| CIF Transfer Paperwork | | |
|---|---|---|
| Parent/Student Certification Form | Given To Date | |
| | Returned Date | |
| CIF Approval | Date | |

Student ID # _____ Grade _____ DOB _____

Student Name: (last) _____ (first) _____ (middle) _____

# Riverside Unified School District

## Athletic Clearance

The following steps must be taken to secure Athletic and Medical Clearance and be eligible for Participation in the Arlington/Lincoln/King/North/Poly/Ramona High School Programs:

1) Complete and sign every part of this application. Please remember that to be academically eligible for participation in any sport, the student must be passing a minimum of four (4) classes and have a GPA of 2.0 or higher in the previous grading period. Students new to RUSD should provide a copy of their most recent report card and must complete all CIF transfer paperwork prior to competition.
2) Complete a physical examination. Under California Education Code, an athletic physical is valid for a period of 12 months from the date given.
3) Complete the Emergency Medical Information and Transportation Permit form. New forms are required for each new season of sport
4) Read and understand the RUSD Athletic Code.
5) All the above materials must be presented to the site Assistant Principal/Athletic Director and be on file in that person's office. No try-outs, practice, or participation of any kind my take place prior to receiving approval from the AP/Athletic Director. By CIF rule, information provided by the student or his/her parent which proves to be false may result in the loss of as much as 24 months of athletic eligibility.

**FAILURE TO COMPLETE ALL ITEMS <u>WILL</u> RESULT IN DELAY OF APPROVAL TO PARTICIPATE.**

<u>CHECK ACTIVITIES IN WHICH YOU PARTICIPATE</u>

(ONE SPORT PER SEASON)

| **Performance Group** | **FALL** | **WINTER** | **SPRING** |
|---|---|---|---|
| ☐ Pep Squad | ☐ Cross Country | ☐ Basketball | ☐ Boys Baseball |
| ☐ Marching Band | ☐ Football | ☐ Soccer | ☐ Boys Golf |
| ☐ ROTC | ☐ Girls Golf | ☐ Wrestling | ☐ Girls Softball |
| ☐ Dance | ☐ Girls Tennis | ☐ Girls Water Polo | ☐ Swimming |
| ☐ Color Guard | ☐ Girls Volleyball | | ☐ Boys Tennis |
| | ☐ Boys Water Polo | | ☐ Track |
| | | | ☐ Boys Volleyball |

RIVERSIDE UNIFIED SCHOOL DISTRICT

# Annual Medical Clearance and Indemnification Package

www.rusdlink.org

Innovation in Education

A **completed and signed** Annual Medical Clearance and Indemnification Package is required to participate in **athletic programs, pep squad, dance, color guard, band, orchestra, or ROTC** programs within Riverside Unified School District middle and high schools.

The Board of Education deems these activities to be worthy for students but does not require student participation. Because these activities are voluntary, a completed and signed Annual Medical Clearance and Indemnification Package is required before the student may participate. No penalty other than non-participation will be assessed if the form is not signed. The Annual Medical Clearance and Indemnification Package forms are not required for curricular related school activities. No tryout, practice, game, performance or exercise participation may take place until the student receives final approval from the Athletic Director, band, orchestra or ROTC teacher.

This Annual Medical Clearance and Indemnification Package includes: (ALL REQUIRE SIGNATURE AND RETURN TO SCHOOL)

1. Pre-participation Physical Evaluation Form (for your physician)
2. Student-Athlete Risk Acknowledgement
3. Authorization to Participate in Voluntary Baseline Concussion Testing
4. Athletic Philosophy and Code of Conduct
5. Athletic Transportation Permit/Authorization for Emergency Medical Care

Information Documents to retain for your records:

- CIF Concussion Information Sheet
- CIF Cardiac Arrest Information Sheet
- CIF Prevention of Heat Illness Bulletin
- Athletic Philosophy and Code of Conduct
- Play It Safe Concussion Care Program

*Information is available upon request for Student Medical Insurance

Please take the following steps to complete this Package. [For multipart forms, please use a ball point pen and press hard when filling out the form so that all information appears on each page.] Note, there are multiple locations for initials and/or signatures; all applicable are required for a Package to be complete.

