



SMALL HIGH SCHOOL SPORTS CLEARANCE PACKET

- 1) RELEASE OF LIABILITY FORM*
- 2) ATHLETIC INSURANCE CERTIFICATE*
(or student must purchase school insurance)
- 3) EMERGENCY INFO / PHYSICAL EXAMINATION REPORT*
(physicals are valid for one calendar year)
- 4) TRAVEL RELEASE FORM*
- 5) PARENT CODE OF CONDUCT LETTER*
- 6) STUDENT ATHLETE CODE OF ETHICS LETTER*
- 8) CONCUSSION INFORMATION
- 9) SUDDEN CARDIAC ARREST INFORMATION
- 10) HEAT ILLNESS PREVENTION INFORMATION

*ALL items must be signed by parent/guardian & returned to the school site before eligibility is granted.

Nondiscrimination Statement: The Long Beach Unified School District prohibits discrimination, intimidation, harassment (including sexual harassment) or bullying based on a person's actual or perceived ancestry, color, disability, gender, gender expression, gender identity, immigration status, national origin, religion, race or ethnicity, sex, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics. For questions or complaints, contact Equity Compliance Officer: Steve Rockenbach, Director of Employee Relations, 1515 Hughes Way, Long Beach, CA 90815, 562-997-8220, srockenbach@lbschools.net and Title IX Coordinator: Kimberly Dalton, Director of Human Resource Services, 1515 Hughes Way, Long Beach, CA 90815, 562-997-8108, kdalton@lbschools.net.

**Long Beach Unified School District
PARENT OR GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN
EXTRACURRICULAR/ATHLETIC ACTIVITY,
ASSUMPTION OF RISK, AND
HOLD HARMLESS, INDEMNITY AND RELEASE OF LIABILITY**

To the Principal of: _____ (School)

_____ has my permission to participate in
(Student Name: please print)

_____ during the _____
(Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print): _____

(1) Assumption of Risk:

On behalf of student and myself:

We understand that the above-listed extracurricular/athletic activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from student's own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **We understand and appreciate the risks that are inherent in the extracurricular/athletic activity. We hereby assert and agree, on behalf of ourselves, our family, heirs, personal representative(s), and/or assigns, that student's participation in the extracurricular/athletic activity is voluntary and that we knowingly assume all such risks of that participation. We recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. We agree that student will abide by all rules and regulations governing the extracurricular/athletic activity.**

(2) Hold Harmless, Indemnity and Release:

On behalf of student and myself, and in consideration of permission for student to participate in the above listed extracurricular/athletic activity:

We agree, here and forever, to the maximum extent permitted by law, for ourselves, our family, our heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the Long Beach Unified School District ("District"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from student's participation in the extracurricular/athletic activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers, agents, and employees. **We understand that we are releasing claims and giving up substantial rights, including our right to sue, and are doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.**

WE HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT

Signature of Parent/Guardian

Please Print Name

Date

Signature of Student/Participant

Please Print Name

Date



**LONG BEACH UNIFIED SCHOOL DISTRICT
ATHLETIC INSURANCE CERTIFICATE**

School:

Pupil's Name _____
(Last) (First) (M.I.)

I hereby certify, under penalty of perjury, that the above-named pupil is covered by valid insurance which provides the following:

1) Insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts (ED Code 32221):

- (a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
- (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).
- (c) At least one thousand five hundred dollars (\$1,500) for all such medical and hospital expenses.

2) I hereby agree that this policy shall not be cancelable without at least 10 day prior written notice to the district.

"Insurance protection in any of the above amounts shall be provided through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association, such as California Interscholastic Protection Fund, for the death or injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof to or while such members being transported by or under the sponsorship or arrangements of the school district or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Division of Industrial Relations of the State of California, effective October 1, 1966." (Ed Code 32221)

I will maintain the above coverage during the current school year or will immediately notify the school if the coverage terminates or does not meet the above requirements.

Insurance Company _____ **Policy/Group No.** _____

Expiration date _____

Signature of parent: _____

Parent Form

Athlete's Emergency Information

Sport(s): _____ Birthdate: _____

Name: _____ Sex: M F Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (Other than parents) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance: _____ Policy/Member #: _____

Circle any of the following that apply: Diabetes Seizures Asthma Heart Condition Allergies

Any medications currently being taken: _____

Any allergies to medications: _____

In case of a serious injury requiring immediate attention school district employees are authorized to give first aid and obtain treatment or emergency hospital care.

