Aromas School

365 Vega Street • Aromas, CA 95004
Principal: Ms. Edith Garcia

K–8 ATHLETICS PARTICIPATION PACKET
Information for Students and Families

Dear Parents/Guardians and Student-Athletes,

We are excited that your student is interested in participating in athletics! School athletics provide students with opportunities to develop teamwork, sportsmanship, responsibility, perseverance, and school pride.

The health and safety of our student-athletes is our highest priority. Before participating in athletics, students and their parents/guardians must review and complete the required forms and acknowledgments contained in this packet.

Forms to Review and Complete

- Student-Athlete Eligibility Contract: Outlines the District's academic, attendance, behavior, and sportsmanship expectations for participation in athletics. The student and parent/guardian must review and sign this form.
- Student Code of Conduct for Sports: Establishes expectations for student-athlete behavior, including sportsmanship, respectful conduct, and prohibitions against hazing, harassment, bullying, and discrimination. The student and parent/guardian must review and sign this form.
- Parent/Guardian & Spectator Code of Conduct: Establishes expectations for positive and respectful behavior by parents, guardians, family members, and spectators at District athletic events. The parent/guardian must review and sign this form.
- Concussion and Head Injury Information: Provides important information about recognizing and responding to a possible concussion or head injury. The student and parent/guardian must review and sign the acknowledgment.
- Sudden Cardiac Arrest Information: Explains the warning signs and symptoms of sudden cardiac arrest and when a student-athlete must be removed from participation. The student and parent/guardian must review and sign the acknowledgment.
- Heat Illness Information: Provides information about recognizing, preventing, and responding to heat-related illness. The student and parent/guardian must review and sign the acknowledgment.
- Prescription Opioid Information: Provides information regarding the risks associated with prescription opioids, including their use in treating sports-related injuries. The student and parent/guardian must review and sign the acknowledgment.
- Steroid Policy Agreement: Explains the District's prohibition against the use of steroids and other performance-enhancing substances without a valid medical prescription. The student and parent/guardian must review and sign the agreement.

Sports Physical & Medical Eligibility

All student-athletes must have a current preparticipation physical evaluation completed by a qualified health care provider before participating in athletics.

Families may use the Preparticipation Physical Evaluation (PPE) History Form and PPE Physical Examination Form when visiting their health care provider. These forms are intended for the family and health care provider and should not be returned to the school.

After completing the evaluation, the health care provider must complete and sign the ASJUSD Medical Eligibility Form**. This is the only medical evaluation form that should be returned to the school.**

The completed Medical Eligibility Form must be received and approved by the school before the student participates in practices or competitions.

Injury, Illness & Return to Play

A student-athlete who is injured, becomes ill, exhibits symptoms of a concussion, heat illness, sudden cardiac arrest, or another potentially serious medical condition may be removed from participation.

Students may not return to athletic participation until all applicable District and California return-to-play requirements have been satisfied. When medical clearance is required, appropriate written clearance must be received by the school before the student returns to participation.

A parent/guardian may not override a medical restriction or a school decision to remove a student from participation because of an immediate health or safety concern.

Before Your Student May Participate

- All required student and parent/guardian acknowledgments and agreements have been completed.
- The Student-Athlete Eligibility Contract has been signed.
- The Student and Parent/Guardian Codes of Conduct have been signed.
- A current ASJUSD Medical Eligibility Form, completed and signed by the health care provider, has been submitted to the school.
- Any additional information or documentation requested by the school has been provided.

Students may not participate in practices or competitions until all participation requirements have been completed and approved by the school.

Thank you for partnering with us to provide a safe, positive, and rewarding athletic experience for our students. We look forward to a great season!