For parents/guardians and student participants:

1. Complete the Pre-participation Physical Evaluation Form and take with you to your appointment with a qualifying health care provider (MD, DO, PA-C or NP) for a physical or other appropriate determination of medical clearance.
2. For Student-Athletes and their parent/guardians, read and follow the *CIF/CDC Concussion Fact Sheets for Student-Athletes and Parents/Guardians*. Initial and sign where indicated on the Student-Athlete Concussion Statement. Return the signed Statement to the school with the other required elements of the Package.
3. For Student-Athletes and their parent/guardians, read and follow the Athletic Philosophy and Code of Conduct and Pursuing Victory with Honor. Sign where indicated. Return the signed copy to the school with the other required elements of the Package.
4. Read the information and statements in the Annual Medical Clearance and Indemnification Package and initial each acknowledgement as appropriate. Only parents/guardians of student-athletes (cheerleaders, team managers, etc. as defined above) need to acknowledge Concussion Management Protocol. All parents/guardians and student participants must acknowledge and sign at the end of the Package. Return the initialed and signed folder to the school.

Student Name: (last) _____ (first) _____ (MI) _____

## Pre-participation Physical Evaluation and Clearance

A medical clearance is required from a qualifying health care provider (Medical Doctor [MD], Doctor of Osteopathic Medicine [DO], Certified Physician's Assistant [PA-C], or Nurse Practitioner [NP]) for a student to participate in athletic, marching band, orchestra and ROTC programs within Riverside Unified School District middle and high schools. A Pre-participation Physical Evaluation Form for your use in securing the required medical clearance from a physician is provided; however, individual physicians may require or use a different medical history form based on personal preference. (Riverside Unified School District only accepts medical clearance from MD or DO physicians, and PA-C and NP health care providers; the district does not accept clearances from Doctors of Chiropractic Medicine or any other health care providers.) The Pre-participation Physical Evaluation Form is to be returned to the school. Riverside Unified School District is reliant on the opinion of your physician and as such requires that the answers to the questions on the Pre-participation Physical Evaluation Form be true, correct and complete.

Physical evaluations and clearances are valid for twelve (12) months from the date of the evaluation.

## Concussion Management Protocol for Student-Athletes

Concussions and other brain injuries can be serious and potentially life-threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury the following concussion management protocol will be used for Riverside Unified School District student-athletes suspected of sustaining a concussion. A ***concussion*** occurs when there is a direct or indirect offense to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions *do not* result in loss of consciousness and, therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

1. An athlete suspected of sustaining a concussion shall be evaluated by the team's coach, athletic trainer or other trained personnel using the RUSD Concussion Report. The presence of symptoms shall dictate that the student-athlete is to be evaluated by a physician (MD or DO only) trained in the evaluation and management of concussion.
2. 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 for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a physician (MD or DO only) trained in the evaluation and management of concussion and who receives written clearance to return to play from that doctor.

*Parents/Guardians and student-athletes shall follow and sign a separate "Student-Athlete Risk Acknowledgment" as provided in this Package.*

## Student Insurance Coverage Certification

I understand that the Riverside Unified School District does not provide medical insurance for students for school-related injuries. I understand that I will be responsible for costs including, but not limited to, medical surgical or dental diagnosis and/or treatment and/or hospital care, x-ray examination, anesthetic, etc. that may be rendered to such student under the general or special supervision and on the advice of a duly licensed physician or dentist.

