# PLEASANT VALLEY SCHOOL DISTRICT

**Health Services**

## Physical Examination Form for Athletic Sports

Student Name: _____ DOB: _____ School: _____Grade:_____

### Parent/Guardian:

Check any of the following medical conditions your child has, please explain below if any of the boxes are checked and list medications.

❑ Asthma ❑ Diabetes ❑ Seizure ❑ Severe Allergies ❑ Concussion ❑ Heart Condition

Explain and/or List medications:_____

Does your child have an Emergency Care Plan at school: ❑ YES ❑ NO

### Parent/Guardian Signature

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature. I hereby give consent for a school nurse to communicate with my child's health care provider and counsel school coaching staff.

_____ _____

Signature Date

### Licenses Health Care Provider:

Height:_____ Weight:_____ Pulse:_____ BP:_____

Vision:_____ Corrected (circle) Y / N Pupils Equal: Y / N

| **Medical** | **Normal** | **Abnormal Findings** | | **Normal** | **Abnormal Findings** |
|---|---|---|---|---|---|
| General Appearance | | | Skin | | |
| Eyes/Ears/Nose/Throat | | | **Musculoskeletal** | | |
| Lymph Nodes | | | Neck | | |
| Cardiovascular | | | Back | | |
| Heart Rate | | | Shoulder/Arm | | |
| Rhythm | | | Elbow/Forearm | | |
| Murmur | | | Wrist/Hand/Fingers | | |
| Femoral Pulses | | | Hip/Thigh | | |
| Lungs | | | Knee | | |
| Abdomen (Liver, Spleen, Masses) | | | Leg/Ankle | | |
| Genitourinary (Male Only) | | | Foot/Toes | | |

### Clearances

❑ Cleared for all sports without restrictions

❑ 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: _____

Recommendations: _____

### Health Care Provider Signature

I have examined the above-named student and completed the physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlines above. If conditions arise after the athlete has been cleared for participation, the health care provider may rescind the clearance until the problem is resolved.

Signature of Health Care Provider:_____Date:_____

MD, DO, PA, or NP

For School Use Only

Reviewed by:
❑ School Nurse

_____

Initial Date

Providers Stamp and State License #

# PLEASANT VALLEY SCHOOL DISTRICT
## Health Services Department

### Voluntary Sports/Athletic Event or Activity Informed Consent and Liability Release

| | | |
|---|---|---|
| Student name: | Sex: M F | Birth date: |
| Parent or legal guardian (Please print) | Student address | |
| School | Grade | |

**Acknowledgement and Assumption of Potential Risk**

I authorize my son/daughter, named above, to participate in the sport/athletic event or activity, I understand and acknowledge that sport/athletic activities, by their very nature, pose the potential risk of serious injury and/or illness to the individuals who participate in such sport/athletic events or activities.

This sport/athletic event or activity, by its very nature, poses some inherent risk of a participant being seriously injured. These injuries could include, but are not limited to, the following:

1. Sprains and strains
2. Fractured bones
3. Lacerations, abrasions, and avulsions
4. Unconsciousness
5. Paralysis
6. Disfigurement
7. Head injuries
8. Loss of eyesight
9. Death

I understand and acknowledge that participation in sport/athletic events or activities is completely elective and voluntary and as such is not required by the District.

I understand that all participants are to abide by and accept all rules and requirements governing conduct and safety in the sport/athletic event or activity. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards may be removed from this sport/athletic event or activity.

I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in sport/athletic events or activities.

I agree to, and do hereby release and hold the District and its officers, agents, employees and/or volunteers harmless for any and all claims; demands; causes of action; liability; damages; expenses; or loss of any sort, including bodily injury or death; because of or arising out of acts or omissions with respect to the sport/athletic event or activity.

I acknowledge that I have carefully read this "Voluntary Sports/Athletic Event or Activity, Informed Consent and Liability release, Acknowledgment and Assumption of Potential Risk" form and that I understand and agree to its terms.

_____ _____
Signature (Student) Date

_____ _____
Signature (Parent or legal guardian) Date

_____ _____ _____
Home Phone Work Phone Cell Phone

# PLEASANT VALLEY SCHOOL DISTRICT

**Health 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:**

- 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
- 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:**

- 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

**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 VCSSFA Best Practices for Concussion Management 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."

"A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed heath 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 |

# PLEASANT VALLEY SCHOOL DISTRICT

**Health Services**

## Sudden Cardiac Arrest (SCA) Parent/Student Information Sheet

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.

**Recognize the Warning Signs and Risk Factors of Sudden Cardiac Arrest.** Tell your coach and consult your health care provider 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:**

- ❑ Known structural heart abnormality, repaired or unrepaired;
- ❑ Family members with unexplained fainting, seizures, drowning or near drowning, or car accidents;
- ❑ 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);
- ❑ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements.