Signature of Parent or Guardian: _____ Date: _____

To be completed by the ***School Nurse*** only

I have received PHYSICIAN'S **CLEARANCE** AND PHYSICAL REPORT: _____

Nurse's signature

Notes: _____

Sport: _____

Date of Physical: _____

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY

Date of Physical Exam _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ City/State _____ Zip _____

Personal Physician _____ Physician's Phone Number _____

Explain "YES" (Y) answers below. Circle questions to which you do not know the answers.

	Y	N		Y	N
1.Has a doctor ever denied or restricted your participation in sports for any reason?			26.Have you ever used or taken asthma medicine?		
2.Do you have a medical condition (like asthma or diabetes)?			27.Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?		
3.Are you currently taking any prescription or nonprescription (over the counter) medicines or pills?			28.Have you had infectious mononucleosis (mono) within the last month?		
4.Do you have allergies to medicines, pollens, foods or stinging insects?			29.Do you have any rashes, pressure sores, or other skin problems.?		
5.Have you ever passed out or nearly passed out during exercise?			30.Have you had a herpes skin infection?		
6.Have you ever passed out or nearly passed out after exercise?			31.Have you ever had a head injury or concussion?		
7.Have you ever had discomfort, pain, or pressure in your chest during exercise?			32.Have you ever been hit in the head and been confused or lost your memory?		
8. Does your heart race or skip beats during exercise?			33.Have you ever had a seizure?		
9.Has a doctor ever told you that you have ___ high blood pressure?			34.Do you have headaches with exercise?		
10.Has a doctor ever ordered a test for your heart?			35.Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
11.Has anyone in your family died for no apparent reason?			36.Have you ever been unable to move your arms or legs after being hit or falling?		
12.Does anyone in your family have a heart problem?			37.When exercising in the heat, do you have severe muscle cramps or become ill?		
13.Has anyone family member or relative died of heart problems or of sudden death before the age of 50?			38.Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?		
14.Does anyone in your family have Marfan syndrome?			39.Have you had any problems with your eyes or visions.		
15.Have you ever spent the night in the hospital?			40.Do you wear glasses or contact lenses?		
16.Have you ever had surgery?			41.Do you wear protective eyewear such as goggles or a face shield?		
17.Have you ever had an injury like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game?			42. Are you happy with your weight?		
18.Have you had any broken or fractured bones or dislocated joints?			43.Are you trying to gain or lose weight?		
19.Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, cast, or crutches?			44.Has anyone recommended you change your weight or eating habits?		
20.Have you ever had a stress fracture?			45.Do you limit or carefully control what you eat?		
21.Have you been told that you have or have had an x-ray for atlantoaxial (neck) instability?			46.Do you have any concerns that you would like discuss with a doctor?		
22.Do you regularly use a brace or assistive device?			FEMALES ONLY:		
23.Has a doctor ever told you that you have asthma or allergies?			47.Have you ever had a menstrual period?		
24.Do you cough, wheeze, or have difficulty breathing?			48.How old were you when you had your first menstrual period?		
25.Is there anyone in your family who has asthma?			49.How many periods have you had in the last 12 months?		

Explain "Yes" (Y) 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/Spirit Group member _____ Date _____

Signature of Parent/Guardian _____ Date _____

PARTICIPATION PHYSICAL EXAMINATION FORM

This form must be completed (all areas), signed by an MD, NP, PA, or DO and include an agency/office stamp. Return the completed form to the School Nurse or Athletic Secretary for athletic/spirit group clearance.

LAST NAME: _____	FIRST NAME: _____	DATE OF BIRTH: _____
GRADE: _____	SPORTS: _____	
ALLERGIES: _____	MEDICATIONS: _____	
CIRCLE ANY OF THE FOLLOWING THAT APPLY:		
DIABETES	SEIZURES	ASTHMA
		HEART CONDITION

DATE OF PHYSICAL EXAMINATION: _____ Height: _____ Weight: _____ Pulse: _____ BP: _____

Hearing: _____ Passed Right/Left <25 dB's all frequencies Vision: R 20/____ L 20/____ Both 20/____ Corrected: Y N
 _____ Failed _____ Not Done

MEDICAL	NORMAL	ABNORMAL FINDINGS
General Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)+		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back (including scoliosis screen)		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		

+Having a third party present is recommended for the genitourinary examination.