I understand that the California Education Code (Sections 32220-24) requires that before my child is eligible to participate in athletic, marching band, and orchestra programs, medical insurance coverage must be obtained. "Athletics" includes cheerleaders and their assistants, pompon/song team members, team managers and their assistants, and any student selected to assist in the conduct of the athletic event, including activities incidental to the event. (This requirement excludes middle school students participating in occasional athletic tournaments.) Specifically:

**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. 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:**

**Healthy Families at 1-800-880-5305, www.healthyfamilies.ca.gov**
**Medi-Cal at 1-800-880-5305**
**Pacific Educators (low cost local program) at 1-800-722-3365**

**Parent/Guardian Authorization:** I presently have the required insurance coverage for said student. I declare that I will maintain this insurance or notify in writing the school principal of any cancellation. *All parents/guardians and student participants (except middle school students participating in occasional athletic tournaments) must acknowledge this responsibility by initialing here: _____ / _____*

## Acknowledgement of Risks and Indemnification of District

**Parent/Guardian Authorization:** For and in consideration of permitting the below named student to participate in the activity described herein, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** the Riverside Unified School District, its officers, employees, and agents for liability **from any and all claims including the negligence of the Riverside Unified School District, its officers, employees and agents**, resulting in personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue.

I hereby acknowledge that my child has been advised of all rules and safety regulations pertaining to this activity and the use of protective equipment by participants. I understand these safety regulations will be enforced during all games, practices, performances and exercises to the extent practically possible. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Every reasonable effort is made to avoid the potential for accidents and injuries. Participants will engage in physical and practical training and competitive athletics involving a variety of athletic, musical, sound, and military equipment and other physical contact and activities. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, and 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the activities made possible by participation. I understand that participation in this activity is voluntary and I understand that this activity could cause serious illness and/or injury or death.

I also agree to **INDEMNIFY AND HOLD HARMLESS** the Riverside Unified School District from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's involvement in the activity described herein. The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I hereby acknowledge that I knowingly and voluntarily assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue, as stated, and expressly acknowledge my intention, by executing this instrument, to exempt and relieve the Riverside Unified School District, its officers, employees, and agents from any liability for personal injury, bodily injury, property damage or wrongful death occurring to my child arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. I have read this wavier of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing this agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

I have read, understand and agree to the above Acknowledgement of Risks and Indemnification of District, and each of the preceding sections of this Package.

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

# Riverside Unified School District

## Student-Athlete Risk Acknowledgement

| | |
|---|---|
| _____ Parent/Student Initial | I understand that it is my responsibility to report all injuries and illnesses to my coach, athletic trainer, or other designated and trained personnel. |
| _____ Parent/Student Initial | I have read and understand the attached *CIF Prevention of Heat Illness* sports bulletin. |
| _____ Parent/Student Initial | I have read and understand the attached *CIF Sudden Cardiac Arrest Information Sheet for Athletes and Parent/Guardians.* |
| _____ Parent/Student Initial | I have read and understand the attached *CIF Concussion Fact Sheets for Student-Athletes and Parents/Guardians.* |

After reading the *CIF/CDC Concussion Fact Sheets for Student-Athletes and Parents/Guardians*, I am aware of the following information:

| | |
|---|---|
| _____ Parent/Student Initial | A concussion is a brain injury, which I am responsible for reporting to my coach, athletic trainer, or other designated and trained personnel. |
| _____ Parent/Student Initial | A concussion can affect my ability to perform everyday activities and affect reaction time, balance, sleep, and classroom performance. |
| _____ Parent/Student Initial | A concussion cannot be seen, but I might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. |
| _____ Parent/Student Initial | If I suspect a teammate has a concussion, I am responsible for reporting the injury to my coach, athletic trainer, or other designated and trained personnel. |
| _____ Parent/Student Initial | I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms. |
| _____ Parent/Student Initial | Following concussion, the brain needs time to heal. I am much more likely to have a repeat concussion if I return to play before my symptoms resolve themselves. |
| _____ Parent/Student Initial | Repeat concussions can cause permanent brain damage and even death. |

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Return This Copy to School

# Authorization to Participate in Voluntary Baseline Concussion Testing for Student-Athletes

Concussions and other brain injuries can be serious and potentially life-threatening injuries in sports. Research indicates that these injuries can also have serious consequences later in life if not managed properly. In an effort to combat this injury, the following concussion management protocol will be used for Riverside Unified School District student-athletes suspected of sustaining a concussion. A *concussion* occurs when there is a direct or indirect offense to the brain. As a result, transient impairment of mental functions such as memory, balance/equilibrium, and vision may occur. It is important to recognize that many sport-related concussions *do not* result in loss of consciousness, and therefore, all suspected head injuries must be taken seriously. Coaches and fellow teammates can be helpful in identifying those who may potentially have a concussion, because a concussed athlete may not be aware of their condition or potentially be trying to hide the injury to stay in the game or practice.