Sincerely,

Edith Garcia
Principal

AROMAS–SAN JUAN UNIFIED SCHOOL DISTRICT

Aromas School | San Juan School | Anzar High School

ATHLETIC PARTICIPATION & PARENT/GUARDIAN PERMISSION

Student-Athlete Name: _____

Grade: _____

School: ☐ Aromas School ☐ San Juan School ☐ Anzar High School

Sport(s): _____

Permission to Participate

I give permission for my student named above to participate in the interscholastic athletic program at Aromas School or San Juan School. I understand that participation is voluntary and is subject to ASJUSD athletic eligibility, conduct, attendance, health, safety, and medical-clearance requirements.

Acknowledgment of Risk

I understand that participation in athletics involves inherent risks of injury. These risks may include, but are not limited to, sprains, strains, fractures, head injuries, heat illness, cardiac events, and other serious injuries. I understand that following safety rules, reporting symptoms or injuries promptly, and following medical and return-to-play restrictions are important to reducing these risks.

Emergency & Health Information

I confirm that my student's emergency contact information and relevant health information in Aeries are current and accurate. I understand that it is my responsibility to promptly notify the school of any changes that may affect my student's safe participation in athletics.

Emergency Medical Care

If I cannot be reached in an emergency, I authorize school personnel to obtain or arrange reasonably necessary emergency medical care for my student. I understand that this authorization does not replace the requirement for a current ASJUSD Medical Eligibility Form or any medical clearance required before returning to play.

Parent/Guardian Acknowledgment

By signing below, I confirm that I have reviewed the K–8 Athletics Participation Packet and understand that my student may not participate in practices or competitions until all applicable participation requirements, including medical eligibility and required acknowledgments, have been completed and approved by the school.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ **Date:** _____

Best Phone Number: _____ **Relationship to Student:** _____

Return this completed form to the school Athletic Director.

Aromas–San Juan Unified School District

Aromas School | San Juan School

Student-Athlete Eligibility Contract

I understand and agree to the below student-athlete requirements. I understand that participation in middle school athletics is a privilege and that, as a student-athlete, I must maintain a high level of integrity in the areas of academics, behavior, and attendance.

Academics:

Before trying out for a sport, the Athletic Director and/or Principal of your school will check your most recent progress report or report card. If your grade point average for that most recent grading period is below 2.0, you will not be eligible to try out for a sport. If you have received one or more F's during that most recent grading period, you will not be eligible to try out for a sport.

Furthermore, if a progress report or trimester report card comes out during the sport season, the Athletic Director and/or school Principal will review all student-athletes' academic progress. If your grade point average drops below a 2.0 for that most recent grading period, you will become ineligible for practices and games for the remainder of the season. Likewise, if you receive one or more F's on that most recent grading period, you will become ineligible for all remaining practices and games for that sports season.

Behavior:

If you receive three or more office referrals and/or receive one or more days of suspension during the sports season, you will become ineligible to finish that sports season, as determined by the Athletic Director and/or school Principal.

Attendance:

If you are tardy to school three or more times during the sports season, you may become ineligible to finish that sports season, as determined by the Athletic Director and/or school Principal.

If you have two or more days of unexcused absences during a sports season, you may become ineligible to finish that sports season, as determined by the Athletic Director and/or school Principal.

If you are not present at school for at least half of the instructional day, you will not be eligible to practice or compete in that day's practice or contest, unless the absence is excused in advance by the Principal or Athletic Director (for example, a school-sanctioned activity or a medical appointment).

Print Student-Athlete Name: _____

Student Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Aromas–San Juan Unified School District
Aromas School | San Juan School | Anzar High School
CODE OF CONDUCT FOR STUDENTS IN SPORTS

Student Name: _____ **Grade:** _____

School: _____ **Sport:** _____

Student Agreement

Participation in sports is voluntary. By participating, students agree to follow District, school, team, and sportsmanship expectations while representing ASJUSD.

