White Hill Middle School
101 Glen Drive, Fairfax, CA 94930
Phone 415.454.8390 | Fax 415.454.3980
www.rossvalleyschools.org/whitehill

Get Ready for 2026/2027 After-School Sports!

We're gearing up for an incredible year of after-school sports, and we'd love for your students to be a part of it! Our program is about more than just the game — it's about building teamwork, confidence, discipline, and school spirit.

Check out the many sports we offer and find your perfect fit.
All students must submit a **Sports Permission Slip Packet for 2026/2027** before attending practices or tryouts. Permission slips can be emailed or turned in to Beth DeFrance. List all the sports your student is interested in playing on the first page of the sports permission slip packet.

A Huge Thank You to Our Volunteers!
We couldn't offer these incredible opportunities without our amazing volunteer coaches and the generous support of the **Parent Club**. Want to get involved or learn more about volunteering? We'd love to hear from you!

Questions or want to volunteer coach?
Contact **Beth DeFrance** at **whsports@rossvalleyschools.org**

Let's make this season unforgettable!

Fall Sports

- **Girls Volleyball** — All grades | *Starts mid-September*
- **Cross Country** — *Starts early September*
- **Mountain Biking Club** — *Starts late August*
- **Flag Football** — *Starts September 2025*

Winter Sports

- **Boys & Girls Basketball** — All grades
  Tryouts the week before Fall Break | Games start first week after Winter Break

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Spring Sports

- **Wrestling** — *Starts March*
- **Track & Field** — *Starts March*
- **Golf** — *Starts February*
  (Minimum 4 players | Matches at McInnis Park Golf Center | For experienced golfers ready for competition)
- **Boys & Girls Soccer** — All grades | *Starts March*
- **Boys Volleyball** — *Starts March*

Team Formation & Volunteer Coaches:
In order to offer a team for any sport, we must have enough interested students and a volunteer coach. Unfortunately, we are unable to form a team without a coach. If we don't have enough students to make up a team at a specific grade level, we will combine grade levels as needed. For example, 6th graders may be placed on a 7th grade team, and if no 7th grade team exists, they may join the 8th grade team along with other interested students. For some team sports, like volleyball and basketball, tryouts may be necessary depending on the number of students interested in participating, and cuts may be made if spots are limited.

Practice & Game Scheduling:
Practice schedules are set based on our coaches' availability, while games and meets are determined by the league. At times, some sports may have conflicting schedules. In these situations, students and families will need to decide which sport they will prioritize. For example, Cross Country may hold up to three practices per week, but students are not required to attend all three. This flexibility allows students to participate in other activities when possible.

Join the Fun, Build Skills, and Make Friends!

Please check off which sports you are interested in.

🍃 Fall Sports

- ☐ **Girls Volleyball** — All grades | *Starts mid-September*
- ☐ **Cross Country** — *Starts early September*
- ☐ **Mountain Biking Club** — *Starts Sept 10th. Students should meet at the flagpole in the 6th-grade quad right after school. Rides typically end between 4:30 and 5 pm.*
- ☐ **Flag Football** — *Starts September*

❄ Winter Sports

- ☐ **Boys & Girls Basketball** — All grades
  Tryouts the week before Fall Break | Games start the first week after Winter Break
  - ☐ **Boys Basketball**
  - ☐ **Girls Basketball**

🌸 Spring Sports

- ☐ **Wrestling** — *Starts March*
- ☐ **Track & Field** — *Starts March*
- ☐ **Golf** — *Starts February*
  (Minimum 4 players | Matches at McInnis Park Golf Center | For experienced golfers ready for competition)
- ☐ **Boys & Girls Soccer** — All grades | *Starts March*
  - ☐ **Boys Soccer**
  - ☐ **Girls Soccer**
- ☐ **Boys Volleyball** — *Starts March*

ROSS VALLEY SCHOOL DISTRICT
EXTRACURRICULAR/ACTIVITY INFORMATION
PERMISSION FORM

Brookside ☐ Hidden Valley ☐ Manor ☐ Wade Thomas ☐ White Hill ☑

To Be Returned By Date: / /

Note: If you arrange your extracurricular activities with your students regularly (Weekly, Bi-Weekly, Monthly) such as student clubs, student mentoring programs, please place an event date as weekly, bi-weekly or monthly in "the date of event" part. Permission to be obtained via Principal and/or District Office. Discuss with your Principal prior to initiating any club/activity.

Date: _____

Please list all sports that the student is interested in participate in.

