

# ARNOLD O. BECKMAN HIGH SCHOOL

*Home of the Patriots  
2021 California Distinguished School*

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3588 Bryan Avenue • Irvine, California 92602-1347 • (714)734-2900 • [www.tustin.k12.ca.us/beckmanhs](http://www.tustin.k12.ca.us/beckmanhs)

*Donnie Rafter, Principal  
Penn Bushong, Assistant Principal  
Devang Brahmabatt, Assistant Principal  
Sahra Tanikawa, Assistant Principal*

To Parents, Beckman Athletes and Families,

The Athletic Clearance Process has changed from the format that was utilized in the past. Starting this year all students will have their clearances conducted on line at:  
[www.athleticclearance.com](http://www.athleticclearance.com)

The first step is to create an account that will be used throughout your student's high school career.

1. From the link above you will create an account using the "register" key. Provide a valid email address and password.
2. Once you create an account you will have to **verify** your account by reviewing your Email and clicking the link that will be sent to you. If you do not receive a verification within 48 hours check your spam email. Once you have clicked the link you will have successfully started the clearance process.
3. Now **Login** at [www.athleticclearance.com](http://www.athleticclearance.com) with your username and password that you have created.
4. **Select** the "New Clearance" button (upper left corner) to get started.
5. **Complete** any required fields for student information, educational history, medical history, additional forms, physical, and consent including your **student's school identification number**.
6. **Press** submit and you will have now completed the entire registration process.
7. All of this data will be electronically filed with the BHS athletic department. An Email will be sent to you upon approval of your student forms.
8. **Physical Form:** The physical form is located online at the athletic clearance website for your convenience. Please take the physical form with you when you see your MD or DO. **All completed athletic physicals and the Signature page of completion need to be turned in to the Beckman reception desk during work hours after they have been uploaded to your account.**
9. If you do not know student current High School I.D. number do not enter it on the form.

The account that you create will stay with your student throughout their high school career. In upcoming years we will only ask for you to enter your account and update the signature pages and physical. By law each year we require a completed Athletic physical.

Feel free to contact me with any questions at [sfischel@tustin.k12.ca.us](mailto:sfischel@tustin.k12.ca.us)

Thank you,



Steve Fischer  
Athletic Director  
Beckman High School

# ARNOLD O. BECKMAN HIGH SCHOOL

*Casa de los Patriots  
Escuela Distinguida de California 2021*

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*Donnie Rafter, Directora Penn  
Bushong, Subdirector  
Devang Brahmbatt, Subdirector  
Sahra Tanikawa, Subdirectora*

Para los Padres, Atletas de Beckman y Familias,

El Proceso de Autorización Atlética ha cambiado de formato, el cual se había utilizado anteriormente. Empezando este año, todos los alumnos tendrán su autorización realizada en línea en:

[www.athleticclearance.com](http://www.athleticclearance.com)

El primer paso es crear una cuenta que será utilizada durante toda la preparatoria de su hijo.

1. Del enlace antes mencionado, creará una cuenta utilizando el botón "register". Proporcione un correo electrónico y una contraseña válida.
2. Una vez que se crea una cuenta, tendrá que **verificarla**, revisando su correo electrónico y haciendo clic en el enlace que será enviado a usted. Sí, no recibe una verificación dentro de las 48 horas, revise su correo electrónico no deseado (spam). Una vez que haya hecho clic en el enlace, usted ha iniciado exitosamente el proceso de autorización.
3. Ahora, **acceda a [www.athleticclearance.com](http://www.athleticclearance.com)** con su nombre de usuario y contraseña que ha creado.
4. **Seleccione** el botón "New Clearance" (en la esquina superior izquierda) para empezar.
5. **Complete** todos los campos requeridos con la información del alumno, historial académico, historial médico, formularios adicionales, examen físico y consentimiento, incluyendo **el número de identificación escolar del alumno**.
6. **Oprima** "submit" y usted habrá completado todo el proceso de inscripción.
7. Todos estos datos se archivarán electrónicamente con el departamento atlético de BHS. Un correo electrónico será enviado a usted con la aprobación de sus formularios estudiantiles.
8. **Formulario para el Examen Físico:** El formulario para el examen físico está localizado en línea, en la página web "athletic clearance" (autorización atlética) para su conveniencia. Por favor, lleve el formulario atlético, cuando visite a su MD o DO. **Todos los exámenes físicos completos y la página finalizada, necesitan regresarse a la recepción de Beckman durante horas laborales después de que se hayan cargado en su cuenta.**
9. Si usted no sabe el número de identificación actual del alumno en la preparatoria, no lo introduzca en el formulario.