1. A student-athlete suspected of sustaining a concussion shall be evaluated by the team's coach, athletic trainer or other trained personnel using the RUSD Concussion Report. The presence of symptoms shall dictate that the student-athlete is to be evaluated by a physician (MD or DO) trained in the evaluation and management of concussions.

2. 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 for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a doctor (MD or DO) trained in the evaluation and management of concussion and who receives written clearance to return to play from that doctor.

Given the inherent difficulties in concussion management, it is important to manage concussions on an individualized basis and to implement baseline testing and/or post-injury neurocognitive testing. This type of concussion assessment can help to objectively evaluate a concussed student-athlete's post-injury condition and track recovery for safe return to play, thus preventing the cumulative effects of a concussion. Baseline and post-injury neurocognitive testing can be administered by an athletic trainer, school nurse, athletic director, coach, doctor, or anyone trained to administer baseline testing. The importance of baseline testing varies depending on classification of sport according to the relative risk of an injury based on whether the sport involves contact, limited contact, or no contact. As such, it is not considered necessary for all student-athletes.

Riverside Unified School District offers the opportunity for student-athletes who participate in contact sports to take a baseline test to help detect possible sports-related concussions *in the future.* The exam takes about 20-30 minutes and is non-invasive. The baseline test is basically a physical of the brain's cognitive abilities. It tracks information such as memory, reaction time, processing speed, and concentration. Although the test product itself may vary, most used by RUSD will be a computerized exam that the student-athlete may take on campus prior to a sport season. If the student-athlete is believed to have suffered a concussion in the future during competition, the results from the baseline test will be accessible to the treating doctor. The baseline test results will be stored and may be shared with your student-athlete's doctor or other healthcare provider. There is no cost to you for this baseline concussion testing.

**I agree to allow my student-athlete to participate in the administration of a baseline concussion assessment and cognitive testing program and storage of test results.** (Although **highly recommended**, this is a voluntary test and is not mandatory to participate in an athletic program. If you do not desire baseline testing for your student-athlete, simply skip this form.

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

www.rusdlink.org
www.cifstate.org
www.impacttest.com

Return This Copy to School

# Athletic Philosophy and Code of Conduct

All student-athletes and parents shall read and understand the Riverside Unified School District Athletic Philosophy and Regulations. Furthermore, the Riverside Unified School District and each school have adopted a code of conduct for student athletes. Participation is a PRIVILEGE and parents and student athletes are expected to accept the responsibilities defined in the code of conduct. Athletic competitions should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of competition is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. These principles apply to all student athletes involved in interscholastic sports in California. Athletics is an integral part of the total education program offered by the Riverside Unified School District and shall be congruent with the school's stated goals and objectives established for the intelligent, physical, social, and moral development of its students. As an athlete and parent/guardian of 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 and court.
5) Maintain a high level of safety awareness, including reporting all injuries and illnesses to the coach.
6) Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
7) Adhere to the established rules and standards to the game to be played.
8) Respect all equipment and use it safely and appropriately.
9) Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs.
10) Refrain from the use of androgenic/anabolic steroids or any other substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States, or the American Medical Association and without the written prescription of a licensed physician to treat a medical condition.
11) Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
12) Refrain from providing false or fraudulent information relative to medical condition, medical treatment, eligibility to play, and return to play.
13) Win with character; lose with dignity; pursue victory with honor.

If there are questions regarding philosophy, regulations or the expectations for competitive conduct, please contact the school's athletic director or principal.