Assessment: _____

- CLEARED FOR ALL SPORTS WITHOUT RESTRICTIONS**
- NOT CLEARED – REASON** _____
- Deferred – Requires further evaluation – Reason:** _____

Agency/office stamp required here

Name of MD/NP/PA/DO (print): _____ Address: _____ Telephone#: _____

Signature: _____, MD/NP/PA/DO

Today's date: _____



Secondary Sports Office
1515 Hughes Way, L.B. CA 90810
(562) 997-8276

Long Beach Unified School District Small High School Sports Travel Policy

Dear Caregivers:

Due to high transportation costs, we ask legal caregivers to transport their own child(ren) to and from competitions **or** allow their child to transport themselves to an off-campus event. Carpooling is strictly prohibited. Coaches may not transport their athletes in their personal vehicles. Coaches/administration will communicate the dates, times and specific locations of away contests.

In addition, the undersigned hereby shall hold harmless, indemnify, voluntarily release, discharge, waive and relinquish any and all claims, actions or causes of action of any nature whatsoever, including but not limited to, personal injury, property damage or wrongful death, however caused, occurred, arose, resulted from, or in connection with said travel.

Your signature below indicates that you have been informed of and will comply with the Small High School Sports Travel Policy.

Parent or Guardian Signature (Required)

Date

Student-Athlete's Name

Sport(s)



PARENT/GUARDIAN

CODE OF CONDUCT

PARENTS AND GUARDIANS PLAY A CRITICAL ROLE IN DEVELOPING THEIR CHILD'S CHARACTER BY MODELING/REINFORCING APPROPRIATE BEHAVIOR. THIS IS ESPECIALLY TRUE IN A COMPETITIVE ENVIRONMENT. THE SMALL HIGH SCHOOL SPORTS PROGRAM BELIEVES THAT PARENTS' POSITIVE ACTIONS, BOTH VERBAL AND NON-VERBAL, SERVE AS EFFECTIVE LEARNING TOOLS FOR THEIR CHILD.

IN ORDER FOR ALL MIDDLE SCHOOL SPORTING EVENTS TO BE A POSITIVE, WHOLESOME, AND REWARDING EXPERIENCE FOR ALL OF THOSE INVOLVED, THE FOLLOWING CODE OF CONDUCT NEEDS TO BE FOLLOWED BY PARENTS/GUARDIANS AND OTHER FAMILY MEMBERS WHEN IN ATTENDANCE:

- 1) YOUR CHILD'S PARTICIPATION ON A TEAM IS A PRIVILEGE, NOT A RIGHT. KEEP ATHLETIC COMPETITION IN PERSPECTIVE. IT IS A PART, NOT THE MAIN FOCUS, OF YOUR CHILD'S EDUCATIONAL EXPERIENCE. YOUR CHILD IS EXPECTED TO BEHAVE APPROPRIATELY, WHICH INCLUDES GOOD SPORTSMANSHIP, SUPPORTING HIS/HER TEAMMATES, AND WINNING/LOSING WITH HONOR. PARENTS ARE ASKED TO BEHAVE IN A SIMILAR FASHION.
- 2) BE POSITIVE: ENCOURAGE YOUR CHILD TO DO HIS/HER BEST WHEN COMPETING. CHEER FOR GOOD PLAY. REFRAIN FROM NEGATIVE COMMENTS/GESTURES.
- 3) OFFICIALS: TREAT OFFICIALS WITH RESPECT. THEIR JOB IS TO DO THEIR BEST TO ENFORCE THE RULES. DO NOT COMPLAIN OR ARGUE ABOUT CALLS/NON-CALLS DURING OR AFTER AN ATHLETIC EVENT.
- 4) FANS/COACHES: TREAT OTHERS IN ATTENDANCE WITH DIGNITY AND CLASS. YOU MAY NOT AGREE WITH A COACH'S STRATEGY, BUT DURING/AFTER THE GAME IS NOT THE TIME TO DISCUSS IT. SCHEDULE AN APPOINTMENT TO VOICE YOUR CONCERNS WITH THE COACH OR PRINCIPAL.
- 5) BE A ROLE MODEL: YOUR CHILD IS WATCHING YOU. SET A HIGH STANDARD OF BEHAVIOR SO YOUR CHILD CAN BE PROUD OF YOU. YOUR BEHAVIOR CAN AFFECT YOUR CHILD'S PERFORMANCE. REPRESENT YOUR CHILD AND YOUR SCHOOL WITH INTEGRITY, DIGNITY, AND CLASS.

