

## 20 \_\_\_\_ - 20 \_\_\_\_ HUSD SPORTS PHYSICAL PACKET

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ M / F \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student ID Number: \_\_\_\_\_ Home Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Have you played sports OR attended high school at another school YES NO If Yes, Name of School \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_

### Check the appropriate box and provide your Health Insurance information below.

- ☐ I have health or accident insurance for my student that meets the requirements of CA laws & elect not to purchase student school insurance. I will promptly notify the school in the event the insurance coverage no longer applies to my student.
- ☐ I have purchased Pacific Educators student insurance which meets the CA Ed Code Section 32221 required to made available by public schools. I will promptly notify the school in the event the insurance coverage no longer applies to my student.

### MUST SUPPLY BOTH

Health Insurance Company Name \_\_\_\_\_

Policy/Group Number/ID# \_\_\_\_\_

Parent /Guardian Consent: I do hereby authorize a school/sports physical. I understand that this a pre-season sports physical screening exam. It is not a comprehensive exam and is not intended to provide treatment or create a physician/patient relationship. I understand that athletic participation comes with risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended that it is my responsibility to seek care from an appropriate provider. I certify that I am the parent/legal guardian for this athlete/minor. In addition I authorize the student to go with and be supervised by a representative of H.U.S.D on any trips. In case the student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. I understand the above information.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_ Date

X \_\_\_\_\_  
Student Signature

### PHYSICAL EXAM TO BE COMPLETED BY medical examiner:

Medical Examiner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ State License # \_\_\_\_\_

Medical Office Stamp

**Qualified for sports? YES or NO** REFERRED to family physician for evaluation? **YES or NO**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse \_\_\_\_\_

	Normal	Abnormal Findings		Normal	Abnormal Findings
Chest			Heart		
Lungs			Throat		
Genitalia/Hernia			Ears		
Mouth/Teeth			Nose		
EOM's			Eyes/Pupils/Vision		
Neck			Back		
Shoulder			Elbow		
Wrist/Hands			Feet/Ankles		
Hips			Knees		
<b>ALLERGIES</b>			<b>MEDICAL CONDITIONS</b>		

History - to be completed PRIOR to physical exam	YES	NO
Has a physician ever DENIED or RESTRICTED your participation in sports for any reason?		
Have you ever had a medical illness/injury since your last athletic physical/check up?		
Do you have any medical concerns: diabetic, migraines, asthma, anxiety, sickle cell, mononucleosis?		
Have you ever had surgery?		
Have you ever been hospitalized overnight?		
Have you sprained/strained, tendonitis, broken, fractured, dislocated or other injuries to any bone/joints?		
Have you had an injury that required x-rays, MRI, CT, surgery, injections, rehab, physical therapy, brace, cast or crutches? <b>If yes to the above 2 questions please explain:</b>		
Are you currently taking any medications, pills, or supplements?		
Do you use an inhaler?		
Do you have any allergies, medications, food, or stinging insects?		
Have you ever passed-out DURING or AFTER exercise?		
Have you ever been dizzy DURING or AFTER exercise?		
Have you ever had discomfort, pain or pressure in your chest DURING or AFTER exercise?		
Have you ever had a racing heart or skipped heartbeats?		
Have you ever had high blood pressure or high cholesterol?		
Have you ever been told you have a heart murmur?		
Has anyone in your family died of heart problems or a sudden death before age 50? Or have Marfan syndrome?		
Have you ever had a head injury/concussion?		
Have you ever been knocked unconscious? Explain		
Have you ever had a seizure?		
Have ever had a burn or a stinger		
Do you have any skin problems? (rash, acne, fungus)		
Explain "YES" answers:		

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

Student Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **ASSUMPTION OF RISK AND WAIVER RELEASE AND INDEMNITY AGREEMENT**