**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 are 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.

**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.

**Return to Play (RTP):** The California Interscholastic Federation (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. 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 (medical doctor or doctor of osteopathy). Parents, guardians and caregivers are urged to dialogue with student athletes about their heart health.

**Acknowledgment:** 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 Name Printed | Student-athlete Signature | Date |
| Parent or Legal Guardian Printed | Parent or Legal Guardian Signature | Date |

# PLEASANT VALLEY SCHOOL DISTRICT

**Health Services**

## PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids may 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 OPIOD 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.<br>• Physical dependence – meaning you have symptoms of withdrawal when a medication is stopped.<br>• Increased sensitivity to pain<br>• Constipation<br>• Nausea, vomiting, and dry mouth | • Sleepiness and dizziness<br>• Confusion<br>• Depression<br>• Low levels of testosterone that can result in lower sex drive, energy, and strength<br>• Itching and sweating |

**RISKS ARE GREATER WITH:**

| | |
|---|---|
| • History of drug misuse, substance use disorder or overdose<br>• Mental health conditions (such as depression or anxiety) | • Sleep apnea<br>• 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)<br>• Muscle Relaxants (such as Soma or Flexeril) | • Hypnotics (such as Ambien or Lunesta)<br>• Other prescription opioids |

**KNOW YOUR OPTIONS:** Talk to your health care provider about ways to manage your pain that does not 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<br>• Some medications that are also used for depression or seizures | • Physical therapy and exercise<br>• 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
  - Work together to create a plan on how to manage your pain
  - Talk about ways to help manage your pain that does not 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 including 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**).
- Visit **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 and side effects. For more information, visit: **www.cdc.gov/drugoverdose/prescribing/guidelines.html**

I have reviewed and understand the provided document regarding prescription opioid information:

| | | |
|---|---|---|
| Student-athlete Name | Student-athlete Signature | Date |
| Parent or Legal Guardian Name | Parent or Legal Guardian Signature | Date |

# PLEASANT VALLEY SCHOOL DISTRICT

**Health Services**

## Parent/Student CIF Heat Illness Information Sheet

**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.

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

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

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

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid. Athletes should be instructed to continue fluid replacement in between practice sessions.

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

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

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

**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.

| | |
|---|---|
| • Dizziness<br>• Drowsiness, loss of consciousness<br>• Seizures<br>• Staggering, disorientation<br>• Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability) | • Weakness<br>• Hot and wet or dry skin<br>• Rapid heartbeat, low blood pressure<br>• Hyperventilation<br>• 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 |

# PLEASANT VALLEY SCHOOL DISTRICT
## Health Services Department

### Parent/Student CIF Steroid Information Sheet and Acknowledgement

"As a condition of membership in the CIF, all member school shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member school shall have participating student athletes and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully-licensed physical (as recognized by the AMA) to treat a medical condition." (CIF Bylaw 503.I)

Our School District Policy (BP 5131.63):

The Governing Board recognizes that the use of steroids and other performance-enhancing supplements presents a serious health and safety hazard. As part of the district's drug prevention and intervention efforts, the Superintendent or designee and staff shall make every reasonable effort to prevent students from using steroids or other performance-enhancing supplements.

Students in grades 7-12 shall receive a lesson on the effects of steroids as part of their health, physical education, or drug education program.

Students participating in interscholastic athletics are prohibited from using steroids and dietary supplements banned by the U.S. Anti-Doping Agency as well as the substance synephrine. (Education Code 49030)

Before participating in interscholastic athletics, a student athlete and his/her parent/guardian shall sign a statement that the student athlete pledges not to use androgenic/anabolic steroids and dietary supplements banned by the U.S. Anti-Doping Agency and the substance synephrine, unless the student has a written prescription from a licensed health care practitioner to treat a medical condition.

A student who is found to have violated the agreement or this policy shall be restricted from participating in athletics and shall be subject to disciplinary procedures including, but not limited to, suspension or expulsion in accordance with law, Board policy, and administrative regulation.

Coaches shall educate students about the district's prohibition and the dangers of using steroids and other performance-enhancing supplements.

The Superintendent or designee shall ensure that district schools do not accept sponsorships or donations from supplement manufacturers that offer muscle-building supplements to students.

Acknowledgement

By signing below, both the participating student-athlete and the parents, legal guardians/caregiver hereby agree that the student-athlete named herein, 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 also recognize that under CIF bylaw 202, there could be penalties for false or fraudulent information. We also understand that the PVSD policy regarding the use of illegal drugs will be enforced for any violations of these rules.