Student Expectations

- Follow all school discipline policies and team-specific rules.
- Attend and be punctual to practices; exceptions may be made for illness or with coach approval.
- Do not use tobacco, alcohol, illegal drugs, anabolic steroids, stimulants, or other performance-enhancing substances.
- Maintain regular school attendance. Students absent from school on a game day are ineligible to participate.
- Demonstrate good sportsmanship and respect for teammates, coaches, officials, opponents, staff, and spectators.
- Avoid profanity, vulgarity, disruptive behavior, and obscene gestures; behave appropriately on and off campus.
- Complete the season in good academic standing to be eligible for a team award.
- Return school-issued equipment/uniforms or pay for lost/damaged items before future sports participation.
- Once scheduled contests begin, a student who leaves a team may be ineligible to participate again during that season.

Hazing, Harassment & Bullying

Hazing, harassment, bullying, and discrimination are prohibited. Student-athletes may not plan, participate in, or pressure another student to participate in an initiation, ritual, or “team tradition” that risks physical or psychological harm or humiliation, even if participation is described as voluntary. Hazing may result in school discipline and may violate California law.

Student-athletes must treat others with respect and without harassment or discrimination based on any protected characteristic. Report concerns promptly to a coach, Athletic Director, Principal, or the District Title IX Coordinator/Uniform Complaint Officer. Reports may also be made through the District's Uniform Complaint Procedure (UCP). Retaliation for a good-faith report is prohibited.

Title IX Coordinator / Uniform Complaint Officer: Anne Siri, HR Director | (831) 623-4500 ext. 1212 | UCP information: asjusd.org

Print Student-Athlete Name: _____

Student Signature: _____ **Date:** _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Aromas-San Juan Unified School District

Injury, Illness & Return to Play

The health and safety of student-athletes takes priority over participation in practices and competitions. A student-athlete who is injured, becomes ill, exhibits symptoms of a concussion, heat illness, sudden cardiac arrest or another potentially serious medical condition, or is otherwise removed from participation for a health or safety concern may not return to participation until all applicable District and California return-to-play requirements have been satisfied.

A coach, Athletic Director, administrator, athletic trainer, or other authorized school personnel may remove a student-athlete from participation when there is a reasonable health or safety concern.

When medical clearance is required, the student-athlete may not return to practice or competition until the District has received appropriate written clearance from a qualified health care provider as required by law.

Concussion or suspected head injury: A student-athlete suspected of sustaining a concussion or head injury must be removed from participation immediately for the remainder of the day and may not return until evaluated and cleared in writing by a licensed health care provider trained in concussion management. If a concussion or head injury is diagnosed, the student-athlete must also successfully complete a graduated return-to-play protocol of no less than seven days under the supervision of a licensed health care provider.

Sudden cardiac arrest symptoms: A student-athlete removed from participation because of fainting or other symptoms of possible sudden cardiac arrest may not return to athletic activity until evaluated and cleared in writing by an authorized medical provider as required by California law.

Heat illness or other medical concerns: A student-athlete removed because of suspected heat illness or another medical condition may be required to obtain medical evaluation and written clearance before returning to participation.

Parents/guardians may not override a medical restriction or a District decision to remove a student-athlete from participation for an immediate health or safety concern.

Aromas–San Juan Unified School District
Aromas School | San Juan School | Anzar High School

Parent/Guardian & Spectator Code of Conduct

The Aromas–San Juan Unified School District believes that school athletics should provide students with a positive experience that promotes teamwork, sportsmanship, responsibility, and respect. Parents, guardians, family members, and spectators play an important role in creating a safe and supportive environment for student-athletes.

By attending District athletic events, I agree to:

- Demonstrate good sportsmanship and serve as a positive role model for students.
- Treat student-athletes, coaches, officials, school staff, opposing teams, and other spectators with respect.
- Encourage student-athletes without criticizing or embarrassing them for mistakes or performance.
- Refrain from arguing with, confronting, threatening, or directing abusive or disrespectful language or gestures toward officials, coaches, players, staff, or spectators.
- Refrain from profanity, harassment, discrimination, bullying, intimidation, or other disruptive behavior.
- Remain in designated spectator areas and not enter the court, field, team bench, locker room, or other restricted area unless directed by school staff.
- Allow coaches to coach and officials to officiate without interference from spectators.
- Follow all school, District, and host-site rules and the directions of school officials.
- Help maintain a safe, welcoming, and respectful environment for all participants and spectators.

