appointment. Proof of above-mentioned must be presented to the attendance office and athletic director the same day.
12. Missed practices, tardies, excused absences, unexcused absences, and punishments are set by each coach per sport.
13. Each sport has grooming dress requirements that are set by the coach and approved by the Administration.
14. Hair shall be in such a way as not to interfere with the athlete's performance and/or safety.
15. Student/athletes are not permitted to wear any jewelry of any kind during a practice session or a contest.
16. Student/athletes are to wear athletic garments during practices and contests. No tank tops, T-shirts with liquor or any other distasteful advertising "baggy" type shorts, shoes with no socks, or underwear that falls below the leg of gym shorts will be allowed or worn.
17. Student/athletes must clear or pay for lost gear with the athletic director before starting another sport.
18. Any use of, involvement with, or association with drugs, narcotics, alcohol, or tobacco, during any school related activity is automatic dismissal from all athletic teams during that season.
19. Basic insurance coverage for athletic injuries is the responsibility of the parent or guardian, and is a requirement of participation in any extra-curricular activity.
20. Any other rules are per coach, per sport.

Imperial High School Athletics

Parental Athletic/Activities Consent

I hereby give my consent for my child to voluntarily participate in the after school competitive athletic/activity checked above and to go with a representative of the school on any trip related to such participation.

We (parent/guardian and student) are aware that playing/practicing any sport/activity can be a dangerous endeavor involving **MANY RISKS OF INJURY**. We understand that the dangers and risks of participating in athletics/activities include, but are not limited to serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and serious injury to other aspects of the body. We recognize the importance of following coaches'/advisors' instructions regarding playing techniques, training, equipment, and other team/club rules, etc., and to obey such instructions. We acknowledge that a student is responsible for his/her own safety and also understand the need for proper conditioning, equipment checks and reporting of all injuries. We have read and will uphold the I.H.S. Behavioral Guidelines and I.H.S. Athletic Code.

We (parent/guardian and student) assume full responsibility for all equipment issued and will pay for it, should it be lost or stolen. We acknowledge that all equipment must be returned within one week of the last day of participation.

ATHLETIC CONTEST INSURANCE INFORMATION

It is acceptable for parents of competitors or non-competitors in athletics to waive the insurance, which the school offers if the parents certify that they have other insurance, which is adequate to meet the requirements of California Law.

THE LAW REQUIRES INSURANCE OF AT LEAST \$1,500 FOR HOSPITAL AND MEDICAL EXPENSES.

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. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state or federally insured programs. Information about these programs, which include The Healthy Families Program, Medi-cal or any other comparable no-cost or low-cost local, state or federally sponsored health insurance programs, may be obtained by calling 1-800-234-1317.

☐ Yes, my son/daughter is insured against accident and for hospital and medical expenses in an amount not less than the law requires and I therefore waive the school offered insurance, and assume the full responsibility for any medical incurred.

NAME OF INSURANCE CO: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____
MEDICAL CARD # _____
POLICY #: _____ INSURANCE PHONE #: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.

☐ No, my son/daughter does not have insurance, therefore I will purchase school insurance.

I have read, understand and agree to abide by this Athletics/Activities Consent Agreement.

Minor-Student-Athlete Signature: _____

Parent – Guardian Signature: _____

Preparticipation Physical Evaluation

To be completed by athlete or parent prior to examination.

Name _____ High School Imperial School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Grade: 9 10 11 12 Sport(s) _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____ Emergency Contact Phone _____ Relationship _____

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? Yes No If yes, please identify specific allergy below:
Medicines _____ Pollens _____ Food _____ Stinging Insects _____

HISTORY FORM Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: • Asthma • Anemia • Diabetes • Infections		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: • High blood pressure • High cholesterol • A heart infection • Kawasaki disease Other:		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting unexplained seizures or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MR< CT scan, injections therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have a or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or any other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contacts lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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

Signature of Student _____ Signature of parent/guardian _____ Date _____

The student has family insurance • Yes • No If yes, family insurance company name and policy number: _____

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

EXAMINATION		
Height	Weight	• Male • Female
BP / (/)	Pulse	Vision R 20/ L20/ Corrected • Y • N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year from this date.