1. For and in consideration of permitting (Name of Student) \_\_\_\_\_ to enroll in and/or participate in (Name of School) \_\_\_\_\_ Athletics and/or Activities given by Hesperia Unified School District in the City of Hesperia, County of San Bernardino, State of California, beginning on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. The Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any other activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any actions or causes of action aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators, and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Hesperia Unified School District or any of its officers, agents, servants or employees for and said cause of action, whether the same shall arise by the negligence of and said persons, or otherwise.
2. IT IS THE INTENTION OF (Name of Student) \_\_\_\_\_ HIS INSTRUMENT TO EXEMPT AND RELIEVE HESPERIA UNIFIED SCHOOL DISTRICT FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.
3. The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for injury, personal property damage or wrongful death shall be processed against Hesperia Unified School District he/she shall indemnify and save harmless such entity from any and all claims or causes of action by whomever or whatever made or presented for personal injuries, property damage, or wrongful death. The Undersigned acknowledges that he/she has read the foregoing three paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of (Name of School) \_\_\_\_\_ Athletics and/or Activities and is fully aware of the legal consequences of signing within instrument.

### **Consent and Waiver Statement**

I/We hereby give consent for (Name of Student) \_\_\_\_\_ to represent Hesperia Unified Schools in athletics and school activities realizing that such participation involves potential risk for injury. I/We acknowledge that on rare occasions these injuries are severe and result in disability, paralysis, and even death. I/We further grant permission to the school, its physicians, physical therapists, athletic trainers, nurses, coaches/staff, and first responders to render aid, treatment, medical, or surgical care deemed reasonably necessary to the health and well being of the student athlete named above during or resulting from participation in athletics and school activities. I/We hereby release discharge Hesperia Unified School District/Schools, their representative employees, and any parent or volunteer, from any and all personal injuries, wrongful death, or property damage that may occur as a result of participation in treatment provided to my/our child/dependent/self and therefore agree to relieve the school district and other participating adults from liability or related expense. My child/dependent has permission to participate in all athletic trips. I authorize the student to go with and be supervised by a representative of Hesperia Unified School District. In granting permission, I understand that (1) trips from campus will be using buses, (2) the district's standard passenger vans/vehicles operated by district approved staff members/non professional operators. (3) privately owned vehicles ONLY with completion of appropriate district waivers, and (4) participation in school sponsored trips involves risks of injury that cannot be completely eliminated despite reasonable precautions.

### **HUSD**

You have received information about Assumption of Risk and Waiver, Release and Indemnity Agreement, Consent & Waiver, HUSD/CIF-Athletic Code of Ethics, Bullying, Hazing, and Initiation Rituals, using androgenic/anabolic steroids:

You recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. You also understand that the High School/Hesperia Unified School Districts policy regarding the use of illegal drugs will be enforced for any violations of these rules. A copy of this form must be kept o file in the athletic director's office at the local high school on an annual basis.

*I acknowledge that I have received and read the above statement information:*

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## CONCUSSIONS

You are receiving the **attached** 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 a game to be removed from the activity for the remainder of the day.
2. Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.
3. Before a student-athlete can start the season and begin practice in a sport, a concussion information sheet (**attached**) must be signed and returned to the school by the student-athlete and the parent or guardian.

***I acknowledge that I have received and read the CIF Concussion Information Sheet:***

STUDENT-ATHLETE SIGNATURE

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

## OPIOIDS

You are receiving the **attached** information sheet about opioids because of California State Law SB 1109 (effective January 1, 2019), now Education Code § 49476:

49476. (a) If a school district, charter school, or private school elects to offer an athletic program, the school district, charter school, or private school shall annually give the Opioid Factsheet to Patients published by the Centers for Disease Control and Prevention to each athlete. The athlete and, if the athlete is 17 years of age or younger, the athlete's parent or guardian shall sign a document acknowledging receipt of the Opioid Factsheet for Patients and return that document to the school district, charter school, or private school before the athlete initiates practice or competition. The Opioid Factsheet for Patients may be sent and returned through an electronic medium, including, but not limited to, fax or email.

***I acknowledge that I have received and read the Opioid Fact Sheet***

STUDENT-ATHLETE SIGNATURE

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

## ERIC PAREDES SUDDEN CARDIAC ARREST PREVENTION ACT

You are receiving the **attached** information sheet about Sudden Cardiac Arrest (SCA) because of the Eric Paredes Sudden Cardiac Arrest Prevention Act (effective January 1, 2017), now Education Code § 33479-33479.9:

Section 33479.3: Each school year, before a pupil participates in an athletic activity governed by the CIF, the school shall collect and retain a copy of the sudden cardiac arrest information sheet required by the CIF for that pupil.