Concerns

Questions or concerns regarding a student's athletic experience should be addressed respectfully and at an appropriate time. Parents/guardians should first contact the coach to arrange a conversation rather than confronting a coach immediately before, during, or after a contest. Concerns involving student safety, harassment, discrimination, or other serious matters may be reported directly to the Athletic Director or Principal.

Spectator Conduct

Spectators who engage in unsafe, threatening, abusive, discriminatory, harassing, or significantly disruptive behavior may be directed to leave an athletic event. Repeated or serious violations may result in restrictions on attendance at future District athletic events consistent with District policy and applicable law.

I understand that school athletics are an extension of the educational program and agree to support a positive, respectful, and safe environment for all student-athletes.

Student-Athlete Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Aromas San Juan Unified School District

Concussion Information Sheet

Student-Athlete & Parent/Guardian Acknowledgment — required annually before practice or competition begins

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head — or by a blow to the body that transmits force to the head. Even a mild-seeming "ding" can result in complications, including prolonged brain damage or death, if not recognized and managed properly. Most sports concussions occur without loss of consciousness, and symptoms may appear immediately or take hours to days to fully show. If your child reports any symptoms below, or you notice the signs yourself, seek medical attention right away.

Symptoms reported by the athlete	Signs observed by parents, coaches & teammates
• Headaches or "pressure" in head • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish, foggy, or groggy • Drowsiness or change in sleep patterns • Amnesia or confusion • Fatigue or low energy • Sadness, nervousness, or irritability • Concentration or memory problems	• Appears dazed or has a vacant expression • Confused about assignment or forgets plays • Unsure of game, score, or opponent • Moves clumsily or shows incoordination • Answers questions slowly; slurred speech • Behavior or personality changes • Can't recall events before or after the hit • Loses consciousness, seizures, or convulsions

What can happen if my child keeps playing with a concussion, or returns too soon?

An athlete showing signs or symptoms of a concussion must be removed from play immediately. Continuing to play leaves a young athlete especially vulnerable to more serious injury — the risk of significant harm is elevated for a period after the injury, particularly if a second concussion occurs before full recovery. This can cause prolonged recovery or, in rare cases, severe brain swelling (second impact syndrome) with devastating or fatal results. Adolescent athletes commonly under-report symptoms, so parents, coaches, and teammates all play a role in recognizing the signs.

If you think your child has suffered a concussion

Any athlete even suspected of a concussion should be removed from the game or practice immediately and observed closely for several hours. No athlete may return to activity after a suspected head injury — no matter how mild it seems or how quickly symptoms clear — without written medical clearance. Also tell your child's coach if you suspect a concussion. Remember: it is better to miss one game than the whole season. When in doubt, sit them out.

California law and CIF rules — what this means for your family

- Immediate removal: A student-athlete suspected of a concussion or head injury must be removed from the practice or game immediately and for the remainder of that day. (Cal. Educ. Code § 49475(a)(1); CIF Bylaw 503.H – Concussion Protocol)
- Written medical clearance required: The athlete may not return to any athletic activity until evaluated and cleared in writing by a licensed health care provider trained in concussion management, acting within the scope of their practice.
- Graduated return to play: If the provider determines a concussion occurred, the athlete must complete a graduated return-to-play protocol of no less than seven (7) days, under that provider's supervision, before returning to full competition.
- Annual signed acknowledgment: State law requires this concussion and head injury information sheet to be signed by the athlete and parent/guardian and returned to the school every year before the athlete begins practice or competition. (Cal. Educ. Code § 49475(a)(2))

For current, up-to-date information on concussions, visit: **cdc.gov/heads-up** and **cifstate.org/sports-medicine/concussions**

Acknowledgment — by signing below, I confirm I have read and understand this concussion information sheet as required by California Education Code § 49475.

