

## **Coast Union High School Sports Application**

Students interested in participating the CUHS sports must submit the attached forms to the athletic department before attending any practice or competing in any athletic event. No student shall practice or compete without authorization from the Athletic Director. No exceptions!

The attached forms must be read, completed and signed by the parent/guardian and the student-athlete where applicable. Incomplete forms will not be accepted.

Students must also have no outstanding financial obligations (uniforms returned) and must be academically eligible (2.0 or higher with F).

The following forms are for you to read and keep for your reference:

1. A Fact Sheet for High School Parents (Heads Up Concussion)
2. A Fact Sheet for High School Athletes (Heads Up Concussion)
3. CUHS Extracurricular Activity Code of Conduct for 2018-2019
4. Prescription Opioid: What you need to know.

The following forms are to be read, completed, signed and returned to Megan Swanlund in the Athletic training room or to the main office:

1. Student Athlete Information & Medical Authorization Form
2. Insurance Coverage Form
3. Voluntary Activities Participation Form
4. Away Game Transportation Release Form
5. Preparticipation Physical Evaluation- History Form
6. Preparticipation Physical Evaluation-Physical Examination Form
7. Concussion Information Acknowledgement Form
8. CIF Southern Section Code of Ethics Form

# Coast Union High School

## Student Athlete Information & Medical Authorization

All information is required and must be completed by the parent or guardian of student. All signatures are required.

Use Black or blue ink and print neatly.

Athletes Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

First MI Last

Home Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In an emergency if the parent(s) cannot be reached, notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Health Insurance Company/ Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Are you an Inter-District Student? Have you ever played for a team at another high school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_ What sport? \_\_\_\_\_

### MEDICAL AUTHORIZATION

As, the parent or legal guardian of the above listed athlete, I hereby consent to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, provided that the hospital is unable to reach a parent or guardian at the above listed phone numbers. Further, should the attending physician determine, after examination, that life-saving procedures may be necessary; permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless Coast Unified School District personnel and Coast Unified School District Board of Trustees by my action of granting said permission.

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

Printed Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Consent to Treat

I, the Parent/Guardian of the above name student understand that my student-athlete may be injured while participating in school sponsored athletics. I hereby grant authorization to the Sports Medicine Team, comprised by but not limited to the athletic trainer, approved physical therapist, physicians to administer any preventative, first aid or emergency treatment to evaluate and examine my student-athlete with the purpose of attempting to relieve and treat any injuries received while participating at Coast Union High School. I understand that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

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

Printed Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### Authorization to Release and Consent to Exchange Medical Information

I, hereby authorize/consent for the Sports Medicine team to release information regarding my student athlete's protected health information (PHI) and related information regarding an injury or illness which may occur during the student-athlete's training for and participation in athletics to any coach, athletic director, or school official in connection with my student's participation in interscholastic sports. This protected health information may concern the student athlete's medical status, medical condition, injuries, prognosis, diagnosis, athlete participation status and related personally identifiable health information. This protected information may be released to other healthcare providers, hospital and/or medical clinics and laboratories, athletic coaches, athletic trainers, medical insurance coordinators, athletic and or school administrators, and officials of the student athlete's sport for the purpose of maintaining continuity of care.

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

Printed Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Insurance Coverage

Ca. ED. Code requires insurance coverage on all students who wish to participate in interscholastic sports.

Self-Insured School of California (SISC) provides a Self-Insured Basic Plan that provides up to \$2,500 for accidental injury, at no cost to you, while attending school and participating in school sponsored activities and athletics. If, any other health insurance policy is held on behalf of a Coast Union High School student, SISC coverage is secondary. For students not covered by any other health insurance program, the SISC insurance will be primary.

**High school tackle football is excluded** from this plan. If your child is injured while participating in high school tackle football SISC's Self-Insured Basic Plan will not provide any financial compensation for that injury. Many health insurance companies exclude Tackle Football coverage. **Please read your policy, you may need additional coverage.**

### **SISC Tackle Football Coverage**

SISC Tackle Football Coverage can be purchased separately, and provides protection from an accident which occurs while practicing for, participating in a regularly scheduled and school sponsored tackle football game or traveling as a team member on school transportation to or from games not on the school grounds.