***I acknowledge that I have received and read the Sudden Cardiac Arrest Information for Athletes & Parents/Guardians Sheet:***

STUDENT-ATHLETE SIGNATURE

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

## HEAT ILLNESS

You are receiving the **attached** sheet about heat illness because of CIF Bylaw 503.K. Heat Illness Protocol:

1. A student athlete who exhibits signs of heat illness while participating in, or immediately following, an athletic activity must be removed immediately from participating in a practice or game for the remainder of the day.
2. A student athlete who has been removed from play after displaying signs and symptoms associated with heat illness may not return to play until the athlete is evaluated by a licensed health care provider and receives written clearance to return to play from that health care provider.
3. On a yearly basis, a Heat Illness information sheet shall be signed and returned by all athletes and the athlete's parent(s)/guardian(s)/caregiver before the athlete's initial practice or competition.

***I acknowledge that I have received and read the Parent/Student CIF Heat Illness Information Sheet:***

STUDENT-ATHLETE SIGNATURE

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

## Hesperia Unified School District

### 20\_\_\_\_ - 20\_\_\_\_ RELEASE FORM FOR DIRECTORY INFORMATION

PLEASE READ AND COMPLETE THE INFORMATION BELOW AND RETURN IT TO YOUR SCHOOL PRINCIPAL

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
PRINT FIRST/LAST

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Street City ZIP

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

The primary purpose of the directory information is to allow the Hesperia Unified School District to include this type of information from your child's education records in certain school publications. Directory information includes names, addresses, and telephone listings, information is generally not considered harmful or an invasion of privacy if released.

The Family Education Rights and Privacy Act (FERPA) and Education Code 49073 permits Hesperia Unified School District to disclose appropriately designated "directory information" without written consent, unless you have advised the District that you do not want your student's directory information without your prior consent.

#### Student Directory Information

- ☐ I do not wish to have any directory information released to any individual or organization.
- ☐ I do not wish to release the name, address, and telephone number of the student named above to the agency or agencies I check below:
- ☐ PTA (if applicable)
  - ☐ Health Department
  - ☐ Elected Officials
  - ☐ United States Armed Forces \*
  - ☐ Universities or Other Institutions of Higher Education

#### Media Release

- ☐ The Student may be interviewed, photographed, or filmed by members of the media
- ☐ The Student may NOT be interviewed, photographed, or filmed by members of the media

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

*\*for the 11th or 12th grade only*

## **Parent/Student Information Detach and Retain**

### **HUSD/CIF-ATHLETE 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 the highest priority. (2) Show respect for teammates, opponents, officials and coaches. (3) Respect the integrity and judgment of the game officials. (4) Exhibit fair play, sportsmanship and proper conduct on and off the playing field. (5) Maintain a high level of safety awareness. (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.

### **BULLYING, HAZING AND INITIATION RITUALS**

The administration of HUSD wants to make it clear to coaches, parents, students, and staff that bullying, hazing and initiations are dangerous and illegal and not to be a part of any sports program in the district. HUSD school administration has a "Zero Tolerance" policy on the bullying or hazing of students and athletes. Students who engage in physical, written, verbal, or by other means, harass, sexually harass, threaten, intimidate, retaliate, cyberbully, cause bodily injury to, or commit hate violence and/or hazing/initiation rituals against any student are subject to disciplinary actions up to and including: Removal from the team, suspension, expulsion, arrest, and criminal prosecution. Students who observe bullying, hazing, or initiation rituals and don't report it to their school administration are subject to disciplinary action.

### **USE OF STEROIDS**

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

### **MEDICAL RETURN TO PLAY CLEARANCE**

If a student athlete has been injured and referred to a Doctor's care, the athlete must provide written clearance to the athletic trainer or health tech, clearly stating, return to PE/Sports without restrictions BEFORE resuming practice/play.

## **OPIOIDS**

Prescription opioids can be used to help relieve moderate to severe pain and are often prescribed following a surgery or injury, or 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 slow 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 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

### **RISKS ARE GREATER WITH:**

- History of drug misuse, substance abuse 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 (Xanax or Valium), muscle relaxants (Soma or Flexeril), Hypnotics (Ambien or Lunesta) or other prescription opioids.