I received and retained a copy of the Riverside Unified School District Athletic Philosophy and Code of Conduct and the accompanying Pursuing Victory with Honor$_{sm}$ Code of Conduct for Student-Athletes. ***I have read and understand the requirements of this Code of Conduct and accompanying* Pursuing Victory with Honor$_{sm}$ Code of Conduct for Student-Athletes. *I understand that my student and I are expected to act in accord with principles established by this Code of Conduct and Pursuing Victory with Honor$_{sm}$ Code of Conduct for Student-Athletes. I further understand that there may be sanctions or penalties if I do not act in accord with these principles.***

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

**Additional Resources:** www.rusdlink.org www.cifstate.org

Return This Copy to School

RIVERSIDE UNIFIED SCHOOL DISTRICT

# ATHLETIC TRANSPORTATION PERMIT

***Use ballpoint pen. Press hard so last copy is clear.***

Student _____ Student ID# _____ School _____

Dear Parent/Guardian:

Your consent is required to permit your child to be transported for athletic activities. No student will be permitted to participate in athletic activates off campus without a signed permission slip.

☐ I **DO** permit my child to be transported by the Riverside Unified School District or District approved transportation.

I hereby grant permission for the District to allow emergency medical treatment if required and accept liability for such treatment.

All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE (WAIVER)

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for student-athletes who become ill or injured while under school authority, when parents or guardians cannot be easily reached.

1. STUDENT NAME: (last)_____ (first)_____ Grad Year:_____ DATE:_____
   ADDRESS: _____ SEX:_____ AGE:_____ DATE OF BIRTH:_____
   CITY:_____ ZIP:_____ PHONE:_____
2. FATHER'S NAME:_____ PHONE: _____ CELL: _____
   EMPLOYER:_____ PHONE: _____
3. MOTHER'S NAME:_____ PHONE:_____ CELL:_____
   EMPLOYER:_____ PHONE: _____
4. Name of person, other than parent or guardian, who is authorized to approve emergency medical treatment:
   _____
5. FAMILY DOCTOR:_____ PHONE:_____
   FAMILY DENTIST: _____ PHONE:_____
   HEALTH INSURANCE CO.:_____ PHONE:_____

---

In the event of reasonable attempts to contact me/us at the above locations, or other person(s) names in item 4 above fail, full authorization is given for (1) the administration of any treatment deemed to be necessary by a medical practitioner; and (2) the transfer of son/daughter or ward to any medical practitioner; and (3) the transfer of son/daughter or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and given to provide Authority and Power on the part of school authorities and aforesaid agent(s) to give reasonable care. Facts are given below concerning the student's medical history which a medical practitioner should know.

Allergies: _____ Allergies to specific medication(s): _____

Any previous significant medical problems: _____

**Sickle Cell Trait/Disease** Yes ☐ No ☐ **Asthma** Yes ☐ No ☐

_____ _____

Parent/Guardian Signature Date

**White – Coach** **Yellow – Athletic Trainer** **Pink – Athletic Director/Administrator**

**********COMPLETE THIS FORM FOR YOUR PHYSICIAN AND RETURN TO SCHOOL**********

# PREPARTICIPATION PHYSICAL EVALUATION
# HISTORY FORM

*(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)*

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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

_____

_____

_____

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

**Explain "Yes" answers below. Circle questions you don't know the answers to.**

| GENERAL QUESTIONS | Yes | No |
|---|---|---|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| **HEART HEALTH QUESTIONS ABOUT YOU** | **Yes** | **No** |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: ☐ High blood pressure ☐ A heart murmur ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| **HEART HEALTH QUESTIONS ABOUT YOUR FAMILY** | **Yes** | **No** |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| **BONE AND JOINT QUESTIONS** | **Yes** | **No** |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|---|---|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| **FEMALES ONLY** | | |
| 52. Have you ever had a menstrual period? | | |
| 53. How old were you when you had your first menstrual period? | | |
| 54. How many periods have you had in the last 12 months? | | |

**Explain "yes" 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 _____ Signature of parent/guardian _____ Date _____