**Student-Athlete Name:** \_\_\_\_\_

\_\_\_\_ **No**, I do not want to purchase the SISC Tackle Football Coverage. I have an Insurance Policy that provides adequate coverage for Tackle Football, I also agree to indemnify and hold harmless Coast Unified School District from any and all responsibility or liability arising out of or in any way related to the requirement under the aforementioned code section to provide insurance coverage for the above named student.

\_\_\_\_ **Yes**, I want to purchase the SISC Tackle Football Coverage.

### **Supplemental Student Accident Coverage**

SISC also offers Supplemental Student Accident Coverage for those students that may participate in other sports, instead of, or in addition to tackle football.

\_\_\_\_ **Yes**, I want to purchase the SISC Supplemental Student Accident Coverage

\_\_\_\_ **No**, I do not want to purchase the SISC Supplemental Student Accident Coverage

Type of coverage	Maximum Benefit	Yearly Premium Cost	Notes
<b>Basic</b>	<b>\$2,500</b>	<b>free</b>	<b>Does not cover football</b>
<b>Supplemental</b>	<b>\$25,000</b>	<b>\$25.00</b>	<b>Does not cover football</b>
<b>Tackle Football</b>	<b>\$15,000</b>	<b>\$60.00</b>	<b>Covers tackle football</b>

\*additional details can be found in SISC brochures.

### **Additional Insurance Information**

Please do not assume that your child does not qualify for health insurance. Some students may qualify to enroll in no-cost or low-cost local, state or federally sponsored health insurance programs. If you are unsure, information about these programs may be obtained by calling the programs below:

1. Healthy Families Program: (888)747-1222
2. Medi-Cal Program: (888)880-5305
3. SISC Supplemental Insurance Program: (661)636-4736  
Contact: Elsa Lara

Coast Unified School District  
**Voluntary Activities Participation Form**  
For Athletics, ASB Activities & School Sponsored Activities

**Acknowledgement and Assumption of Potential Risk**

I understand and acknowledge that these activities, by their nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses that may result from participating in these activities include, but are not limited to the following:

1. sprains/strains
2. Fractures
3. Unconsciousness
4. Head and/or spine injuries
5. Traumatic brain injury
6. Paralysis
7. Loss of eyesight
8. Communicable diseases
9. Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, I and my child agree to assume liability and responsibility for any and all potential risk that maybe associated this participation in such activities.

I understand, acknowledge, and agree that the Coast Unified School District, its employees, officers, agents, or volunteers shall not be liable and I hereby waive, release and discharge them from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my child arising as a result of engaging or receiving instruction in said activities or any activity that is incidental thereto.

I, \_\_\_\_\_ (Student) acknowledge that I have carefully read this “Voluntary Activities Participation Form” and that I understand and agree to its terms. I realize that there are risks involved in my participation that includes a full range of injuries, from minor to severe. I recognize the possibility that I might die, become paralyzed, or suffer other permanent disability as a result of my participation. I agree to accept this risk as a condition of my participation.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), acknowledge that I have carefully read this “Voluntary Activities Participation Form” and that I understand and agree to its terms. I realize that there are risks involved in my child’s participation that includes a full range of injuries, from minor to severe. I recognize the possibility that my child might die, become paralyzed, or suffer other permanent disability as a result of their participation. I agree to accept this risk as a condition of their participation.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Performance Enhancing Drugs**

Coast Unified School District prohibits the use of any Androgenic/ Anabolic Steroids. As a student-athlete, I will not use or engage in the use of Steroids or any other performance enhancing drug that has not been medically prescribed for me by a fully licensed medical physician.

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent of Search**

I acknowledge that, as the parent/ guardian of the above-named student, I have taken steps to insure items (backpack, ice chests, sports bags, etc.) brought to any athletic event by my son/daughter are appropriate. Further, I agree that as a team member my son's /daughter's carry-on items may be searched at any athletic event that requires district transportation. Failure of the student or parent to consent to such search will result in the student's forfeiture to travel and to participate in the athletic event.

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **CUHS Extracurricular Activity Code of Conduct**

I have read and understand the contents of the "CUHS Extracurricular Activity Code of Conduct" and will abide by the rules set forth by the Administration of Coast Union High School.

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Prescription Opioids:**

I have read and understand "Fact sheet for patients and families" on prescription opioids.