☐ Cleared for all sports without restrictions

☐ Cleared for all sports without restrictions with recommendations for further evaluation or treatment for _____

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardian).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Physician's Signature _____ MD / DO / PA / NP

Physician's stamp must be provided below:



I. POLICY STATEMENT

- ## II. CODE OF ETHICS FOR STUDENT-ATHLETE, PARENT/GUARDIAN/CAREGIVER, COACH, CONTEST OFFICIAL

- Accept consequences of conduct deemed inappropriate or in violation of rules.**

I have read, understand, and accept the Policy Statement, Code of Ethics, The Pillars and Principles of Pursuing Victory with Honor, and the Violations, Minimum Penalties, and Appeal Process (on attached page) of the CIF-San Diego Section **ETHICS IN SPORTS** Policy. I agree to abide by this policy while participating and/or being a spectator at CIFSDS athletic events regardless of contest site or jurisdiction.

Signature – Athlete _____

Printed Name _____

Date _____

Signature – Parent/Guardian/Caregiver

Printed Name _____

Date _____

PURSuing VICTORY WITH HONOR

SIX PILLARS OF CHARACTER

TRUSTWORTHINESS

RESPECT

RESPONSIBILITY

FAIRNESS

CARING

GOOD CITIZENSHIP

SIXTEEN PRINCIPLES OF PURSUING VICTORY WITH HONOR

1. The essential elements of character building and ethics in CIF sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."
2. It's the duty of School Boards, superintendents, school administrators, parents, and school sports leadership - including coaches, athletic administrators, program directors, and game officials - to promote sportsmanship and foster good character by teaching, enforcing, advocating, and modeling these "six pillars of character."
3. To promote sportsmanship and foster the development of good character, school sports programs must be conducted in a manner that enhances the academic, emotional, social, physical, and ethical development of student-athletes and teaches them positive life skills that will help them become personally successful and socially responsible.
4. Participation in school sports programs is a privilege, not a right. To earn that privilege, student-athletes must abide by the rules, and they must conduct themselves, on and off the field, as positive role models who exemplify good character.
5. School Boards, superintendents, school administrators, parents, and school sports leadership shall establish standards for participation by adopting and enforcing codes of conduct for coaches, athletes, parents, and spectators.
6. All participants in high school sports must consistently demonstrate and demand scrupulous integrity and observe and enforce the spirit as well as the letter of the rules.
7. The importance of character, ethics, and sportsmanship should be emphasized in all communications directed to student-athletes and their parents.
8. School Boards, superintendents, school administrators, parents, and school sports leadership must ensure that the first priority of their student-athletes is a serious commitment to getting an education and developing the academic skills and character to succeed.
9. School Boards, superintendents, principals, school administrators, and everyone involved at any level of governance in the CIF must maintain ultimate responsibility for the quality and integrity of CIF programs. Such individuals must assure that education and character development responsibilities are not compromised to achieve sports performance goals and that the academic, social, emotional, physical, and ethical well-being of student-athletes is always placed above desires and pressure to win.
10. All employees of member schools must be directly involved and committed to the academic success of student-athletes and the character-building goals of the school.
11. Everyone involved in competition including parents, spectators, associated student body leaders, and all auxiliary groups have a duty to honor the traditions of the sport and to treat other participants with respect. Coaches have a special responsibility to model respectful behavior and the duty to demand that their student-athletes refrain from disrespectful conduct including verbal abuse of opponents and officials, profane or belligerent trash-talking, taunting, and inappropriate celebrations.
12. School Boards, superintendents, and school administrators of CIF member schools must ensure that coaches, whether paid or voluntary, are competent to coach. Training or experience may determine minimal competence. These competencies include basic knowledge of: 1) The character building aspects of sports, including techniques and methods of teaching and reinforcing the core values comprising sportsmanship and good character. 2) The physical capabilities and limitations of the age group coached as well as first aid and CPR. 3) Coaching principles and the rules and strategies of the sport.
13. Because of the powerful potential of sports as a vehicle for positive personal growth, a broad spectrum of school sports experiences should be made available to all of our diverse communities.
14. To safeguard the health of athletes and the integrity of the sport, school sports programs must actively prohibit the use of alcohol, tobacco, drugs, and performance-enhancing substances, as well as demand compliance with all laws and regulations, including those related to gambling and the use of drugs.
15. Schools that offer athletic programs must safeguard the integrity of their programs. Commercial relationships should be continually monitored to ensure against inappropriate exploitation of the school's name or reputation. There should be no undue interference or influence of commercial interests. In addition, sports programs must be prudent, avoiding undue financial dependency on particular companies or sponsors.
16. The profession of coaching is a profession of teaching. In addition to teaching the mental and physical dimension of their sport, coaches, through words and example, must also strive to build the character of their athletes by teaching them to be trustworthy, respectful, responsible, fair, caring, and good citizens.