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

| Student-Athlete Name - *Printed* | Student-Athlete - *Signature* | Date |
|---|---|---|
| Parent or Legal Guardian Name - *Printed* | Parent or Legal Guardian - *Signature* | Date |

# PLEASANT VALLEY SCHOOL DISTRICT/CAMRILLO INDEPENDENT SPORTS LEAGUE STUDENT ATHLETE CODE OF CONDUCT AGREEMENT

This document presents PVSD's/CISL's expectations for student athletes.

## Commitment

*Your dedication to the team affects you and your team.*

- Abide by the schedules set by the coaches.
- Be fully prepared and on time for practices and games.
- Not make conflicting appointments during practice or game time.
- Go over the practice and game schedules with their parents.
- Use free time in school responsibly (to see teachers and get ahead on homework).

## Conduct

*Your behavior affects the entire team, school and district.*
*You owe it to yourself and your community to present your best, healthiest self.*

- Take care of your body – eat healthy meals, do not drink or abuse substances (illegal or legal), get proper rest, hydrate, warm up and cool down appropriately.
- Exercise proper sportsmanship. This includes refraining from the use of derogatory terms in relation to race, religion, sexual orientation, and/or gender expression.
- Refrain from any activity that could be considered as bullying, harassment, hazing, and/or intimidation.
- Be careful and respectful when using the Internet as a means of social networking. There will be no tolerance for any harmful or disparaging actions on social media toward teammates, coaches, or opposing teams.
- Be civil and courteous guests at other campuses – theft, vandalism, rude behavior and inappropriate language will not be tolerated.
- Keep yourself on the field/court – behave responsibly and stay out of trouble, both in and outside of school.

## Academics

*You are a student first and must maximize academic success as the first priority.*

- Student athletes must maintain a minimum 2.0 GPA at all times during the season to practice and play with the team.
- Student athletes are expected to meet all deadline dates for class assignments and are required to make arrangements with teachers when quizzes or tests to need to be made up or retaken.

## Consequences

*The choices you make can affect your playing time, playing eligibility, and discipline status.*

- Student athletes who do not follow the Code of Conduct are subject to suspension or removal from the team at the discretion of the school administration and/or league commissioner.

Signing this document affirms each individual's commitment to the ideals presented herein.

| | |
|---|---|
| Athlete's Name | Signature |
| Parent Signature | Date |

# PLEASANT VALLEY SCHOOL DISTRICT/CAMRILLO INDEPENDENT SPORTS LEAGUE PARENT / GUARDIAN CODE OF CONDUCT AGREEMENT

Youth sports are supposed to be fun – for the children. Actions by parents, fans and coaches, whether verbal or nonverbal, can have a lasting emotional effect on children. Too many of today's youth are leaving sports activities because the fun is unfairly taken away by adults. PVSD strongly believes the essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: Trustworthiness, Respect, Responsibility, Fairness, Caring and Good Citizenship.

As a parent or guardian of a player in the Pleasant Valley School District (PVSD)/Camarillo Independent Sports League (CISL), your actions reflect not only on you, but your child, his/her team, his/her school, and the District. As a parent, you agree to abide by and follow the rules and guidelines below:

- I will adhere to the PVSD/CISL Zero Tolerance Policy. I will never be under the influence of or in possession of drugs, alcohol, tobacco products or weapons of any kind at practices, games, trips or other events.
- I understand that the use of foul language towards anyone (coaches, teammates, officials, opponents or spectators) will not be tolerated.
- I will not post on any social media site with the intent to initiate, hurt, intimidate or humiliate any player, coach, official or spectator. The posting of negative, demeaning or derogatory comments will not be tolerated. As a parent, I understand that I am accountable for the actions of my child on social media sites. I will stress to my child the importance of proper conduct on these sites and provide parental oversight to prevent any type of cyber-bullying by my child.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing, taunting or using profane language or gestures. I will maintain self-control at games, practices and other events.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and demonstrate positive support for all players, coaches, officials and spectators at every game, practice or event.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will encourage my child to play by the rules and to resolve conflicts without resorting to hostility or violence. I will demand that my child treat all players, coaches, officials and spectators with respect.
- I will praise my child for playing hard, competing fairly.
- I will never ridicule or yell at my child or other participant for making a mistake or losing a game.
- I will not complain or become confrontational about penalties or calls made by the officials and I will respect the referees and their decisions at all times.
- I will support the coaches, allowing them to do their job by not coaching my child or other players during games and practices. I will not openly question or confront coaches before, during or after games or practices. I will take the time to speak with coaches about any concerns calmly, privately and at an agreed upon time and place.
- I will promote the emotional and physical well-being of the athletes ahead of any personal desire I have for my child or his/her team to win.
- I will inform the coach of any physical disability, illness or injury that may affect the safety of my child or the safety of others.

By signing below, the Parent/Guardian agrees to abide by and be subject to this Code of Conduct.