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HE0503 9-2681/0410

# Preparticipation Physical Evaluation
# PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

## PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| **EXAMINATION** | | |
|---|---|---|
| Height Weight ☐ Male ☐ Female | | |
| BP / ( / ) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N | | |
| **MEDICAL** | **NORMAL** | **ABNORMAL FINDINGS** |
| Appearance<br>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat<br>• Pupils equal<br>• Hearing | | |
| Lymph nodes | | |
| Heart[a]<br>• Murmurs (auscultation standing, supine, +/- Valsalva)<br>• Location of point of maximal impulse (PMI) | | |
| Pulses<br>• Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only)[b] | | |
| Skin<br>• HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic[c] | | |
| **MUSCULOSKELETAL** | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot/toes | | |
| Functional<br>• Duck-walk, single leg hop | | |

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

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

_____

☐ Not cleared

- ☐ Pending further evaluation
- ☐ For any sports
- ☐ For certain sports _____

Reason _____

Recommendations _____

_____

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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RETAIN THIS COPY FOR YOUR RECORDS

# CIF Concussion Information Sheet

**Why am I getting this information sheet?**

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

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

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

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

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

*Most concussions get better with rest and over 90% of athletes fully recover.* However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

*Most concussions occur without being knocked out.* Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

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

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

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

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

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

| ***Signs observed by teammates, parents and coaches include:*** | |
|---|---|
| • Looks dizzy<br>• Looks spaced out<br>• Confused about plays<br>• Forgets plays<br>• Is unsure of game, score, or opponent<br>• Moves clumsily or awkwardly<br>• Answers questions slowly | • Slurred speech<br>• Shows a change in personality or way of acting<br>• Can't recall events before or after the injury<br>• Seizures or has a fit<br>• Any change in typical behavior or personality<br>• Passes out |

| ***Symptoms may include one or more of the following:*** | |
|---|---|
| • Headaches<br>• "Pressure in head"<br>• Nausea or throws up<br>• Neck pain<br>• Has trouble standing or walking<br>• Blurred, double, or fuzzy vision<br>• Bothered by light or noise<br>• Feeling sluggish or slowed down<br>• Feeling foggy or groggy<br>• Drowsiness<br>• Change in sleep patterns | • Loss of memory<br>• "Don't feel right"<br>• Tired or low energy<br>• Sadness<br>• Nervousness or feeling on edge<br>• Irritability<br>• More emotional<br>• Confused<br>• Concentration or memory problems<br>• Repeating the same question/comment |

**What is Return to Learn?**

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

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

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

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

**Final Thoughts for Parents and Guardians:**

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

*References*:

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

# 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 accidently 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.

*Cardiac Chain of Survival Courtesy of Parent Heart Watch*

# 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

CardiacWise (20-minute training video)
http.www.sportsafetyinternational.org

ERIC PAREDES SAVE A LIFE FOUNDATION

California Interscholastic Federation
SPORTS MEDICINE BULLETIN
www.cifstate.org

# PREVENTION OF HEAT ILLNESS

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. 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.
- 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).

**HYDRATION STATUS RECORD KEEPING**

- Athletes should weigh-in before and after practice, ideally in dry undergarments in their to check hydration status.
- The amount of fluid lost should be replaced by the next session of activity. An athlete should drink approximately 16 oz of fluid for each kilogram of fluid lost (1 kg = 2.2 lbs).
- 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.

**ADDITIONAL PREVENTION MEASURES**

- Appropriate medical coverage during exercise.
- The use of light weight synthetic clothing which aids heat loss.
- Athletes should wear light colored clothing.
- Well balanced diet which aids in replacing lost electrolytes.
- Avoid drinks containing stimulants such as ephedrine or high doses of caffeine.
- Alteration of practice plans in extreme environmental conditions.
- Adequate rest breaks in the shade.
- Allow athletes to remove unnecessary equipment during rest breaks.
- Adjust the amount of conditioning activities in hot weather.
- Athletes with febrile or gastrointestinal illnesses should not be allowed to participate until recovered.