La cuenta que ha creado, se mantendrá con su hijo durante toda la preparatoria. En los próximos años, solo le pediremos que introduzca su cuenta, actualice sus páginas de firma y el examen físico. Por ley, cada año se requiere un examen físico atlético completo.

Si tiene alguna pregunta, no dude en contactarme en [sfischel@tustin.k12.ca.us](mailto:sfischel@tustin.k12.ca.us)

Gracias,



Steve Fischel

Director Atlético

Preparatoria Beckman

Date of Exam _____	Date of Birth _____
Name _____ Sex _____	
Age _____ Grade _____ School _____	
Sports _____	

## Preparticipation Physical Evaluation

### PART 1 – HEALTH HISTORY

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			25. Do you have a bone, muscle, or joint injury that bothers you?		
2. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			26. Do any of your joints become painful, swollen, feel warm, or look red?		
3. Have you ever spent the night in the hospital?			27. Do you have any history of juvenile arthritis or connective tissue disease?		
4. Have you ever had surgery?			28. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	29. Have you ever used an inhaler or taken asthma medicine?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			30. Is there anyone in your family who has asthma?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			31. Were you born without or are you missing a kidney, any eye, a testicle (males), your spleen, or any other organ?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			32. Do you have groin pain or a painful bulge or hernia in the groin area?		
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: _____			33. Have you had infectious mononucleosis (mono) within the last month?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			34. Do you have any rashes, pressure sores, or other skin problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			35. Have you had a herpes or MRSA skin infection?		
11. Have you ever had an unexplained seizure?			36. Have you ever had a head injury or been diagnosed with a concussion? If yes, please explain on the following page.		
12. Do you know if you have sickle cell disease?			37. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
13. Do you get more tired or short of breath more quickly than you friends during exercise?			38. Do you have a history of seizure disorder?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	39. Do you have headaches with exercise?		
14. 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)?			40. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
15. 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?			41. Have you ever been unable to move your arms or legs after being hit or falling?		
16. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Have you ever become ill while exercising in the heat?		
17. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Do you get frequent muscle cramps while exercising?		
18. Has any family member been diagnosed with sickle cell disease?			44. Do you or someone in your family have sickle cell trait or disease?		
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	45. Have you had any problems with your eyes or vision?		
19. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			46. Have you had any eye injuries?		
20. Have you ever had any broken or fractured bones or dislocated joint?			47. Do you wear glasses or contact lenses?		
21. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			48. Do you wear protective eyewear, such as goggles or a face shield?		
22. Have you ever had a stress fracture?			49. Do you worry about your weight?		
23. 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)			50. Are you trying to or has anyone recommended that you gain or lose weight?		
24. Do you regularly use a brace, orthotics, or other assistive device?			51. Are you on a special diet or do you avoid certain types of foods?		
			52. Have you ever had an eating disorder?		
			53. Do you have any concerns that you would like to discuss with a doctor?		
			<b>FEMALES ONLY</b>		
			54. Have you ever had a menstrual period?		
			55. How old were you when you had your first menstrual period?		
			56. How many periods have you had in the last 12 months?		

Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination:

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

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Do you have any allergies?    ☐ Yes    ☐ No    If yes, please identify specific allergy below.

