

OAKDALE HIGH SCHOOL ATHLETIC PARTICIPATION FORM
HEALTH STATEMENT AND PARENT'S CONSENT

CHECK ONE:

- () I have purchased the insurance offered at the school.
- () I have health or accident insurance for my daughter/son which meets the requirements of California law (list company name and policy or group number).

*****Ins. Company Name** _____ *******

*****Policy/Group Number** _____ *******

PHYSICIAN TO COMPLETE:

I hereby certify that the above named student has medical clearance to engage in sports.

Signature

Date

Title

State License

- Check here if there are no special problems and no medication/drugs required that the staff should be aware of.
- Check here if your student has any special medical needs or "Allergies". Please list and write a description of problem or condition and what school personnel need to know if a problem arises. _____
- _____
- _____

PARENT TO COMPLETE – INSURANCE INFORMATION

California Education Code Section 32221 requires public schools to make available for each member of an athletic team, insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts.

- A group or individual medical plan with accidental benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence.
- Group or individual medical plans which are certified by the insurance Commissioner to be equivalent to the required coverage of at least \$1,500.
- At least \$1,500 for all such medical and hospital expenses. The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him/her in any other way or manner, including, but not limited to, purchase by himself/herself, or by their parent or guardian.

Insurance offered by: Meyer-Stevens. Applications are available from the Athletic office, Vice Principals' office, or individual coaches.

FOOTBALL INSURANCE COVERS FOOTBALL INJURIES ONLY

ANY OTHER SPORTS ARE COVERED BY SCHOOL-TIME ACCIDENT PLANS OR 24-HOUR ACCIDENT PLANS.

*****PLEASE COMPLETE BOTH SIDES OF THIS PARTICIPATION FORM****
AND RETURN TO THE VICE PRINCIPALS OFF

**OAKDALE HIGH SCHOOL ATHLETIC PARTICIPATION FORM
HEALTH STATEMENT AND PARENT'S CONSENT**

STUDENTS NAME _____
 LAST FIRST MIDDLE

GRADE: (Please circle one) 9 10 11 12

SPORT: 1. _____ 2. _____ 3. _____

PARENT TO COMPLETE - EMERGENCY INFORMATION:

Full name of parent/guardian student is living with: _____

Home Phone: _____ Alternate Phone _____

Mother - Name of Employer: _____ Phone: _____

Father - Name of Employer: _____ Phone: _____

List two relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Relation _____ Phone: _____

2. Name _____ Relation _____ Phone: _____

PARENT TO COMPLETE - AUTHORIZATION FOR TREATMENT

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips, in case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Date

Signature of Parent or Guardian

I realize there is an assumption of risk involved in the participation on any sport team. I am also aware that participating in any sport at Oakdale High School may expose me to risk of injury, either minor or serious. I hereby release the Oakdale Joint Unified School District, its Board of Trustees, employees and agents from any liability arising out of my participation in the Oakdale High School Athletic Program.

STEROIDS/CIF CODES OF CONDUCT/OHS ATHLETIC HANDBOOK

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver indicate they have read, understand and agree to abide by the information given in the OHS Athletic Information packet.

Signature of student/athlete

Date

Signature of parent/guardian/caregiver

Date

OAKDALE HIGH SCHOOL Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of 1/23/2013concussion yourself, seek medical attention right away.

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

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

OAKDALE HIGH SCHOOL

Concussion Information Sheet

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

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

If you think your child has suffered a concussion

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

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

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

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

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

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

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date