_____ _____

Name Signature

_____

Date

# SCHOOL SPONSORED TRIP OR EXCURSION AUTHORIZATION AND MEDICAL TREATMENT AUTHORIZATION

❑ In-State **(Minor)** ❑ Out-of-state

**Completion of this form is required for all School Sponsored trips / excursions.**

Name of Child or Ward _____ Name of School _____

Class/Program _____ Teacher _____

Date(s) of School Sponsored Trip/Excursion _____ Location of School Sponsored Trip/Excursion _____

Transportation: Mark **all** that apply

❑ Bus ❑ Private Vehicle ❑ Walking ❑ Train ❑ Aircraft ❑ Boat

1. **I hereby give permission** for my child or ward (named above) to participate in this School Sponsored Trip or Excursion.

2. **Regarding special assistance/accommodations:** Is special assistance/accommodation necessary for your child or ward to participate in this School Sponsored Trip or Excursion?
   ❑ No ❑ Yes Please explain _____

3. **Regarding administration of medication:** All medications must be prescribed, **including** over-the-counter medications. Is your child or ward required to take medication during the course of this School Sponsored Trip or Excursion?
   ❑ No ❑ Yes **Parent/Guardian must contact the school office** to obtain form VCS SFA-1059, "Authorization for Any Medication Taken during School Hours" or form VCS SFA-1061, "Extended Field Trip or Excursion Medication Authorization" (which must be signed by parent/guardian and child or ward's physician).

4. **If you have health insurance, please list:**

   Health Insurance Company _____ Policy Number _____ Group Number _____

5. **Please list additional emergency contacts, should the parent/guardian be unavailable:**

   Emergency Contact _____ Telephone _____

   Emergency Contact _____ Telephone _____

6. **Conduct:** I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the School Sponsored Trip or Excursion. To the extent permitted by the Education Code, any participant determined to be in violation of behavior standards will be sent home at their own or their parent/guardian's expense.

7. **Waiver of Claims for Liability:** I understand that California Education Code, Section 35330 provides:

   "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims."

   In providing consent for my child or ward to attend and participate in this School Sponsored Trip or Excursion, I waive all claims against the district for injury, accident, illness, or death occurring during or by reasons of this School Sponsored Trip or Excursion.

   I understand that the District does not require my child or ward to participate in the School Sponsored Trip or Excursion and I make this request voluntarily because I desire my child or ward to participate in the School Sponsored Trip or Excursion. I also understand that, if I do not consent to my child or ward's participation, my child or ward will be involved in alternative supervised activities, for which my child or ward will receive full credit.

8. **In the event of illness or injury**, I hereby consent to whatever transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child or ward. It is understood that the resulting expenses will be the responsibility of the child or ward's parent(s)/guardian(s).

9. Will your child **need** a meal from the cafeteria to take on this trip? ❑ No ❑ Yes

10. **I have carefully read this authorization, and fully understand its contents and voluntarily consent to its terms and conditions**.

Signature of Parent/Guardian _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

# PLEASANT VALLEY SCHOOL DISTRICT

**Health Services**

## Athletic Emergency Card

To be completed by the parent or guardian. Please print clearly

Name _____ Grade _____ School_____ Age _____

Home Address _____Home Phone #:_____

Father's Name _____ Cell #: _____ Work #: _____

Mother's Name _____ Cell #: _____ Work #: _____

Alternate Contact _____ Cell #: _____ Relationship _____

Allergies _____ Medications _____
Insurance Company Name: _____ Policy/Group #: _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above-named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

_____ _____
Parent / Guardian Signature Date

## Tarjeta de Emergencia

Nombre _____ Grado _____ Escuela_____ Edad _____

Dirección _____ Teléfono _____

Nombre de Padre _____ Celular _____ Trabajo #: _____

Nombre de Madre _____ Celular _____ Trabajo #: _____

Contaco Alternativo _____ Celular _____ Relación _____
Alergias/Condiciones _____ Medicamentos _____
Nombre de la Compañia de Seguro _____ Póliza/Grupo #_____

Le doy autorización al doctor en servicio para proceder con cualquier tratamiento o cirugía menor, radiografías, o vacunas para el estudiante arriba mencionado . En caso de una emergencia debido a una seria enfermedad, la necesidad de cirugia mayor, o una lesion significante, entiendo que se va a hacer por el doctor en servicio de contactarme en la major manera posible. Si dicho doctor no pudiera cominicarse conmigo,, se le puede dar el tratamiento necesario en el mejor interés del estudiante arriba mencionado. Entiendo que el distrito escolar no asume ninguna responsabilidad financiera de la atención médica y servicio de ambulancia.

_____ _____
Firma de Padre/Madre/Tutor Fecha