As part of our school activities, the following activity has been scheduled:

Activity Description: _____

Student Full Name (Print): _____ **Grade Level:** _____

Name and Contact info of Extra-Curricular/Club Advisor: _____

How often will this activity/club meet? _____

Will this club leave campus? ☑ Yes ☐ No **If yes, please answer questions below:**

Destination: _____

Date(s) of Event: _____

Event Name/Description: _____

Event Type: ☑ Day Trip ☐ Overnight ☐ High Adventure

- Your child ☐ will / ☑ will not need to bring or purchase a sack lunch.
- The cost of the event is $na.
  Please make any payments by cash or check payable to _____.
- Transportation for the event will be provided by:
  ☐ School Bus ☑ Private Vehicle ☐ Other: _____

No child may participate in the activity without written consent from the parent/guardian.

Parent approval may NOT be obtained over the phone.

- All students participating in this extracurricular activity will be responsible for abiding by the District's Code of Conduct at all times, including during transport.
- If travel is involved in Extra-curricular/club activity, students are required to travel to and from this event on the transportation provided, unless prior arrangements have been made.
- All students should be promptly picked up after the event. Parents assume the liability of the children not picked up timely. Call the event coordinator(s) to make arrangements in emergencies.

ROSS VALLEY SCHOOL DISTRICT
EXTRACURRICULAR/ACTIVITY INFORMATION PERMISSION FORM

Permission for Student to Participate, Acknowledgment of Risk, Indemnity, Waiver and Release of Liability Agreement

Parental Permission

(To be completed, signed and turned in to an event organizer by parent/guardian)

My child, named above, ☐ does / ☐ does **not** have my permission to participate in the following extracurricular activity:

_____

I understand that this activity is optional and attendance by my child is not required. The remainder of this form may be left blank if your child does **not** have permission to attend the activity.

Acknowledgment of Risk

I acknowledge the ROSS VALLEY SCHOOL DISTRICT ("DISTRICT") cannot protect my child from risks, which may be encountered during extracurricular activities, including transportation thereto. I realize there are human, natural, mechanical, and environmental conditions and hazards which independently, or in combination with my child's activities may cause a serious accident resulting in death, injury, personal property loss, health conditions or financial expenses as a result of accident, illness, medical care, political upheaval, terrorism, crime, transportation, or other sources of risk. I hereby state that I understand these inherent risks and dangers involved with participation in extracurricular activities, and further acknowledge that some or all of these risks are not obvious or predictable. I further understand that Extracurricular Activities and transportation to and/or from these Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

Initials _____

Indemnity, Waiver and Release of Liability Agreement

In consideration for my child being permitted to participate in this activity and any field trips associated with, as the natural or adoptive parent and/or as the legally authorized guardian, I, _____ do hereby for myself, my spouse, my child, and on behalf of my/our heirs, personal representatives, and assigns, agree not to sue and hereby release, waive, discharge, hold harmless and indemnify and forever defend DISTRICT and its officers, directors, employees and volunteers, individually and collectively ("the protected parties"), from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in the field trip or travel incident thereto, whether by negligence, INCLUDING THE NEGLIGENCE OF THE PROTECTED PARTIES, or not, to the fullest extent permitted by law.

Initials _____

The risk of serious injury to my child from extracurricular activities and the transportation thereto does exist, including the potential for permanent disability and death. I understand and fully acknowledge that my child's participation in the extracurricular activities is solely at our own risk and I assume full responsibility.

Initials _____

I Have Carefully Read the Foregoing Release and Know and Understand the Contents Thereof. I Sign This Release Voluntarily As My Own Free Act With Full Knowledge Of Its Significance, Intending To Be Legally Bound Thereby.

(Parent/Guardian Signature) (Date)

Last Updated: 4/6/18
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ROSS VALLEY SCHOOL DISTRICT
EXTRACURRICULAR/ACTIVITY INFORMATION
PERMISSION FORM

Medical Consent Authorization & Treatment/Release Form

In case of accident, illness, or other emergency, I understand that DISTRICT personnel will attempt to contact me.. If the DISTRICT personnel cannot reach a parent/guardian after conscientious effort, I give permission for DISTRICT personnel to call emergency service providers or medical or dental service providers. If a life-threatening emergency exists, I give permission for DISTRICT personnel to immediately call emergency personnel and then contact me as soon as possible thereafter.