- ☐ Medicines
- ☐ Pollens
- ☐ Food
- ☐ Stinging Insects

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

Signature of athlete \_\_\_\_\_

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

Date \_\_\_\_\_

*This section to be completed by physician or qualified medical examiner*

PART 2 – EXAMINATION			
Name		Date	
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
		NORMAL	ABNORMAL FINDINGS
<b>MEDICAL</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>			
Hearing			
Lymph Nodes			
(a) Heart <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			
(b) Genitourinary (males only)			
Skin <ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
(c) Neurologic			
<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>			

- (a) Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
(b) Consider GU exam if in private setting. Having third party present is recommended.  
(c) Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

### 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).

Date of Exam:
Physician Stamp

**PART 3 – CLEARANCE FORM**Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_☐ 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**EMERGENCY INFORMATION**

Allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, advanced practice nurse (APN), physician assistant (PA) \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of physician, APN, PA \_\_\_\_\_

**Completed Cardiac Assessment Professional Development Module**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**School Physician:**

Reviewed on \_\_\_\_\_ (Date) Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Signature \_\_\_\_\_



## **TUSTIN UNIFIED SCHOOL DISTRICT**

### **REGULATION**

#### **STUDENTS**

**5131.6**

#### **Elementary and Secondary**

#### **Code of Conduct for Co-Curricular and Extra-Curricular Participation**

Each high school takes a vital interest in co-curricular and extra-curricular participation in athletics, student council, band, orchestra, cheerleading, drama, dance team, choral groups, and clubs by promoting fair discipline as well as responsible standards for behavior, dress, and grooming. It is recognized that these regulations are necessary to maintain team/club/group morale, individual discipline and effective learning. Participation in co-curricular and extra-curricular activities is a privilege, not a right, and may be revoked by the principal/designee whenever a student violates this regulation.

This Administrative Regulation is the expression of the minimum standard for the code of conduct of participants in co-curricular and extra-curricular activities. As such, an individual school site, activity, or program is not prohibited from establishing a higher standard of conduct as long as the participant in the activity is aware of, and consented to, that higher standard as a requirement for participation.

Tustin Unified School District co-curricular and extra-curricular student participants must be good citizens. As defined in this Administrative Regulation, "participant" means a student who has either enrolled or attended at least one meeting of a student club or activity.

#### **Citizenship**

1. Student participation in activities requires good citizenship. Any student who verbally or through gestures, communicates profanity to an opponent, official, or fans will be evaluated for disciplinary action
2. Infractions involving hazing or other serious violations of the Education Code can carry a penalty of suspension from the activity and restricted participation in school activities. The principal/designee(s) will review the infractions. The response to the incident may include, but is not limited to the following:
  - a. First Offense—Suspension for 1 to 10 days of participation
  - b. Second Offense—Suspension from 1 to 15 days of participation
  - c. Third Offense—Suspension from the activity for up to one year
3. Infractions of a less serious nature may result in a student being suspended from an activity directly by the coach/teacher/advisor. If a coach/teacher/advisor suspends a participant for more than one day, the coach/teacher/advisor must contact the principal/athletic director/activities director/designee as well as the student's parents.

## **TUSTIN UNIFIED SCHOOL DISTRICT**

### **REGULATION 5131.6**

#### **STUDENTS**

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4. Discipline problems arising within the domain of the activity and/or contest are to be handled at the coach's/teacher's/advisor's discretion. Parents/guardians/caregivers will be informed at the earliest time possible.

##### **Alcohol/Narcotics**

Any student in the Tustin Unified School District who possesses, uses, transports, or is under the influence of any controlled substance, alcoholic beverage, intoxicant of any kind, or who possesses or sells any drug paraphernalia shall be subject to suspension and/or expulsion from the school and activity.

Any student who sells or provides a controlled substance or intoxicant of any kind shall immediately be suspended and shall be recommended for expulsion.

The above provisions apply to related school activities, or attendance at such activities, which occur at any time, including, but not limited to any of the following:

- While on school grounds
- While going to or coming home from school
- During lunch period on or off campus
- During or while going to or coming from a school sponsored activity

Any student who violates the District's Drug and Alcohol Policy shall be ineligible to represent their school in competition or performances (in athletics, activities, or performing arts) for ten consecutive calendar weeks from the date of the infraction, excluding summer break (recess).

The ramifications for violation of this code of conduct policy do not preclude the ability of the school site or District to impose discipline, including involuntary transfer, suspension, or expulsion.