### **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.

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

### **IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN**

- Never take opioids in greater amounts than prescribed
- Follow up with your primary health care provider within days
  - Work together to create a plan to manage your pain
  - Talk about ways to manage 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 options in a secure place and out of reach of others (this may include visitors, children, family, and friends).
- 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](http://www.fda.gov/Drugs/ResourcesForYou)).
- Visit [www.cdc.gov/drugoverdose](http://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**



## **SUDDEN CARDIAC ARREST**

**Warning Signs and Symptoms:** On July 1, 2017, Assembly Bill 1639, known as the Eric Parades Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form, a form located on the California Interscholastic Association (CIF) website, or design their own form. An SCA acknowledgment form must be signed and returned to the school site each school year.

**What Is SCA?:** SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. SCA is when the heart stops beating suddenly and unexpectedly. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. SCA is not a heart attack. Death occurs within minutes if the victim does not receive treatment.

**Who Is at Risk for SCA?:** Thousands of sudden cardiac arrests occur among youth each year, as it contributes to the #2 medical cause of death of youth under the age of 25 and is the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or 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 that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

### **Possible Warning Signs and Risk Factors for SCA:**

- **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
- Family history of sudden death or heart disease under age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or ARVD
- Family member with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or un-repaired
- Use of performance enhancing supplements, energy drinks, diet pills, inhalant's, "recreational" drugs

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

*We need to let the 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. Primary care physician.* If the athlete has any of the SCA risk factors these should 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, athletic trainer and/or school nurse about diagnosed conditions.

**Removal from Activity:** *A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician* and surgeon, nurse practitioner or physician's assistant. I have reviewed and understand the symptoms, warning signs, and risk factors associated with SCA.



## 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.



### 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.

The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), Eric Paredes Saved a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>) ([www.cifstate.org](http://www.cifstate.org)) (<https://nfhslearn.com/courses/61032>)

## CIF CONCUSSION INFORMATION SHEET

### Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California State Law AB25 (effective Jan 1 2012) now Ed 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 parent/guardian.

Every 2 years all coaches are required to receive training about concussion (AB 1451). As well as certification in First Aid Training, CPR, and AED's (life saving electrical devices that can be used during CPR).

**What is a concussion and how would I recognize one?** A concussion is a brain injury. It can be caused by a bump or 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 concussions 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 concussions. 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 a headache might be part of his/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 concussions 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 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.

### 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 even may 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 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 recommendations. Go to the CIF website 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 step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see [cifstate.org](http://cifstate.org) for a graduated return to play plan. (AB 2127, a California State Law effective 1/15/15, states that return to play (i.e., full competition) must not be sooner than 7 days after the diagnosed 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 take about signs of concussion, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he/she experiences such symptoms, or if he/she suspects that 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, Nov 2012
- <http://www.cdc.gov/headsup>

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

Signs Observed by teammates, parents, and coaches include:	
<ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignments/forgets plays/ unsure of game/score/opponent</li><li>• Moves clumsily</li><li>• Answers questions slowly</li></ul>	<ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit or after hit</li><li>• Seizures/convulsions</li><li>• Any changes in typical behavior/personality</li><li>• Loses consciousness</li></ul>

For current and to date information on concussions got to [www.cdc.gov/headsup](http://www.cdc.gov/headsup)

## 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 for medication/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).

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

Signs & Symptoms	
<ul style="list-style-type: none"><li>• Dizziness, lightheadedness, weakness</li><li>• Headache</li><li>• Nausea</li><li>• Diarrhea, urge to defecate</li><li>• Pallor, chills</li></ul>	<ul style="list-style-type: none"><li>• Profuse sweating</li><li>• Cool, clammy skin</li><li>• Hyperventilation</li><li>• Decreased urine output</li></ul>

**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.

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

WARNING SYMPTOMS	
<ul style="list-style-type: none"><li>• Dizziness</li><li>• Drowsiness. Loss of consciousness</li><li>• Seizures</li><li>• Staggering, disorientation</li><li>• Behavior/cognitive changes (confused/irritable/aggressive/hysteria/emotional instability)</li></ul>	<ul style="list-style-type: none"><li>• Weakness</li><li>• Hot and wet or dry skin</li><li>• Rapid heartbeat, low blood pressure</li><li>• Hyperventilation</li><li>• Vomiting, diarrhea</li></ul>

**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.

### **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.

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