Signature of Student Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**COAST UNION HIGH SCHOOL**  
**2950 Santa Rosa Creek Road, Cambria, CA 93428**  
**(805) 927-3889 FAX (805) 924-2933**

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***AWAY GAME TRANSPORTATION RELEASE FORM***

**Please sign and return both sections.** One section will be given to your child to present to his/her Coach. One section will be kept on file at CUHS. Thank you for your assistance.

I hereby give permission for my son/daughter \_\_\_\_\_ to be picked  
up and dropped off from \_\_\_\_\_ by \_\_\_\_\_  
Sport Event (Date) Name of Person(s)

By signing this form, I acknowledge that I shall be deemed to have waived all claims against the Coast Unified School District or the State of California for injury, accident, illness, or death occurring during the post-game transportation of my child on this date.

\_\_\_\_\_  
Signature of Student's Parent

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

School Official

\_\_\_\_\_  
Date

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By signing this form, I acknowledge that I shall be deemed to have waived all claims against the Coast Unified School District or the State of California for injury, accident, illness, or death occurring during the post-game transportation of my child on this date.

\_\_\_\_\_  
Signature of Student's Parent

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

School Official

\_\_\_\_\_  
Date

## ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)*

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

**Medicines and Allergies:** Please list all of the 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**

**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: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>
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: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> 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?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>
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?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>
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, MRI, 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 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 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 contact 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.	Do you have any concerns that you would like to discuss with a doctor?		
<b>FEMALES ONLY</b>			
52.	Have you ever had a menstrual period?		
53.	How old were you when you had your first menstrual period?		
54.	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 athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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9-2681/0410

# PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	( / )	Pulse
Vision R 20/		L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>	
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses <ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologic <sup>c</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.

<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- ☐ Cleared for all sports without restriction
- ☐ Cleared for all sports without restriction 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 preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. 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/guardians).

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO



## CONCUSSION INFORMATION ACKNOWLEDGEMENT FORM

### *Head Injury Management Protocol*

Based on recommendations of CDC, NATA, NFHSS, CIF, 5<sup>th</sup> International Consensus Statement & CA State Law

1. Concussion education for coaches, parents and students will be made available throughout the school year. Information will include recognition of concussion, and the importance of reporting signs and symptoms to a health care provider, parent and coach.
2. ImPACT testing will be utilized to establish baseline cognitive scores (football, basketball, & soccer), and again in the event of a concussion.
  - a. Baseline testing will be done prior to contact practices at the beginning of the athletic season. Baseline testing is good for two years.
  - b. Per the ImPACT company's guidelines, post-concussion testing is recommended within 48-72 hours after injury. Test is repeated once the athlete is asymptomatic, or at weekly intervals. If case is mild and return to play is eminent, test may be performed twice in a week, but never more than this.
  - c. Results may be interpreted by team physician, family physician, neurologist or neuropsychologist
  - d. If the athlete does not have a baseline on record, they may still be given a post-injury test, as results can be compared to ImPACT's large normative database
  - e. Parents will be provided contact information for neurologists and neuropsychologists in the area
  - f. Final return-to-play clearance *must* come from an MD/DO and/or neuropsychologist.
3. Any athlete suspected of having a concussion will be removed from play immediately, and not allowed to return to play the same day.
4. All athletes sustaining any type of head injury, regardless of severity, must be evaluated and the SCAT5 Evaluation form must be completed
5. Each athlete with suspected concussion also must be released to a parent or adult who will sign the Home Care Instruction form.
6. Testing and Return to play guidelines will follow the *4<sup>th</sup> International Conference on Concussion in Sport Consensus Statement* and California Education Code, Section 49475. In order to be returned to play, the athlete must have **no physical symptoms, no cognitive symptoms, and a written MD/DO clearance.**
7. Athletic Trainer will follow up daily with injured athlete, utilizing the Graded Symptom Checklist
8. All notes, including initial evaluation, parent/MD communication will be documented.
9. Graded Return to Play Guidelines will be followed in all cases of confirmed head injury:
  - One day at each phase.
  - If no return of symptoms during, or day after, may progress to next phase.
  - If any physical or cognitive symptoms occur, during or day after, go back to previous phase.
  - Minimum time to return to full contact = 7 days, per state law.