##### **Participant Dismissal and Abandonment**

1. A participant dismissed from any team will be removed from the appropriate co-curricular/extra-curricular class.
2. Abandonment of any activity precludes the participant from participating in another activity for the period of time the abandoned activity is in season. A participant "abandons" an activity when the participant departs without the knowledge or permission of the coach/teacher/advisor.



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##### **Scholastic Eligibility (6-12)**

###### **1. District Policy 6145**

- a. In order to be eligible for co-curricular or extra-curricular activities, a student shall maintain a 2.0 grade point average (GPA) during the preceding grading period.
- b. A student who does not maintain a 2.0 GPA shall be placed on probation for the following grading period, the student shall continue to be eligible, providing he/she maintains a satisfactory attendance (three hours a week) in a designated tutorial class.
- c. If the student does not maintain satisfactory attendance in the tutorial class, he/she will be declared ineligible. If at the end of the probationary grading period the student has not achieved a 2.0 GPA, he/she shall be ineligible for the following grading period.
- d. Two or more "U's" in citizenship from two or more separate teachers will result in a student being ineligible for co-curricular or extra-curricular activities for the remainder of that grading period.

##### **Equipment and Financial Obligations**

1. Each participant is responsible for the use and care of the equipment issued to him/her.
2. Any participant who does not return or pay for all school equipment issued to him/her immediately at the close of each sport season or activity will not be issued any further equipment and will not be allowed to report to another activity until the debt is cleared.
3. Each student participant is responsible for the Transportation Fee at the beginning of each season of activity.

## TUSTIN UNIFIED SCHOOL DISTRICT

### REGULATION 5131.6

#### STUDENTS

##### Elementary and Secondary

##### Code of Conduct for Co-Curricular and Extra-Curricular Participation

##### Security Procedures for Personal Property

1. It is highly recommended that the utmost care be taken in securing student equipment and personal articles. **The school does not assume responsibility for the loss of items.**

##### General Athletic Information

1. Participants must be in attendance for at least four periods the day of the contest. Unexcused absences may result in a one-day suspension from participation in the activity. Failure to attend four classes will subject the student to a one-contest suspension on that day. There is an expectation that participants will not have any unexcused absences from school on the day of the event or activity.
2. Contest:
  - a. The appointed coach will be in charge of the team before, during, and after the athletic contest.
  - b. Game time and location shall be arranged so that participants miss a minimum amount of their class work. It is the responsibility of each participant to make up all missed assignments.
3. Overflow Class:
  - a. After the season is complete, participants may be placed in the Overflow Class ("0" period) or a regular physical education class to fulfill the physical education requirement.
4. Transportation:
  - a. The usual means of transportation to athletic contests is by school bus. Occasionally other means of transportation will be authorized, but only when specifically approved in advance.
  - b. All participants must travel to contests by school bus or other authorized transportation. Participants arriving at contests by other means will be denied the privilege of participation.

## **TUSTIN UNIFIED SCHOOL DISTRICT**

### **STUDENTS**

### **REGULATION 5131.6**

#### **Elementary and Secondary**

#### **Code of Conduct for Co-Curricular and Extra-Curricular Participation**

- c. All students participating in field trips or competitive events shall return with the group unless released by the coach, using a verified signature log, to the student's parents/guardians/caregivers. (See TUSD Regulation 6174.)

#### **California Interscholastic Federation—Southern Section (“CIF”) – Code of Ethics**

The CIF Southern Section publishes a “Code of Ethics for Athletes” and each year that is part of its constitution and bylaws (Blue Book). The current CIF Code of Ethics for Athletes is incorporated by reference into this Administrative Regulation.