BY SIGNING BELOW, YOU ARE AGREEING TO THE CODE OF CONDUCT OF THE SMALL HIGH SCHOOL SPORTS PROGRAM. YOU ALSO ACKNOWLEDGE THAT YOU MAY BE DISCIPLINED IF YOU VIOLATE ANY OF ITS PROVISIONS. **DISCIPLINE MAY INCLUDE, BUT NOT BE LIMITED TO, NOT BEING ALLOWED TO ATTEND YOUR CHILD'S ATHLETIC CONTESTS.**

Child's Name (Print)

Parent/Guardian's Name (Print)

Parent/Guardian's Signature

Date



Code of Ethics - Athletes

The Small High School Sports Program offers students an opportunity to become positively involved in school sponsored athletics. The philosophy of the program promotes **good sportsmanship** and **good character**, facilitates an atmosphere of respect for everyone, builds on the importance of camaraderie and teamwork, and allows all participants to develop an appreciation of the game. For these reasons, students are urged to assist with our efforts to provide positive learning experiences for all students who participate in or attend athletic events.

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. Win with character, lose with dignity.

Any demonstration of unsportsmanlike conduct could result in being suspended and/or removed from the team. This is not the desired action. It is the expectation that all competitors uphold the highest standards of behavior.

Good sportsmanship is a lesson that will last a lifetime. Do your best at all times, in triumph and defeat. Your commitment to this effort is appreciated.

I will adhere to the Athletes' Code of Ethics policy.

Printed Name of Student Athlete

Signature of Student Athlete

Date

Long Beach Unified School District
Nursing Services
 Concussion Information Sheet

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

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

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

**Long Beach Unified School District
Nursing Services**

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/>

Parent Acknowledgement—Please Return to School

We have received the Concussion Information Sheet.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Keep Their Heart in the Game

A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

FAINTING
is the
#1 SYMPTOM
OF A HEART CONDITION

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

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.
Gasping, gurgling, snorting, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



Confirm unresponsiveness.
Call 9-1-1 and follow emergency dispatcher's instructions.
Call any on-site Emergency Responders.

Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

Keep Their Heart in the Game

Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation
<http://www.epsavealife.org>

National Federation of High Schools
(20-minute training video)
<https://nfhslearn.com/courses/61032>





Parent/Student CIF Heat Illness Information Sheet



Why am I getting this information sheet?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *The law requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), heat illness (AB 2800) as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is Heat Illness and how would I recognize it?

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam form education/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle lineman.

Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

PREVENTION: There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION The athlete should arrive at practice well-hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.

Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.

Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION: Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

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



Parent/Student CIF Heat Illness Information Sheet



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

• Dizziness, lightheadedness, weakness	• Profuse sweating
• Headache	• Cool, clammy skin
• Nausea	• Hyperventilation
• Diarrhea, urge to defecate	• Decreased urine output
• Pallor, chills	

Treatment: Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE: Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.
Warning Symptoms:

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

Treatment: Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

Signs observed by teammates, parents and coaches include:	
• Dizziness	• Weakness
• Drowsiness, loss of consciousness	• Hot and wet or dry skin
• Seizures	• Rapid heartbeat, low blood pressure
• Staggering, disorientation	• Hyperventilation
• Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)	• Vomiting, diarrhea

Final Thoughts for Parents and Guardians:

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather in many parts of the California. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths continue to occur each season in the United States. There is no excuse for heatstroke deaths if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about possible heat illness signs and symptoms that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian Name
Printed

Parent or Legal Guardian
Signature

Date