VIOLATIONS, MINIMUM PENALTIES, AND APPEAL PROCESS

(Applicable to players and coaches from time of departure for contest until time of return.)

ACT

1. Behavior resulting in ejection of athlete or coach from contest

MINIMUM PENALTIES*

EJECTION POLICY:

Any coach, team attendant, or spectator ejected by a contest official from any contest for any reason, at any level, is suspended indefinitely from participation, practice, or attending (site and sound) any sports contest, until the first of the following occurs: the ejected person serves the tentative penalty recommended by the commissioner; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes.

Any player ejected by a contest official from any contest for any reason is suspended from participation in the next contest(s) until the tentative penalty recommended by the commissioner is served; or a meeting is held among the school administration, coach, player, and custodial parent(s)/guardian(s) with CIFSDS staff member(s) to discuss and impose an appropriate penalty which is served before participation resumes. **Players are permitted to practice with the team and attend contests, but not in game uniform, during the period of suspension. (Approved June 3, 2008, Board of Managers).** Meetings will be scheduled at a time to be announced. There is no appeal of the Commissioner's decision. Telephonic and electronic meetings are not permitted.

Additionally, any person ejected (coach, player, spectator) is required to attend a CIFSDS Ethics In Sports Sportsmanship Meeting, which will be held at a time to be announced. Failure to attend the sportsmanship meeting will result in immediate suspension of athletic eligibility or attendance (site and sound) at contests or practices until such time as the ejected person attends a Sportsmanship Meeting. **(Approved June 7, 2005, Board of Managers).**

2. Illegal participation in next contest by athlete ejected from previous contest.

Ineligibility for remainder of season for athlete. A written appeal may be made by the individual or school to the commissioner.

A coach, who permits participation by a player ejected from a previous contest, knowingly violates a CIF or San Diego Section rule, and penalty may include a sanction to the school, coach, or suspension of membership.

3. Second ejection of athlete or coach from any contest during one season.

Ineligibility of athlete for remainder of season or suspension of coach for remainder of season. A written appeal may be made by the school principal within two school days to the commissioner for reduction of penalty. Official to make report by the next school day to the commissioner.

4. When an athlete leaves the bench area or fielding position to begin a confrontation or leaves the bench area or fielding position to join an altercation.

Ejection from the contest for those designated by the official, ineligibility for the next contest, probation for remainder of season. Those players involved are later identified, ineligible for next contest and probation for remainder of season. A written appeal may be made by the individual(s) or school to the commissioner. Official to make report by the next school day to the commissioner.

A similar infraction of this act by the same athlete(s) during the same season will result in termination of the season for the athlete(s) concerned. A written appeal may be made by the school principal to the Commissioner.

5. When more than two athletes leave the bench area or fielding position to begin a confrontation or leave the bench area or fielding position to join an altercation.

Contest will be stopped by officials and coaches. Ejection from the contest for those athlete(s) designated by the officials. The team(s) that left the bench area must forfeit the contest, record a loss, and the team(s) and player(s) placed on probation for the remainder of the season. A written appeal may be made by the school(s) principal to the commissioner. A second infraction will result in cessation of the season for the team(s) and/or athlete(s). A written appeal may be made by the school(s) principal to the commissioner. Official to make report by the next school day to the commissioner.

If the act occurs in the CIF-San Diego Finals, and both teams are charged with a forfeit, there will be no champion. A written appeal may be made by school(s) principal to the commissioner. Official to make report by the next school day to commissioner.

6. Other acts committed by individuals or teams or acts committed at end of season.

Commissioner, as authorized by Green Book, to determine and implement penalties up to and including career suspension for individuals and following year penalties for teams.

7. Use of an ineligible player in a contest.

If a team uses an ineligible player in a contest(s), the contest(s) shall be forfeited. The number of forfeited contest(s) exceeds the maximum permitted in accordance with the CIFSDS Forfeit Policy (see Green Book) the team shall be excluded from CIFSDS playoffs.

If an ineligible individual is permitted to participate in an individual sport, that individual is excluded from playoffs, and the school is subject to penalties for a willful violation of a rule.

*Commissioner, as authorized by Green Book, may determine and implement additional penalties up to and including career suspension for individuals and following year penalties for teams.