Student-Athlete Name (printed)	Student-Athlete Signature	Date

Parent/Legal Guardian Name (printed)	Parent/Legal Guardian Signature	Date

Fact Sheet for Parents & Student Athletes

KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

  Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.
- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

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 known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✔ Family members with 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

FAINTING

IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

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

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.



CALL


PUSH



SHOCK

KeepTheirHeartInTheGame.org

Fact Sheet for Parents & Student Athletes

KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

To learn more, go to KeepTheirHeartInTheGame.org

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.
Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED	STUDENT ATHLETE SIGNATURE	DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED	PARENT OR LEGAL GUARDIAN SIGNATURE	DATE

While missing a game may be inconvenient, it would be a tragedy to lose a student athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!

ERIC PAREDES SAVE A LIFE FOUNDATION

Aromas San Juan Unified School District

Heat Illness Prevention Information Sheet

Student-Athlete & Parent/Guardian Acknowledgment — required annually before practice or competition begins

Heat illness is a preventable but potentially fatal condition that occurs when the body cannot cool itself fast enough during physical activity in hot or humid conditions. It ranges from mild heat cramps to heat exhaustion to heat stroke — the most severe form, which can cause permanent disability or death if not treated immediately. Student-athletes are at elevated risk during summer and early-fall practices, especially in sports with protective equipment. Heat illness is preventable with proper hydration, acclimatization, rest breaks, and awareness of the warning signs below.

Heat exhaustion — signs & symptoms	Heat stroke — a medical emergency (call 911)
• Muscle cramps, especially in legs or abdomen • Heavy sweating, cool/clammy skin • Weakness or fatigue beyond normal exertion • Headache or dizziness • Nausea or vomiting • Fainting or near-fainting • Rapid, weak pulse • Fast, shallow breathing • Irritability or confusion • Dark-colored urine or reduced urination	• Body temperature above 103°F, hot/red/dry or damp skin • Confusion, slurred speech, or acting strangely • Loss of consciousness or seizures • Rapid, strong pulse • Stumbling, loss of coordination • Stopped sweating despite heat/exertion (late sign) • Combativeness or altered behavior

How to prevent heat illness

Drink water before, during, and after practice or competition — don't wait until you feel thirsty. Take rest and shade breaks during intense heat, and allow the body 10–14 days to acclimate to hot conditions at the start of a season. Wear lightweight, breathable clothing when possible, and avoid exercising during the hottest part of the day (typically 10 a.m. to 5 p.m.) when heat risk is highest. Never ignore early symptoms — tell a coach, trainer, or teammate right away.

If you think your child is experiencing heat illness

Any athlete showing signs of heat exhaustion should stop activity immediately, move to a cool or shaded area, remove excess clothing/equipment, and rehydrate. If symptoms don't improve quickly, or if you see any sign of heat stroke — confusion, loss of consciousness, or a very high body temperature — call 911 immediately. Heat stroke is a medical emergency where every minute matters. No athlete may return to activity after being removed for heat illness without written clearance from a licensed health care provider. Also tell your child's coach if you suspect heat illness. Remember: it is better to miss one practice than risk a life-threatening emergency.

California law and CIF rules — what this means for your family

- Signed sheet required before the season: State law and CIF rules require this heat illness information sheet to be signed by the athlete and parent/guardian and returned to the school before the athlete begins practice or competition. (Cal. Educ. Code §§ 35179.4, 35179.8 – AB 1653; CIF Bylaw 503.K – Heat Illness)
- Written medical clearance required: An athlete removed from practice or play due to signs or symptoms of heat illness must be evaluated and receive written clearance from a licensed health care provider before returning to activity.
- Emergency action plan: The district maintains a written emergency action plan covering the location and procedures to follow for heat-related medical emergencies during athletic activities, consistent with CIF WBGT (Wet Bulb Globe Temperature) heat-monitoring protocols.
- Coach training: All coaches are required to complete heat illness recognition training as part of their California High School Coaching Education and Training Program certification. (Cal. Educ. Code § 35179.1 – AB 2800)