**Please keep "A Fact Sheet for High School Athletes" & "A Fact Sheet for High School Parents" for your reference.**

I have read and understand "A Fact Sheet for High School Athletes" on concussion and talked with my parent or legal guardian about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

I have read and understand "A Fact Sheet for High School Parents" on concussion with my child and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_



10932 Pine Street  
Los Alamitos, California 90720

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## Code of Ethics – Athletes

### DO NOT SEND TO CIF SOUTHERN SECTION

**A copy of this form must be kept on file in the athletic director's office at the local high school.**

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, 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 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.

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 503.I).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information. We also understand that the \_\_\_\_\_ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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Printed Name of Student Athlete

---

Signature of Student Athlete

Date

---

Signature of Parent/Caregiver

Date

# A Fact Sheet for HIGH SCHOOL PARENTS



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

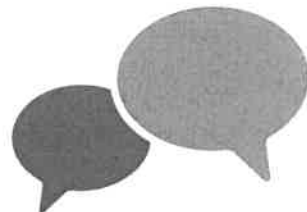
### Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

### Symptoms Reported by Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease  
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National Center for Injury  
Prevention and Control

## GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

**Concussions affect each teen differently.** While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## Plan ahead.

What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your teen's health care provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

➤ Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

Revised 12/2015



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To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

# CUHS EXTRACURRICULAR ACTIVITY CODE OF CONDUCT FOR 2019 - 2020

In addition to being governed by CIF Blue Book Rules and Regulations, athletes must adhere to the rules set forth herein. The purpose of this code is to set guidelines or standards to which all students must adhere in order to participate in athletics or activities at Coast Union High School.

## PERIOD OF ENFORCEMENT

The activity code takes effect beginning the first day of school and terminates the last of school. It is in effect 24 hours a day, 7 days a week, including vacation days. A student who becomes ineligible based on fourth quarter grades/citizenship marks/suspension/expulsion/etc. will be ineligible for the first quarter of the following year. (See Summer School Rules below).

The following are the general responsibilities of the athlete:

**Athletic Clearance:** Prior to participation, a student athlete must complete the proper athletic clearance procedures which include:

- Submit a completed CUHS Athletic Participation Packet to the Athletic Director that includes the following: Athletic Code acknowledgement (signed), CIF code of Ethics acknowledgement (signed), Athletic Information & Participation Application (signed) (which includes athletic physical screening, medical information, acknowledgement of risk, consent to participate, consent to treat injury, and an athletic insurance verification), Policy prohibiting the use of androgenic/anabolic steroids (signed).
- Return Athletic Eligibility Card to front office filled out and signed.
- Pay all fines, athletic fee, and purchase an ASB card.

**Athletic Academic Eligibility Requirements:** The student athlete must meet Coast academic requirements. A student is academically eligible if:

- The student is currently enrolled in a minimum of 8 classes. (During the senior year the minimum number of classes shall be determined by the Principal, but in no case shall be less than seven classes.)
- The student does not have any failing grades on the previous quarter's grade report.
- The student is maintaining minimum progress toward meeting the high school graduation requirements as prescribed by the governing board.
- The student received a minimum 2.0 grade point average, on a 4.0 scale, in all enrolled classes for the previous quarter.
- The student must maintain a positive record of citizenship. Two or more unsatisfactory (U) citizenship marks will render a student ineligible.

**Probation:** Students who earn a 2.0 grade point average and have no more than one failing grade on their quarter grade report will be placed on academic probation for one quarter. During this probationary period, students may participate in all extracurricular activities. Students are allowed only one probationary period per school year. *A student who is placed on probation based on fourth quarter grades/citizenship marks will be on probation for first quarter of the following year. This uses the student's one probationary period for that school year.*

**SPECIAL NOTE:** Students, who are ineligible based on 1<sup>st</sup> quarter grades, will be allowed to try-out for winter sports and practice with the team until 2<sup>nd</sup> quarter grades are received. They may not, however, play in any games or travel to away games with the team until their 2<sup>nd</sup> quarter grades are received. If a student is still ineligible based on 2<sup>nd</sup> quarter grades,

he/she can no longer be on the team. Students, who are ineligible based on 2<sup>nd</sup> quarter grades, will be allowed to try-out for spring sports and practice with the team until 3<sup>rd</sup> quarter grades are received. They may not, however, play in any games or travel to away games with the team until their 3<sup>rd</sup> quarter grades are received. If a student is still ineligible based on 3<sup>rd</sup> quarter grades, he/she can no longer be on the team.