In the event that I cannot be reached to give necessary medical consent, I the grant permission for DISTRICT to arrange for all necessary emergency care for my child. I will be financially responsible for such care and for emergency medical transport. I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I agree to assume the financial responsibility for expenses incurred because of those services being provided.

I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described.

MEDICAL HISTORY

Is there a known history of:	Circle One	
A. Birth Deformities (1 eye, kidney, etc.)	Yes	No
B. Medical conditions currently under treatment	Yes	No
C. Preexisting injury currently under treatment	Yes	No
D. Fractures of other disability type injuries	Yes	No
E. Allergy (drugs, food, asthma, etc.)	Yes	No
F. Seizure disorder or convulsions	Yes	No
G. Known past illness of more than one week	Yes	No
H. Contact lens or glasses	Yes	No

Other: _____

Student's Medical Information

Student's Name: _____ Health Insurance Carrier: _____

Policy#: _____ Under the Name of: _____

Relationship: _____ Name of Family Physician: _____

_____ _____ _____

(Parent/Guardian - Print) (Date) (Parent/Guardian Signature)

Last Updated: 4/6/18
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ROSS VALLEY SCHOOL DISTRICT
EXTRACURRICULAR/ACTIVITY INFORMATION PERMISSION FORM

Permission for Transportation

Note: If a student is to be transported to and from off-campus extracurricular activities by club advisor/mentors/teachers in their personal vehicles, this form has to be signed by a parent of this student to be transported.

I am/we are the parent(s)/legal guardian(s) of_____. (Student Name, Please Print Clearly)
I/we understand that participation in the DISTRICT Extracurricular Activities occasionally requires activities that do not take place on campus.

I/we give permission for my/our child to be transported to and from off-campus extracurricular activities by club advisor/program mentors/teachers in their personal vehicles, and hereby give permission for my/our child to be so transported.

Signature of Parent(s)/Guardian(s)

Legal Parent/Guardian 1 Printed Name _____

Signature _____ Date_____

Phone Number(s)_____

Legal Parent/Guardian 2 Printed Name _____

Signature _____ Date_____

Phone Number(s)_____

Last Updated: 4/6/18
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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 • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)[b]		
Skin • 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 • 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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PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM

Name _____ Sex ☐ M ☐ F Age _____ Date of birth _____

☐ 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

EMERGENCY INFORMATION

Allergies _____

_____

_____

_____

_____

_____

Other information _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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Mandatory Steroid Policy

"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 Policy:

Per Education Code 49030, 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.

PLEASE COMPLETE THIS FORM AND RETURN TO _____

NO LATER THAN _____

Print Name of Student-Athlete: _____

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 _____(name of school) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

_____ _____

Signature of Student-Athlete named above ***Date signed***

_____ _____

Print or type name of Parent/Guardian/Caregiver signing below **Relationship to student**

_____ _____

Signature of Parent/Guardian/Caregiver ***Date signed***

Concussion
INFORMATION SHEET

CDC HEADS UP
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season*.

CDC

cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP

CDC HEADS UP

Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below. Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed:_____ Date:_____

Athlete's Signature:_____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed:_____ Date:_____

Parent or Legal Guardian's Signature:_____

Revised January 2019

Parent/Student CIF Heat Illness Information Sheet

Why am I getting this information sheet?

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

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

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

What is Heat Illness and how would I recognize it?

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

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

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

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

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

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

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

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

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

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

Parent/Student CIF Heat Illness Information Sheet

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

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

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

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

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

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

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

<u>Final Thoughts for Parents and Guardians</u>:

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

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & 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 each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

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.

What should you do if your student-athlete is experiencing 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 physician, surgeon, nurse practitioner or physician assistant. 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.

FAINTING is the #1 SYMPTOM OF A HEART CONDITION

Recognize the Signs & Risk Factors

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, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed 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.

Recognition of Sudden Cardiac Arrest



Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

Call 9-1-1



Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

Hands-Only CPR



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

Defibrillation



Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

Advanced Care



Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

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.

What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (SCA) training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition, and potentially for other conditions if they are believed to be cardiac related. 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, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about potential warning signs and risk factors and 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 protocol to incorporate SCA prevention strategies into my/my student's sports program or activity.

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 Department of Education
cde.ca.gov

Eric Paredes Save A Life Foundation
epsavealife.org

California Interscholastic Federation (CIF)
cifstate.org

National Federation of High Schools Free 20-Min. Training Video For Coaches, Parents or Anyone Involved in Student Sports Activities
nfhslearn.com/courses/61032

ERIC PAREDES SAVE A LIFE FOUNDATION