Liberty Union High School District – **Freedom High School**

Athletic Clearance Information

Turn ONLY into ATHLETIC TRAINING RM H108

INSTRUCTIONS FOR SPORT CLEARANCE

In order to participate in sports for the Liberty High School District, all students must complete all the sections of the Sports Clearance Sheet and Athletic Pre-participation Medical Screening packet. An athlete is not allowed to participate in try-outs, practice, or any competition until the following packet is completed and RETURNED TO THE ATHLETIC DIRECTOR. TURN IN ONLY AFTER COMPLETING ALL SECTIONS.

STUDENT ATHLETE INFORMATION	Athlete's Name			Home Phone #			
				Mobile Phone #			
	Address			Athlete's Email			
	City	CA	Zip Code	Birth Date	Age	Grade	Sex M F
PARENT GUARDIAN	Father's Name		Father's Cell		Fathers Email		
	Mother's Name		Mother's Cell		Mother's Email		

Section I - NCS Eligibility

★ YES __ NO ___ • Is ***FREEDOM HIGH SCHOOL*** the **ONLY** high school you've attended?

★ YES __ NO ___ • If the above answer is NO, have you completed the NCS transfer paperwork and receive a clearance from the NCS commissioner?

IF BOTH QUESTIONS ARE 'NO', YOU MUST SEE THE ATHLETIC DIRECTOR to complete transfer paperwork.

Section II - NCS Ejection Policy

Athlete's Initials

Parent's Initials

The following rules and minimum penalties are applicable to athletes as adopted by the NCS Board of Managers in accordance with National Federation Rules:

1. Ejection of a player from a contest for unsportsmanlike or dangerous conduct. PENALTY: The player shall be ineligible for the next contest [non league, league, invitational tournament/event, post season play whether it be league, section, or state.]
2. Illegal participation in the next contest by a player ejected in a previous contest. PENALTY: The contest shall be forfeited and the player shall be ineligible for the next contest.
3. Second ejection of a player for unsportsmanlike or dangerous conduct from a contest during one season. PENALTY: The player shall be ineligible for the remainder of the season.
4. When one or more players leave the bench (or dugout etc.) to begin or participate in an altercation. PENALTY: The player(s) shall be ejected from the contest, [non league, league, invitational tournament/event, post season play whether it be league, section, or state playoffs matches/events.]

Section III - Assumption of Risk for Athletic Participation

Athlete's Initials

Parent's Initials

The responsibility for sport safety must be shared by all; including the school administrators, coaches, physicians, athletic trainers, parents and student athletes. I, undersigned, am aware that there is a certain risk of injury involved in my participation in high school interscholastic athletics. This risk includes spinal cord, brain and/or head injury that may result in paralysis and/or the possibility of other permanent injury or death. I and the school district understand that my signature does, in no way, relieve the school of it's responsibility in preventing potential injuries, reporting actual injures, and/or complying with the treatment plan of my health care professional. I, the undersigned, acknowledge the above statement of awareness of risk and I understand it.

Section IV - Acknowledgement of Medical Insurance Requirement

Athlete's Initials

Parent's Initials

Pursuant to CA Ed Code Section 32221.5 : Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling 1-800-880-5305.

Insurance Carrier _____

By my initials, I hereby certify that we carry insurance protection that fulfills state requirements.

_____ YES, I would like to purchase insurance through the voluntary plan. I will contact the Athletic Director or call the phone # above regarding information about the plan.

Athletic Clearance Information

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Section V - Steroid & Supplement Awareness & Prohibition Policy

Athlete's Initials
Parent's Initials

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 (Bylaw 524). 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 also recognize that that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Liberty Union High School District Athletic policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Section VI - Guidelines for Parent Coach Communication Policy

Athlete's Initials
Parent's Initials

Inter-scholastics athletics are a compelling part of a high school educational program. Because of the high profile nature of the competitive athletics, the coaches, student participants, and parents/guardians often have emotional investments that can turn what should be a positive experience into a negative one when misunderstandings occur. This guideline has been created to clarify the expectations for communication between coach, parent, and student athlete. If also outlines a complaint process, if a problem develops.

A. Communication a Parent/Guardian Should Expect form a Coach
   1. The coach's background and philosophy, for all levels of the program.
   2. Expectations for students-athletes on the team. (i.e attendance, grades, dress, conduct)
   3. Location and times of all practice and contests.
   4. Transportation procedures and fees.
   5. Tea requirements (i.e. special equipment, fundraisers, practice setup and cleanup.)
   6. Procedures to be followed in case of injury during practice and contest.
   7. Team rules & disciplinary consequences for violations.