For current, up-to-date information on heat illness and California's HeatRisk levels, visit: **cdph.ca.gov/heatready** and **cifstate.org/sports-medicine/heat_illness**

Acknowledgment — by signing below, I confirm I have read and understand this heat illness information sheet as required by California Education Code §§ 35179.4 and 35179.8, and CIF Bylaw 503.K.

Student-Athlete Name (printed)	Student-Athlete Signature	Date

Parent/Legal Guardian Name (printed)	Parent/Legal Guardian Signature	Date

Adapted from the CDC, NOAA, and the CIF Sports Medicine Advisory Committee (SMAC) • Reflects Cal. Educ. Code §§ 35179.4 & 35179.8 and CIF Bylaw 503.K • Reviewed 8/2026

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as **1 in 4** PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

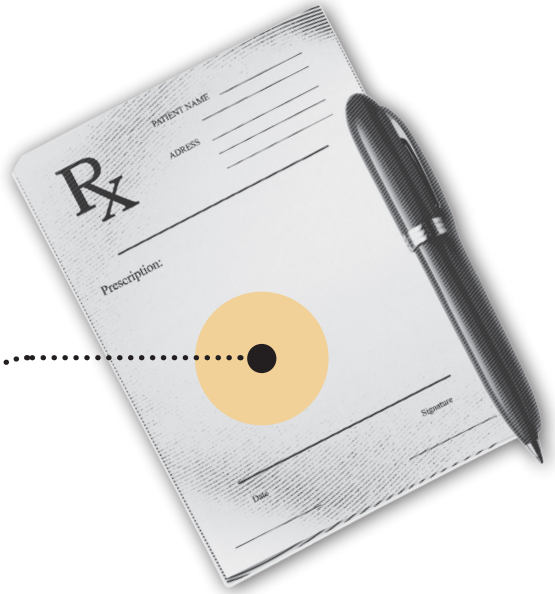
American Hospital Association®

CS264107C May 9, 2016

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen
- Some medications that are also used for depression or seizures
- Physical therapy and exercise
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ____ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

Aromas San Juan Unified School District

Opioid Use & Misuse — Acknowledgment of Receipt

Student-Athlete & Parent/Guardian Acknowledgment — required annually before practice or competition begins

Student-athletes are sometimes prescribed opioid pain medication after a sports injury or surgery. While these medications can be an important part of treatment, they carry serious risks — including addiction and, in an overdose, death — even when taken exactly as prescribed. California law requires that every student-athlete and their parent/guardian receive and review the attached CDC factsheet on prescription opioids before the season starts, and confirm that review in writing.

Key points from the CDC factsheet

- Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An overdose — often marked by slowed breathing — can cause sudden death.
- Risks are greater for those with a history of substance use disorder, mental health conditions, sleep apnea, or when combined with alcohol, benzodiazepines, muscle relaxants, or sleep medications.
- Never take opioids in greater amounts or more often than prescribed, never share or sell them, and store them securely, out of reach of others.
- Ask your health care provider about non-opioid options for managing pain — including over-the-counter pain relievers, physical therapy, and other treatments — which may work as well or better with fewer risks.

The complete CDC factsheet, *"Prescription Opioids: What You Need to Know,"* is provided together with this acknowledgment (English and Spanish versions available). Please read it in full before signing below.

California law — what this means for your family

- Annual factsheet required: State law requires the district to give every student-athlete the CDC's "Prescription Opioids: What You Need to Know" factsheet each year before the season begins. (Cal. Educ. Code § 49476)
- Signed acknowledgment required: The athlete — and the parent/guardian, if the athlete is 17 or younger — must sign and return this acknowledgment of receipt before the athlete initiates practice or competition.
- This requirement is separate from, and in addition to, the concussion, sudden cardiac arrest, and heat illness information sheets.