**Summer School:** Summer school grades may or may not improve eligibility. The following factors will be considered:

- A summer class can replace a failed semester class only when the course content of the summer school class duplicates the course content of the failed class. Example: summer school Biology can be used to replace an A/F received in Biology during the school year. This could affect both the GPA and the A no more than one F rule.
- A summer class that is not a duplicate of the class failed will be used to improve the student's GPA but will not affect the A no more than one F rule. Example: Driver's Ed/Health is not offered in summer school so a student who fails Driver's Ed/Health during the school year, may take a different class during summer school to raise his/her GPA. This will not erase the A/F for Driver's Ed/Health. The summer school grade will be averaged in with the fourth quarter grades to determine eligibility for the fall quarter.

## **ADDITIONAL REQUIREMENTS FOR COAST ATHLETES**

***Appearance:*** Athletes will compete in school issued uniforms only. Any accessories not issued (e.g. socks, cleats/shoes, undershirts) must be approved by the coach prior to the beginning of a competition so that players will have a cohesive look. Jewelry (earrings, body piercing studs/rings, necklaces, bracelets, etc.) is not recommended for practice and is forbidden during games.

***Attendance:*** Any student who is issued a cut will be suspended for one game or activity. If a student leaves campus without checking out properly through the office, he/she will be issued a cut and suspended from the next game or activity. Every student must be in attendance for half the school day in order to participate in practice, games or activities. Students absent because of medical appointments must have prior approval to participate. Students with excessive absences, excused or unexcused, may be restricted from participation if the principal determines that poor attendance and participation is having a negative effect upon the student's academic performance.

***Citizenship/Sportsmanship:*** Coast athletes are expected to exhibit good citizenship and sportsmanship. Incidents of poor citizenship or sportsmanship will be dealt with on a case-by-case basis. The seriousness of the offense, the conditions under which it occurred, and the student's past school record are factors that will be considered. The coach reserves the right to decide the course of action that will be taken. Situations that involve administrative intervention will result in suspension from participation in extracurricular activities.

***Conduct and Behavior:*** Coast athletes represent their parents, school, and community as well as themselves. Proper conduct is expected at all times.

***Language:*** Anyone associated with athletics shall use language which is socially acceptable. Profanity or vulgar talk will not be tolerated on or off the playing field at any time.

***Suspension:*** Violations of school rules resulting in suspension, in school or at home, will cause the student to be ineligible for one week per day of suspension (e.g. 3 days of suspension would warrant 3 weeks of ineligibility). On the days of the suspension, the student is not allowed to participate in any activity, including practice. The activity suspension shall begin the day the student is suspended. Students are allowed to appeal the activity suspension to a three member committee consisting of the Athletic or Activities Director, teacher and classified staff member. The committee has the right to maintain, increase, or decrease the activity suspension based on the merits of the case.

## **USE OF TOBACCO, ILLEGAL DRUGS OR ALCOHOL (during season of activity)**

The Coast Unified School District believes that Extracurricular Activities are an integral part of the school curriculum and, as such, must contribute to the physical and mental health of the Participants. To accomplish this, the District has enacted policies related to drug and alcohol use, both at school and outside of school activities.

### ***Definitions***

***Activity:*** Any extracurricular activity sanctioned by and under the control and jurisdiction of the Coast Unified School District.

*Awards:* School letters, certificates, or other honors and/or special recognition.

*Drug:* Any substance considered illegal or controlled by the Food and Drug Administration. This includes tobacco products, alcohol, and performance enhancing supplements including steroids.

*Participant:* Any student participating in extracurricular activities sanctioned by and under the control and jurisdiction of the Coast Unified School District.

*Season:* Official seasons will be the same for all extracurricular activities. The academic year is divided into three seasons: fall (August 1 – December 1), winter (November 1 – March 31), spring (February 1 – the last day of school). If tryouts/meetings for extracurricular activities fall during a season of ineligibility, the student may attend tryouts/meetings at the discretion of the person in charge.