B. Communication a Coach Expects from a Parent/Guardian.
   1. Notification that the student athlete is ill or injured.
   2. Advance notice if a student athlete will miss practice or contest.
   3. Clarifying questions about the coaches' expectations Regarding the items in A above.
   4. Any concerns are first addressed directly to the coach, NOT any other party.

While a coach may choose to respond to a question in this regard, it is NOT appropriate to seek to engage in a discussion about roaster selection, starting line up, playing time, and team strategy/play calling. Also, the coach will NEVER discuss a student athletes except with the parent/guardian of the student athlete.

COMPLAINT PROTOCOL

Even when the above communication expectations are met by all parties, concerns may become complaints. Should that happen, please address your complaint according to the process below:

1. The student athlete discusses his/her concern directly with the coach. - IF NOT RESOLVED.
2. The parent/guardian contacts the coach to discuss the concern - IF NOT RESOLVED
3. Parent, student athlete, and coach are required to meet personally - IF NOT RESOLVED
4. The parent or student athlete must put the concern in writing and contact the Athletic Director.
5. The Athletic Director will present the concern to the coach and discuss possible solutions, - IF NOT RESOLVED
6. The Athletic Director will meet with the parents and student athlete, and coach - IF NOT RESOLVED
7. The parent, student athlete, and/or Athletic Director will refer the matter to the Principal.

PLEASE DO NOT CONTACT THE COACH WITH A COMPLAINT IMMEDIATELY BEFORE, DURING, OR AFTER A GAME. Pick a time when everyone has less adrenaline.

Working together in a constructive and reasoned manner, the most significant adults in a student athlete's life, his/her parents/guardian and coach(s) can make high school sports a great experience.

Section VII - Concussion Information & Policy Acknowledgement

We have received and understand the LUHSD Concussion Information Sheet [Page 6 of this packet.]

_____ _____ _____

STUDENT SIGNATURE **PARENT / GUARDIAN SIGNATURE** **DATE**

Section VIII - Student-Athletic & Parent Acknowledgement of Athletic Contract and Policies

I have read the Athletic Policies set forth in the LUHSD Athletic & Extra Co-curricular Handbook adopted by Freedom High School and Liberty Union High School District which is a member of the North Coast Section [NCS] of the California Interscholastic Federation [CIF]. I hereby certify that I understand these rules and guidelines and will follow them. The information provided by me is accurate to the best of my knowledge.

STUDENT SIGNATURE _____ **DATE** _____

I have read the Athletic Policies and team rules. I understand that as a member of a sports team in the Liberty Union High School District, my son/daughter will be required to follow them. I here by 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 trip. In case this student athlete becomes ill or injured, I authorize school personal to have him/her treated, and I authorize the medical agency to render treatment. The information provided by me is accurate to the best of my knowledge.

PARENT SIGNATURE _____ **DATE** _____

Liberty Union High School District – **Freedom High School**

Athletic Medical Pre-Participation

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INSTRUCTIONS FOR SPORT CLEARANCE

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STUDENT ATHLETE INFORMATION	Athlete's Name			Home Phone #			
				Mobile Phone #			
	Address			Athlete's Email			
	City	CA	Zip Code	Birth Date	Age	Grade	Sex M F
PARENT GUARDIAN	Father's Name		Father's Cell		Fathers Email		
	Mother's Name		Mother's Cell		Mother's Email		
EMERGENCY MEDICAL INFO	Emergency Contact		Relationship		Emergency Contact Phone #		
	Physician		Physician's Phone #				
	Medical Insurance HMO PPO Other _____		Policy #		Policy Owner and Relation to Athlete		

Section A - MEDCIAL TREATMENT AUTHORIZATION

Authorization to Authorize Medical Care for a minor:

I, the parent/guardian of the above athlete, give permission to Freedom High School administrators, coaches, certified athletic trainers and school personnel to secure and authorize emergency medical treatment and/or procedures for my student athlete in my absent. I also authorize the certified athletic trainer and team physicians hired by the school athletic department to perform limited injury assessment, pre participation medical screening, and/or treatment for my son/daughter for injures occurring during participation in school athletics. In addition, I give consent for the Certified Athletic Trainer and/or team physician to discuss with coaches and athletic administrators the medical playing status and medical condition of the student athlete to the extent needed for coaches to make team and competition decisions.