Acknowledgment — by signing below, I confirm that I have received and reviewed the CDC Prescription Opioids factsheet, as required by California Education Code § 49476.

Student-Athlete Name (printed)	Student-Athlete Signature	Date
Parent/Legal Guardian Name (printed) — required if athlete is 17 or younger	Parent/Legal Guardian Signature	Date

Factsheet source: U.S. Centers for Disease Control and Prevention (CDC) • Reflects Cal. Educ. Code § 49476 • Reviewed 8/2026

Aromas San Juan Unified School District

Mandatory Steroid Policy Agreement

Student-Athlete & Parent/Guardian Agreement — required annually before practice or competition begins

"As a condition of membership in the CIF, all member schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools 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 physician (as recognized by the AMA) to treat a medical condition."

— CIF Bylaw 503.I

ASJUSD Policy

The Aromas–San Juan Unified School District prohibits student-athletes from using anabolic steroids, stimulants, or other performance-enhancing substances, as stated in the district's Code of Conduct for Students in Sports. A student-athlete may not use androgenic/anabolic steroids without the written prescription of a fully-licensed physician (as recognized by the American Medical Association) to treat a diagnosed medical condition.

Violations are addressed under the district's Code of Conduct for Students in Sports and applicable school discipline policies regarding illegal drug use.

Please complete this form and return to: the school Athletic Director
No later than: _____ (start of the athlete's sports season)

Print Name of Student-Athlete: _____

By signing below, both the participating student-athlete and the parent, legal guardian, or caregiver agree that the student-athlete named above 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 understand that Aromas–San Juan Unified School District policy regarding the use of illegal drugs will be enforced for any violation 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

AROMAS–SAN JUAN UNIFIED SCHOOL DISTRICT

Aromas School | San Juan School

PREPARTICIPATION PHYSICAL EVALUATION
MEDICAL ELIGIBILITY FORM

RETURN THIS FORM TO THE SCHOOL

Student-Athlete Name:_____ **Date of Birth:** _____

School: ■ Aromas School ■ San Juan School **Grade:** _____

Sport(s): _____

MEDICAL ELIGIBILITY

I have reviewed the student-athlete's medical history and completed an appropriate preparticipation physical examination. Based on this evaluation, the student-athlete is:

■ Medically eligible for all sports without restriction

■ Medically eligible for all sports without restriction, but further evaluation is recommended

■ Medically eligible for certain sports: _____

■ Not medically eligible for any sports pending further evaluation

■ Not medically eligible for any sports

Recommendations / Restrictions / Follow-Up

_____

_____

_____

■ No restrictions or accommodations need to be communicated to the school.

■ Restrictions, accommodations, or emergency-care information should be communicated to appropriate school personnel. Describe above or attach instructions.

HEALTH CARE PROVIDER CERTIFICATION

I certify that I evaluated the student-athlete named above and determined the student's medical eligibility for athletic participation as indicated on this form.

Health Care Provider Name: _____ **Credentials/License:** _____

Practice/Facility: _____ **Phone:** _____

Provider Signature: _____ **Date of Examination:** _____

Date Signed: _____

IMPORTANT FOR FAMILIES

Return only this Medical Eligibility Form to the school.
The Preparticipation Physical Evaluation History Form and Physical Examination Form contain confidential medical information and should remain with the student-athlete, parent/guardian, and health care provider. Do not return those forms to the school.

ASJUSD may require additional medical evaluation or written clearance before a student-athlete returns following an injury, illness, suspected concussion, heat illness, cardiac symptoms, or another health or safety concern. This eligibility determination does not replace applicable return-to-play requirements.

Based on the Preparticipation Physical Evaluation (PPE), 5th Edition medical eligibility framework. For noncommercial educational use.