# Pursuing Victory With Honor$_{sm}$
## *Code of Conduct for Student-Athletes*

*Interscholastic athletic competition should demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. The highest potential of sports is achieved when participants are committed to pursuing victory with honor according to six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character$_{sm}$"). This Code applies to all student-athletes involved in interscholastic sports in California. I understand that, in order to participate in high school athletics, I must act in accord with the following:*

| TRUSTWORTHINESS |
|---|
| • ***Trustworthiness*** Be worthy of trust in all I do. |
| • ***Integrity*** Live up to high ideals of ethics and sportsmanship and always pursue victory with honor; do what's right even when it's unpopular or personally costly. |
| • ***Honesty*** Live and compete honorably; don't lie, cheat, steal or engage in any other dishonest or unsportsmanlike conduct. |
| • ***Reliability*** Fulfill commitments; do what I say I will do; be on time to practices and games. |
| • ***Loyalty*** Be loyal to my school and team; put the team above personal glory. |

| RESPECT |
|---|
| • ***Respect*** Treat all people with respect all the time and require the same of other student-athletes. |
| • ***Class*** Live and play with class; be a good sport; be gracious in victory and accept defeat with dignity; give fallen opponents help, compliment extraordinary performance, show sincere respect in pre- and post-game rituals. |
| • ***Disrespectful Conduct*** Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual or racial nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport. |
| • ***Respect Officials*** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event. |

| FAIRNESS |
|---|
| • ***Be Fair*** Live up to high standards of fair play; be open-minded; always be willing to listen and learn. |
| • ***Respect Officials*** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event. |

| CARING |
|---|
| • ***Concern for Others*** Demonstrate concern for others; never intentionally injure any player or engage in reckless behavior that might cause injury to myself or others. |
| • ***Teammates*** Help promote the well-being of teammates by positive counseling and encouragement or by reporting any unhealthy or dangerous conduct to coaches. |

| CITIZENSHIP |
|---|
| • ***Play by the Rules*** Maintain a thorough knowledge of and abide by all applicable game and competition rules. |
| • ***Spirit of Rules*** Honor the spirit and the letter of rules; avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship. |
| • ***Respect Officials*** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event. |

| RESPONSIBILITY |
|---|
| • ***Importance of Education*** Be a student first and commit to getting the best education I can. Be honest with myself about the likelihood of getting an athletic scholarship or playing on a professional level and remember that many universities will not recruit student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably. |
| • ***Role-Modeling*** Remember, participation in sports is a privilege, not a right; and I am expected to represent my school, coach and teammates with honor, on and off the field. Consistently exhibit good character and conduct yourself as a positive role model. Suspension or termination of the participation privilege is within the sole discretion of the school administration. |
| • ***Self-Control*** Exercise self-control; don't fight or show excessive displays of anger or frustration; have the strength to overcome the temptation to retaliate. |
| • ***Healthy Lifestyle*** Safeguard your health; don't use any illegal or unhealthy substances including alcohol, tobacco, drugs and performance-enhancing supplements or engage in any unhealthy techniques to gain, lose or maintain weight. |
| • ***Integrity of the Game*** Protect the integrity of the game; don't gamble. Play the game according to the rules. |

*"Pursuing Victory With Honor" and the "Six Pillars of Character" are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics. For more information on promoting character education and good sportsmanship, visit www.charactercounts.com.*

Revised March 2012

**Retain This Copy For Your Records**

## What the program covers

The excess policy covers your co-pays and deductibles for the athlete's medical care associated with a concussion. It also covers specific services that your primary insurance may not, such as:

- Post Injury Neurocognitive testing
- Health and behavior intervention
- Office visits to medical providers specializing in concussion management
- Magnetic Resonance Imaging (MRI) limited to spine and neck
- Electroencephalogram (EEG) measures brain activity

The coverage period is within 52 weeks from date of injury. There are no deductibles to meet or co-pays owed for the covered services. Maximum benefit amount is $25,000 per injury.



## Services outside the program

It is also important to know that certain services are NOT covered under this excess policy. These include, but are not limited to:

- Emergency services
- Facility services (hospital, surgery centers)
- Prescription drugs
- Ambulance services
- Surgical procedures

Please note that this policy is limited to specific procedure codes, and each code has a maximum payable amount. There may be a balance due if the procedure code is not on the approved list, or if the procedure exceeds the maximum payable amount. For full policy details, please see the Master Policy available from your athletic organization.