_____ _____ _____

STUDENT SIGNATURE **PARENT / GUARDIAN SIGNATURE** **DATE**

Section B - STUDENT ATHLETE MEDCIAL HISTORY

PARENTS AND STUDENT ANSWER THE FOLLOWING MEDICAL HISTORY QUESTIONS. FOR **YES** ANSWER, WRITE THE QUESTION NUMBER IN THE NOTE SECTION AND GIVE APPROXIMATE DATES AND DETAILS

MEDICAL CONDITIONS THAT ARE A CONCERN:

MEDICATIONS List all medications you are currently taking. Include prescriptions, over-the-counter medications, vitamins, birth control pills, performance enhancers/supplements. Medication Dosage and Frequency Reason for taking

ALLERGIES to MEDICATIONS List Allergy or server reaction to any medications? [Specify type of reaction]

OTHER ALLERGIES List any other allergy or severe reaction to insects, bees, wasps, or food. [Specify type of reaction]

Section C - STUDENT ATHLETE MEDCIAL HISTORY QUESTIONAIR

ATHLETE

PARENTS AND STUDENT ANSWER THE FOLLOWING MEDICAL HISTORY QUESTIONS.
DO YOU OR HAVE YOU EXPERIENCED ANY OF THE FOLLOWING CONDITIONS.

Yes No 1. ***Concussion or had your "bell rung" ?***
Yes No 2. Frequent headaches, Dizziness or Fainting spells?
Yes No 3. Neck Injury involving nerves, bones, or spinal cord, including "stingers" or "burners"?
Yes No 4. Back or Neck injury, or low back pain that required medical treatment?
Yes No 5. Fractured bone or a stress fracture?
Yes No 6. Significant musculoskeletal injury? i.e. shin splints, pelvic injuries, stains or sprains to knee, ankle, wrist, shoulder, elbow
Yes No 7. Anemia?
Yes No 8. Depression?
Yes No 9. Diabetes?
Yes No 10. Epilepsy or seizures?
Yes No 11. A hernia?
Yes No 12. Kidney disease, Liver disease or hepatitis?
Yes No 13. Mononucleosis?
Yes No 14. Recurring anxiety?
Yes No 15. Skin problems?
Yes No 16. Stomach ulcers?
Yes No 17. Unusual bleeding or bruising?
Yes No 18. Eating disorders, Weight loss or gain greater than 10 lbs. i.e. bulimia (bingeing or vomiting), anorexia nervosa
Yes No 19. Asthma or wheezing
Yes No 20. A pain or pressure in the chest?
Yes No 21. Chest Pain or shortness of breath?
Yes No 22. Spitting or coughing up blood?
Yes No 23. A need to take any kind of medicine?
Yes No 24. Drugs or medicine to enhance athletic ability or strength?
Yes No 25. A dependency on medicine, drugs, or alcohol, Smoking, tobacco or other substance?
Yes No 26. A dental plate or a broken or chipped tooth?
Yes No 27. Are you missing any organs? [kidney, eye, etc.]
Yes No 28. Injury while participating in sports?
Yes No 29. Surgery or hospitalization not noted above?
Yes No 30. Any illness or injury not already noted?

HAVE YOU OR A FAMILY MEMBER HAD ANY OF THE FOLLOWING CONDITIONS.
If yes provide approximate date(s) and details; if a family member, specify relation to you.

Yes No 31. Heart murmur?
Yes No 32. Chest pain or heart palpitations with or without exercise?
Yes No 33. Fainting or near fainting, passing out?
Yes No 34. High blood pressure?
Yes No 35. Irregular heart beat or extra beats?
Yes No 36. Excessive or unexplained shortness of breath or excessive fatigue with exercise i.e.Asthma.
Yes No 37. Sudden death without warning before age 50?
Yes No 38. Other history of Heart problems? i.e. hypertrophic cardiomyopathy or dilated cardiomyopathy, long QT syndrome or Marfan's syndrome

FEMALE ATHLETES ONLY
Yes No 39. Are there any female health relate conditions that will effect your participation in athletics?

OTHER CONDITIONS THAT MAY EFFECT ATHLETIC COMPETITION?

ATHLETE'S & PARENT/GUARDIAN SIGNATURE

We, the athlete and parent/guardian, certify that the below health history information is correct and accurate to the best of our knowledge. We know of no health reasons that disqualifies me/our student athlete from participating in interscholastic athletics.

_____ **STUDENT SIGNATURE**

_____ **PARENT / GUARDIAN SIGNATURE**

_____ **DATE**

Section D - PHYSICIAN'S CLEARANCE STATEMENT

PHYSICIAN'S INSTRUCTIONS

Our pre participation medical screening form for Liberty Union High School District student athletes is designed to set a minimum standard and is not all inclusive of tests, procedures, and examinations your may deem necessary. Please be as thorough as possible.

- **Please review the Student's Medical History ; it is designed to save you time in your examination.**
- **Complete the Physician's Physical Exam and sign it .**
- **After completing the physical form, please make copies for your medical records and return the original form to the student athlete who will return it to the athletic director.**

If you have any questions or need to talk to the athletic trainer regarding the athlete, please feel free to contact the Head Athletic Trainer for the school at Freedom High School - Athletic Department [925] 625-5900 or email briggsg@luhsd.net.