Date  
Effective: 11/14/05  
Revised: 5/9/13





## Concussion Information Sheet



### Why am I getting this information sheet?

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

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

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

### What is a concussion and how would I recognize one?

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

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

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

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

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

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

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

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

### Signs observed by teammates, parents and coaches include:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Looks dizzy</li><li>• Looks spaced out</li><li>• Confused about plays</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or awkwardly</li><li>• Answers questions slowly</li></ul> | <ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows a change in personality or way of acting</li><li>• Can't recall events before or after the injury</li><li>• Seizures or has a fit</li><li>• Any change in typical behavior or personality</li><li>• Passes out</li></ul> |
|--|---|

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or throws up</li><li>• Neck pain</li><li>• Has trouble standing or walking</li><li>• Blurred, double, or fuzzy vision</li><li>• Bothered by 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>• Loss of memory</li><li>• "Don't feel right"</li><li>• Tired or low energy</li><li>• Sadness</li><li>• Nervousness or feeling on edge</li><li>• Irritability</li><li>• More emotional</li><li>• Confused</li><li>• Concentration or memory problems</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### What is Return to Learn?

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

### How is Return to Play (RTP) determined?

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

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

### Final Thoughts for Parents and Guardians:

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

### References:

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





## Concussion Information Sheet



**Please Return this Page**

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

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

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

\_\_\_\_\_  
Date

# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

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

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

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

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

As many as  
**1 in 4**  
PEOPLE\*



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

\* Findings from one study

## RISKS ARE GREATER WITH:

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

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

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



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



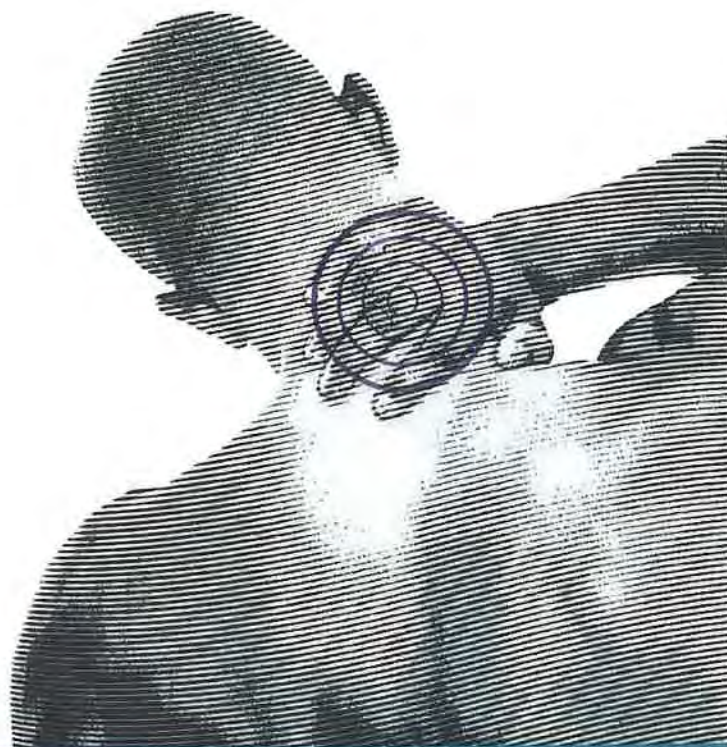
American Hospital  
Association®

C526416/C May 4, 2016

## KNOW YOUR OPTIONS

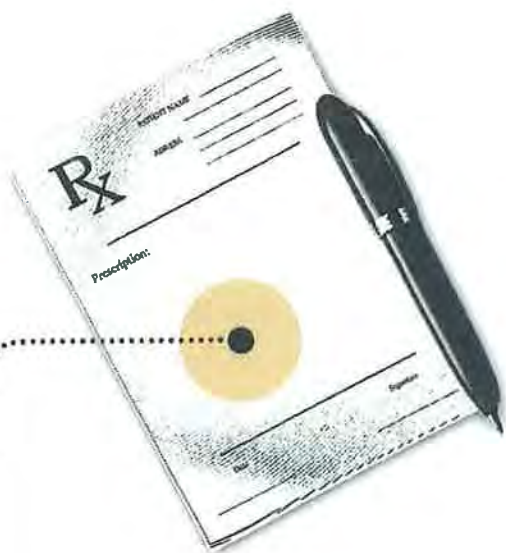
Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

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



## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](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.



### Be Informed! ←

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





## Code of Ethics - Athletes

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 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 523).

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.

\_\_\_\_\_  
Printed Name of Student Athlete

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.