## Important note

This is only a summary of the terms and conditions of the *Play it Safe Concussion Care* program. Payments, if any, depend on the terms and conditions contained in the master policy. If there are any differences between this summary and the master policy, the terms and conditions of the policy will apply.

## Questions?

**CONTACT THE CLAIMS ADMINISTRATOR:**
AIG
A&H Claims Department
P O Box 25987
Shawnee Mission, KS 66225-5987
**Toll Free (800) 551-0824**
Fax (866) 893-8574



# Play it Safe Concussion Care℠ Program

**Brokered by:**
Wells Fargo Insurance Services USA, Inc.
*www.wellsfargo.com/concussioncare*

**Underwritten By:**
National Union Fire Insurance Company of Pittsburgh, Pa.,
with its principal place of business in New York, NY



In cases of possible concussions, to help address the health and safety of youth athletes, your child's athletic organization has implemented the *Play It Safe Concussion Care*SM program. This innovative program helps athletic organizations protect injured youth athletes by covering some of the examination costs that may not have been otherwise covered. These procedures help the health care providers determine if it is safe for the athlete to return to the classroom and the playing field.

## What is Play it Safe?

The *Play it Safe Concussion Care* program is a secondary, excess insurance policy for your athlete, that works together with your primary health insurance. Excess means this coverage will be effective only after any other insurance coverage you have has been fully applied. All active members of the team are covered while participating in a regularly scheduled athletic game or competition, or a practice session for the team.

## What happens if my youth athlete sustains a concussion?

When an athlete appears to have sustained a concussion he or she is pulled from play and evaluated by designated staff. As needed, the athlete is referred for clinical assessment and specialty care.

Within 1 week, the parent should contact the athletic organization to complete an accident injury report. **Note:** Both the parent and the athletic organizations have sections to complete. Once complete, the form must be faxed to AIG at (866) 893-8574 within 20 days of the incident.

The parent should obtain a referral form from the athletic organization that includes the name of the policy holder (the school or league) and the policy number. This form must be provided to any and all medical providers treating the athlete for concussion.

When a bill is received from a medical provider's office, the parent should call AIG at **(800) 551-0824** to confirm that they have been billed by the doctor for any remaining amounts due.*

AIG will send written notification showing what was covered by the policy and whether there is a remaining balance due.

The athlete continues with follow-up care until cleared by a qualified medical professional for safe return to play.

**Because of HIPAA regulations, your child's athletic organization is limited in their ability to share information with medical providers regarding injuries. It is the parent's responsibility to communicate with your insurance company, AIG, and the medical providers.*

Pacific Educators
Insurance Services

# Student Accident & Health Insurance

**Sign Up Online NOW!**

## http://www.peinsurance.com/signup

Most School Districts **do not provide medical, accident or dental insurance** for pupils injured on school premises or through school activities. To help you provide coverage for your child, many districts are making available a low cost medical/dental accident insurance program. The purpose of this plan is to provide assistance at a minimum cost to meet some of the expenses for accidental injury. The plan does not provide unlimited coverage, but does offer substantial assistance in the event of injury.

There are two levels of benefits available. The "High Option" level of benefits is recommended if your child has no family coverage or if your private coverage has a high deductible. All plans are available on a "School Time" or "24-Hour" (all day, everyday) basis and can cost as little as $11 (one time annual payment).

**The plans pay the first $500.00 in benefits in addition to other insurance, which can help you meet your primary insurance deductibles and/or co-payments.**

Since most districts do NOT provide medical/dental accident insurance, we urge that serious consideration be given to the program. To purchase the plan, download the brochure online, fill in the application, enclose payment, and follow the instructions in the brochure.

If you have further questions, please call Pacific Educators, Inc.
Student Accident Department (800) 722-3365

Underwritten by Guarantee Trust Life Insurance Company Certificate of Authority # 3088-02

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## Questions?

Contact a plan advisor today: **http://www.peinsurance.com/student-accident-insurance**
(800) 722-3365 or email: studentinsurance@peinsurance.com

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