Height _____ Weight _____ Vision None Contacts Glasses R 20/ _____ L 20/ _____ B 20/ _____

URINALYSIS:

Glucose _____
Protein _____
pH _____
Blood Ketones _____
Leukocytes _____
Test not Done_____

MUSCULOSKELETAL

Nml	Abn	
___	___	C-spine
___	___	Shoulders
___	___	Elbows
___	___	Wrist
___	___	Hands
___	___	Spine
___	___	Hips
___	___	Knees
___	___	Ankles
___	___	Feet

GENERAL ASSESSMENT

Nml	Abn	
___	___	Head
___	___	Concussion History
___	___	Eyes
___	___	ENT
___	___	Mouth/Teeth
___	___	Lungs
___	___	Abdomen
___	___	GU
___	___	Skin
___	___	Neurological

CARDIOVASCULAR ASSESSMENT

Nml	Abn	
___	___	Blood Pressure Sitting _____/_____
___	___	Auscultation - Supine
___	___	Auscultation - Standing
___	___	Pulse _____Pulse Rate _____
___	___	Physical Signs of Marfan's Syndrome [Screening if abnormal.]

DATE OF LAST TETANUS SHOT

STATEMENT OF MEDICAL CLEARANCE FOR INTERSCHOLASTIC ATHLETIC COMPETITION

I certify that I have reviewed the above student's medical history and the above medical screening information. I have supervised the screening and certify that the above student athlete is healthy enough to engage at a high level of athletic competition & sports as marked below.

___ **CLEARED** for athletic Activities w/ No Restrictions.

___ **CLEARED w/ Restrictions as noted**

___ **NOT Cleared at this time.**

PLEASE PRINT
PHYSICIAN NAME
ADDRESS

PHONE #
STATE MEDICAL LICENSE NO.

PHYSICIAN'S SIGNATURE _____ DATE _____

Liberty Union High School District Athletics

EMERGENCY MEDICAL AUTHORIZATION

TURN INTO COACH
Other Forms to Athletic Department

STUDENT ATHLETE INFORMATION	Athlete's Name			Home Phone #			
				Mobile Phone #			
	Address			Athlete's Email			
	City	CA	Zip Code	Birth Date	Age	Grade	Sex M F
PARENT GUARDIAN	Father's Name		Father's Cell		Fathers Email		
	Mother's Name		Mother's Cell		Mother's Email		
EMERGENCY MEDICAL INFO	Emergency Contact		Relationship		Emergency Contact Phone #		
	Emergency Contact		Relaionship		Emergency Contact Phone #		
	Physician		Physician's Phone #				
	Medical Insurance HMO PPO Other _____		Policy #		Policy Owner and Relation to Athlete		

MEDICAL INFORMATION

DATE OF LAST TENTNUS SHOT _____

MEDICAL CONDITIONS THAT ARE A CONCERN:

MEDICATIONS:

ALLERGIES List Allergy or server reaction to any medications insects, bees, wasps, or food? [Specify type of reaction]

PAST MEDICAL HISTORY OF IMPORTANCE

PARENT PERMISSION & TREATMENT AUTHORIZATION

I, or the parent of the above athletes, give permission to Liberty Union Highs School District administrators, coaches, certified athletic trainers, and school personnel to secure and authorize needed emergency medical treatment and procedures for my student athlete in my absent. I authorize the certified athletic trainer and team physicians to perform limited injury assessment, pre-participation medical screenings, treatments and return to play assessment for my son/daughter for participation in school activities and interscholastic athletics. Medical Financial Responsibility - I understand that the Liberty Union High School District and it's school's coaches, administrators, certified athletic trainer or other school personal are NOT responsible the medical expense that may occur due to athletic participation. We as parents of the student athlete accept financial responsibility for the emergency medical care of our son/daughter.

I, the undersigned, acknowledge the above statement and I understand it.

Parent Signature _____ Date_____

Student Athlete Signature [if over 18 years] _____ Date_____

OFFICE USE: ATHLETIC CLEARANCE COMPLETED AND TURNED INTO AD.

MUST HAVE OFFICIAL STAMP TO BE VALID

THIS FORM MUST BE COMPLETED FOR EACH SPORT AND TURNED INTO HEAD COACH.

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Liberty Union High School District Athletics

CONCUSSION INFORMATION SHEET

PARENTS PLEASE KEEP FOR YOUR REFERENCE

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 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 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/

PARENTS

PLEASE KEEP FOR FUTURE REFERENCE