Imperial High School

Joe Apodaca, Principal
David Shaw, Assistant Principal
Victor Cruz, Athletic Director
Security Supervisor, SARB Officer

517 W. Barioni Blvd.
Imperial, California 92251
(760) 355-3220
Main Office Fax (760) 355-0869
Counseling Center Fax (760) 355-4907
Registrar Office Fax (760) 355-3053

A California Distinguished School

Blanca Iñiguez, Assistant Principal
Stacy Hauck, Counselor
Stephanie Castillo, Counselor
Fernanda Mass, Counselor

AGREEMENT FOR STUDENT ATHLETE AND PARENT/GUARDIAN REGARDING USE OF STEROIDS

_____ (print name of student athlete)

Directions: As a condition of membership in the California Interscholastic Federation (CIF), the Governing Board of the Imperial Unified School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her, including, but not limited to, restriction from athletics, suspension or expulsion.

Signature of student athlete

Date

Parent signature

Date

"Home of the Tigers"

(Imperial High School)
Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck Pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|--|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|--|

(Imperial High School)
Concussion Information Sheet

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

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"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 and for the remainder of the day."

and

"A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document revised 6/17

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 by-
stander 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>



**IMPERIAL UNIFIED SCHOOL DISTRICT
PARENT/GUARDIAN HEALTH AND SAFETY AGREEMENT
FOR IN-PERSON INSTRUCTION & SERVICES
FOR THE 2020-2021 SCHOOL YEAR**

I have read, understand, and agree to the following terms and conditions:

1. **COVID-19 Plan.** Parent/Guardian acknowledges that he/she has received and reviewed the assigned school's **COVID-19 Reopening Plan**, which is available on the District's website. Parent/Guardian agrees to review the applicable COVID-19 Reopening plan with his/her child(ren), including:

- a. Face Coverings and Other Protective Gear
- b. Lunch and Recess Protocols
- c. Arrival/Dismissal Protocols
- d. Healthy Hygiene
- e. Restroom Protocol

In order to prevent the spread of COVID-19, the District will also review these rules and protocols with students throughout the school year.

2. **Daily Home Health Screening of Child(ren).** Parent/Guardian agrees to screen his/her child(ren) for COVID-19 before taking child(ren) to school each day. Specifically, Parent/Guardian agrees to do all of the following:
 - a. Parent/Guardian shall screen child(ren) for any of the following symptoms associated with COVID-19: dry cough, shortness of breath or difficulty breathing, chills, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or a new rash. Parent/Guardian agrees that if child(ren) presents with any of these symptoms, Parent/Guardian will not send child(ren) to school.
 - b. Parent/Guardian shall take the temperature of child(ren) using an operable thermometer. Parent/Guardian agrees that if child(ren) has a fever of more than 100 degrees, Parent/Guardian will not send child(ren) to school. Parent/Guardian further understands and agrees that his/her child(ren) will not be sent to school if child(ren) has been administered medication for the purpose of reducing a fever within the last 24 hours.
 - c. In the event child(ren) has been exposed to anyone who has tested positive for COVID-19 in the last two weeks, Parent/Guardian will not send child(ren) to school. Parent/Guardian shall notify the District that the student has been kept home for this reason. Parent/Guardian understands that his/her child(ren) will not be able to return to school until permitted by the District in compliance with direction from the San Diego Health & Human Services Agency and the San Diego Public Health Order.

3. **Health Screenings Before Boarding the School Bus.** Parent/Guardian understands and agrees that all students shall undergo the following District administered health screening before boarding the school bus each day to prevent the spread of COVID-19:

- a. Student (or Parent/Guardian) will be asked questions regarding whether student has experienced any of the symptoms associated with COVID-19 in the last 24 hours.
- b. Student (or Parent/Guardian) will be asked questions regarding whether student has been recently exposed to someone who tested positive for COVID-19.
- c. Student's temperature will be taken using a touchless UV thermometer.

Parent/Guardian understands and agrees that child(ren) must be successfully screened prior to being allowed to enter the school bus each day. Parent/Guardian further understands and agrees that, unless exempt, child(ren) and Parents/Guardians shall use facial coverings during the screening process.