Participants who are under the influence, or in possession, of illegal drugs or alcohol are subject to this policy at all times (i.e. during school, school activities, and outside of school), **as well as school consequences and the consequences of BP and AR 5131.6.**

Participants who attend an illegal activity (drugs or alcohol are being served to minors) are also subject to this policy even if they do not use drugs or alcohol.

### ***Action Taken & the Reinstatement Process***

#### ***First Offense:***

1. Notify parent or guardian.
2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent.
3. The Participant and parent must successfully finish a five-week assistance/counseling program (evidence must be submitted) or the C.U.S.D. drug diversion program for reinstatement of eligibility.
4. Participant will be given the option of either A or B:

**A.** Taking a weekly drug test for six weeks (at the Participant's expense) with all negative results (any positive results are considered a second offense),

**AND**

Missing two weeks of activities beginning with the date of the confirmed positive and ending at midnight of the 14th day,

**AND**

Must be actively enrolled in and attending a five-week assistance/counseling program (evidence must be submitted) or the C.U.S.D. drug diversion program.

The Participant may attend practice/meetings at the discretion of the person in charge. Participants who do not complete a successful option A must complete option B for reinstatement.

**B.** Suspended from participation for a period of nine consecutive weeks, beginning with the date of the infraction and ending at midnight of the 63rd day. The Participant (at the Participant's expense) must provide the results of a negative drug test before beginning the next activity for which he/she is eligible.

#### ***Second Offense:***

1. Notify parent or guardian.
2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent.
3. The Participant shall be suspended from participation for the remainder of the Season and for the next Season. Eligibility will be reinstated on the beginning date of the 3rd consecutive season following the 2nd offense (i.e. if the student's second offense occurs during the fall season, he/she will be eligible on February 1 for the spring season). The Participant (at the Participant's expense) must provide the results of a negative drug test before beginning the next activity for which he/she is eligible.

#### ***Third Offense:***

1. Notify parent or guardian.
2. The Principal or his/her designee shall notify the Participant of the charges against him/her and provide him/her a chance to be heard on the matter at a meeting with the Principal/designee, the Participant, and his/her guardian/parent.
3. The Participant shall be ineligible for all Activities and participation. For reinstatement, the Participant must take a monthly drug test for twelve months (at the Participant's expense) with all negative results (any positive results are considered another offense).

*Further violations* shall result in a permanent ban from District Activities. Participants who do not finish the season will not be eligible for awards, honors, or recognition.

**Quitting a Sport:** Dropping a sport, quitting a team, removal for disciplinary reasons, or failure to meet eligibility requirements will result in awards and dues forfeiture. Also, students may not participate in another sport during the same season of sport, except by mutual agreement of the coaches, Athletic Director and Principal.

**Respect:** The athlete is to show respect for all coaches, teachers, officials, spectators, school facilities, equipment, and opponents at all times.

**Responsibility for Equipment:** Students are financially responsible for all equipment checked out. They may not receive report cards or diplomas until all equipment is returned or paid for. Team and individual photos students purchase will be withheld until all issued equipment has been checked in. Students may not participate in another sport until they are cleared from the previous one. Credit will be received on items turned in only if:

- The item(s) are the exact one(s) issued to the athlete.
- All washable items have been washed.

**Student Body Card:** CIF, league and team awards are purchased from ASB card revenues. Therefore, students must purchase a student body card before participating in sports or activities. Students unable to pay for a student body card may make special arrangements with the activities director.

#### TRAVEL RULES AND EXPECTATIONS:

**Transportation by private vehicle:** Athletes shall ride to and from all contests on school provided transportation. In special instances, athletes may ride home with their parents, guardians, or family friends. Requests must be submitted in writing, on the appropriate school form which must be signed by a parent or guardian, and approved by the Athletic Director or the Principal prior to departure for the contest. In addition, parents need to notify the coach when they are taking responsibility for their son or daughter. **Under no circumstances is a student released to another student driving a vehicle.**

**Returning from competitions:** Accommodations have been made to pick up and drop off Cayucos students at the corner of Hwy. 1 and Old Creek Road depending on where the event is being held. Coaches will remind student athletes to let their parents know where games will be played, game times, and approximate return times. Parents should either be waiting at school or expecting a phone call from the student upon his/her return to school. The coach will provide access to a phone. Students are required to stay in the area near the front of the gymnasium until parents/guardians arrive.