4. **Health Screenings at School.** Parent/Guardian understands and agrees that all students shall undergo the following District administered health screening upon arrival at school each day and potentially at other times during the school day as necessary to prevent the spread of COVID-19:

- a. Student (or Parent/Guardian) will be asked questions regarding whether student has experienced any of the symptoms associated with COVID-19 in the last 24 hours.
- b. Student (or Parent/Guardian) will be asked questions regarding whether student has been recently exposed to someone who tested positive for COVID-19.
- c. Student's temperature will be taken using a touchless UV thermometer.

Parent/Guardian understands and agrees that child(ren) must be successfully screened prior to being allowed to enter campus each day. Parent/Guardian further understands and agrees that, unless exempt, child(ren) and Parents/Guardians shall wear facial coverings during the screening process.

5. **Face Coverings.** Parent/Guardian understands and agrees that unless exempt, students in grades TK – 8 must use face coverings and students in grades TK – 2 who cannot tolerate using face coverings must use face shields. Parent/Guardian understands and agrees that his/her child(ren) may be excluded from school if no exemption applies and they refuse to use a face covering or face shield consistent with the rules set forth in the applicable COVID-19 Reopening Plan.

6. **Face Covering Exemptions.** Parent/Guardian understands and agrees that students in grades TK-8 and who are participating in in-person instruction and/or riding on District transportation may be legally exempt from using face coverings and face shields. Accordingly, Parent/Guardian understands and agrees that his/her child may ride on District transportation and/or attend in-person instruction with students who are not wearing a face covering or face shield.
7. **Exhibiting Symptoms at School.** Parent/Guardian understands and agrees that if his/her child exhibits COVID-19 symptoms during the school day, Parent/Guardian will pick his/her child(ren) up from school as soon as reasonably possible but no later than within one hour after being notified by the District. When Parent/Guardian arrives to school, Parent/Guardian will call the school's office and remain in his/her vehicle.
8. **Disclosure to Help Prevent Community Spread of COVID-19.** Parent/Guardian understands and agrees that if his/her child(ren) tests positive for COVID-19 or if the District otherwise reasonably suspects his/her child(ren) is infected with COVID-19, the District is required to notify the San Diego Health & Human Services Agency. Additionally:
 - a. In order to conduct contact tracing, the District may be required to contact the child(ren)'s close contacts who may have been exposed to the virus. To protect student privacy, the District will only inform close contacts that they may have been exposed to someone with the infection. The District will not disclose the identity of the child(ren) who may have exposed them.
 - b. To help protect against community spread, the District will be performing its own contract tracing. Parent/Guardian agrees for the District to ask his/her child(ren) and Parent/Guardian questions about everyone within the school community who child(ren) may have had close contact with during the timeframe they may have been infectious.
9. **Nondiscrimination.** The District prohibits discrimination against any student who has been diagnosed with COVID-19, whose family member has been diagnosed with COVID-19, or who is perceived to be a COVID-19 risk. If you feel your child(ren) is being discriminated against as a result of COVID-19, please notify the District immediately.
10. **Responsibility to Quarantine.** Parent/Guardian understands that the District may direct his/her child(ren) to quarantine either because his/her child(ren) is suspected of having COVID-19 or because his/her child(ren) has been in close contact with someone suspected of having COVID-19. If directed to quarantine, Parent/Guardian understands and agrees to the following:
 - a. Students who are required to quarantine, but feel well enough to participate in distance learning are expected to continue to attend school through the District's Distance Learning Program.

- b. Students who are required to quarantine may not return to in-person instruction until permitted to do so by the District in compliance with direction from the San Diego Health & Human Services Agency and the San Diego Public Health Order.
- c. If an entire cohort (class) is quarantined, teachers will provide distance learning through live streaming, videoconferencing, or other interactive methodologies in accordance with the "Distance Learning in Case of Class/School Closure" procedures set forth in the District's COVID-19 Reopening Plan.

11. Visitors. Parent/Guardian understands that due to the current public health emergency, nonessential visitors will not be permitted to be on campus. Any Parent/Guardian who wishes to be permitted on campus must first obtain approval from the Superintendent or designee.

12. Recommended At-Home Cleaning Procedures. In order to prevent the spread of COVID-19, the District encourages Parent/Guardian to frequently wash child(ren)'s commonly touched items such as face coverings, backpacks, lunch boxes, water bottles, and clothes.

PLEASE SEE SIGNATURE LINES ON NEXT PAGE

I have received, read, understand, and agree to all the above terms set forth in the Imperial Unified School District's Parent/Guardian Health And Safety Agreement For In-Person Instruction and Services for the 2020-2021 School Year.

Student Name

Student Name

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date