**Meal Stops:** In some instances, the team may stop for either a pre-game or post-game meal. Please be prepared by either having the appropriate meal money or bringing a snack/meal. Athletes are expected to stay together as a group, with their coach.

**Valuables:** Neither Coast Unified School District nor its employees will be responsible for lost valuables. Please leave valuables at home.

#### INTERPRETATION OF EXTRACURRICULAR ACTIVITIES CODE

The judgment of the Principal is final regarding the application of this Code, and any needed interpretation of it.



# Prescription Opioids: What you need to know

**Prescription opioids** are medicines used to help relieve severe pain. They are often prescribed after a surgery or injury, or for certain health problems. Some common opioid medicines are **codeine, hydrocodone, methadone, morphine, and oxycodone**.

These medicines can be an important part of treatment. They also come with serious risks. It's important to work with your healthcare provider to make sure you are getting the safest, most effective care.

## If you are prescribed opioids for pain:

- ☐ **Be informed.** Keep your prescription in the bottle it came in. Make sure you know:
  - The name of your medicine
  - How much to take
  - How often to take it
  - Side effects to watch out for, and when to call your doctor
- ☐ **Don't take more** pain medicine than your healthcare provider tells you to. **Don't take it more often** than they tell you to.
- ☐ **Follow up with your primary healthcare provider.**
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about your concerns and side effects.
- ☐ **Ask your doctor or pharmacist if you should get a naloxone kit.** This can save your life if you have an accidental overdose.



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

- ☐ **Help prevent misuse and abuse.**
  - Never sell or share prescriptions opioids.
  - Never use another person's prescriptions opioids.
- ☐ **Lock up prescription opioids in a safe place and out of reach of others.** This may include visitors, children, friends, and family. Don't keep them in your medicine cabinet where anyone can find them.

## Know your options

Talk to your healthcare provider about ways to manage your pain without opioids. Other methods **may actually work better** and have fewer risks and side effects. Options may include:

- ☐ Other pain relievers, such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen
- ☐ Physical therapy and exercise
- ☐ Working with a therapist to help learn ways to change the triggers of pain and stress
- ☐ Some medicines that are also used for depression or seizures

## What are the risks and side effects?

The biggest risks of prescription opioids are **addiction and overdose**. Risks are higher when you use them for a long time. An opioid overdose can cause **slowed breathing and sudden death**.

Prescription opioids can have side effects, even when taken as directed. These include:

- Constipation — this is the most common side effect
- Tolerance — the need to take more medicine for the same pain relief
- Physical dependence — having symptoms of withdrawal when you stop taking them
- Greater sensitivity to pain
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone, which can lead to lower sex drive, energy, and strength
- Itching and sweating

## Risks are greater if you:

- Have a history of drug misuse, substance abuse disorder, or overdose
- Are taking sedatives or you drink alcohol when taking prescription opioids
- Have a mental health condition, such as depression or anxiety
- Have sleep apnea
- Have a disability (increases your risk for falls)
- Are age 65 or older, are confused, have dementia or another mental disability
- Are pregnant

## While you're taking prescription opioids:

- **Never use alcohol or street drugs.** Taking them together can kill you.
- Unless your doctor specifically says it's okay, **don't take any of these medicines:**
  - Benzodiazepines (such as Xanax or Valium)
  - Muscle relaxants (such as Soma or Flexeril)
  - Sleeping pills (such as Ambien or Lunesta)
  - Other prescription opioids
- Don't take any other pills or vitamins unless your doctor says it's okay.
- Don't drive or use machinery when impaired by opioid medication.

## Safely dispose of unused prescription opioids

Find your community drug collection site at [UseOnlyAsDirected.org](http://UseOnlyAsDirected.org) or [www.UtahTakeBack.org](http://www.UtahTakeBack.org) to safely dispose of leftover prescription opioids. It's best not to flush medications in the toilet as they can contaminate the water supply.

### If you have leftover opioids, dispose of them safely.

Intermountain Community Pharmacies offer Rx Drop Boxes at all locations to safely throw away any leftover medications. Look for the big blue box at your neighborhood Intermountain Community Pharmacy.



The information in this fact sheet is adapted from *Prescription Opioids: What You Need to Know* written by The Centers for Disease Control and Prevention (CDC) and The American Hospital Association.

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