

Roosevelt High School

Rough Riders Athletic Packet

2020/2021



In order to participate in athletics, there are some conditions that need to be met before you can play in a sport. Please take time to review the list below and make sure you have completed all necessary paperwork before returning the packet to the Athletic Department and becoming eligible to participate.

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Circle the sport for the season:**

<b>Fall Sport</b>	<b>Winter Sport</b>	<b>Spring Sport</b>	
Football	Basketball (B)	Track and Field(B/G)	Lacrosse (G)
WaterPolo (B/G)	Basketball (G)	Baseball	Swim (B/G)
Volleyball (G)	Wrestling (B/G)	Softball	Tennis (B)
Cross Country (B/G)	Soccer (B)	Volleyball (B)	Golf (B)
Tennis (G)	Soccer (G)	Badminton (G)	
Golf (G)			
Cheer			

### **Check List**

- ✓ Sport Physical ( Physical must be completed after June 1<sup>st</sup> )
- ✓ Select and complete correct Insurance form-**STUDENT AND PARENT SIGNATURES**
  - Athletic Insurance Information-Football/Informed Consent/Helmet Warning
  - Athletic Insurance Information/Informed Consent
- ✓ Complete and sign Ethics in Sports Form- **STUDENT AND PARENT SIGNATURES**
- ✓ Complete FUSD Student Expectations for Athletes- **STUDENT AND PARENT SIGNATURES**
- ✓ Complete Academic Eligibility Form
- ✓ Complete FUSD Student Emergency Cards (2 copies)-**PARENT SIGNATURE**
- ✓ Complete CIF Concussion Awareness Form-**STUDENT AND PARENT SIGNATURE**
- ✓ Sudden Cardiac Arrest Awareness Form- **STUDENT AND PARENT SIGNATURE**
- ✓ After-School Program Application (optional)

**YOU MUST HAVE A COMPLETED ATHLETIC PACKET ON FILE IN THE ATHLETIC OFFICE BEFORE YOU CAN BEGIN PRACTICE. ONCE THE SPORTS PACKET IS COMPLETE, THE STUDENT IS CLEARED FOR THE ENTIRE SCHOOL YEAR.**

**TURN THIS PACKET INTO THE ATHLETIC TRAINER FOR A BLUE CLEARNACE CARD.**



***Fresno Unified School District Non-Discrimination Statement:***

***Fresno Unified School District prohibits discrimination, harassment, intimidation, and bullying based on actual or perceived race, color, ethnicity, national origin, immigration status, ancestry, age, creed, religion, political affiliation, gender, gender identity, gender expression, genetic information, mental or physical disability, sex, sexual orientation, marital status, pregnancy or parental status, medical information, military veteran status, or association with a person or a group with one or more of these actual or perceived characteristics or any other basis protected by law or regulation, in its educational program(s) or employment. If you believe you, or your student, have been subjected to discrimination, harassment, intimidation, or bullying you should contact your school site principal and/or the District's Chief Compliance and Title IX Officer Paul Idsvoog, by phone at 559-457-3730, by email at [Paul.Idsvoog@fresnounified.org](mailto:Paul.Idsvoog@fresnounified.org), or in person at 2309 Tulare Street Fresno, CA 93721.***





**COVID-19 Liability of Risk Return to Goal 2 Engagements**

As the parent/guardian of the below-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child's participation in and/or attendance at the Goal 2 engagement (i.e. 2020-21 Varsity Football), such risks include, but are not limited to: injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) waive and release all claims, causes of actions, actions, liabilities, and costs against the Fresno Unified School District (District) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively District Personnel) and hold harmless the District and District Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of, or result from my child's participation in or attendance at such engagement; and (3) assume all obligations for any medical, financial, and other costs and/or liabilities that may be sustained or incurred by my child, myself, or my agents, heirs, and/or successors. Fresno Unified assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned Goal 2 engagement.

\_\_\_\_\_  
**Parent/Guardian's Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian's email address:**

\_\_\_\_\_  
**Parent/Guardian's Cell Number:**

\_\_\_\_\_  
**Home Address & City**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student ID#**

\_\_\_\_\_  
**Student Date of Birth**

\_\_\_\_\_  
**Emergency Contact (1<sup>st</sup>) Name**

\_\_\_\_\_  
**Emergency Cell Number**

\_\_\_\_\_  
**Emergency Contact (2<sup>nd</sup>) Name**

\_\_\_\_\_  
**Emergency Cell Number**



# California Interscholastic Federation

## Central Section

(559) 781-7586 Fax (559) 781-7033

### Ethics in Sports

#### I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled, and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, will not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

#### II. Code of Ethics

- A. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- B. To eliminate all possibilities which tend to destroy the best values of the game.
- C. To stress the values derived from playing the game fairly.
- D. To show cordial courtesy to visiting teams and officials.
- E. To establish a happy relationship between visitors and hosts.
- F. To respect the integrity and judgment of sports officials.
- G. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- H. To encourage leadership, use of initiative and good judgment by players on a team.
- I. To recognize that the purpose of athletics to promote the physical, mental, moral, social, and emotional well-being of the individual.
- J. To remember that athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

### Violations and Minimum Penalties

Act	Penalties
1. First ejection of player or coach from a contest or scrimmage for unsportsmanlike conduct	Ineligible for the next CIF contest (league, non-league, tournament, Invitational, playoff, etc., scrimmages excluded). The next contest could be the second game of a double header or even the next season of sport. Athletes competing in concurrent sports would be ineligible for both sports.
2. Second ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.	Ineligibility for next two CIF contests as above will carry over the next season of sport.
3. Third ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.	Ineligibility for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee.
4. Any players that leave the "bench" area to begin a confrontation or leave these areas during an altercation.	Ejection from the contest for those players designated by officials. One or both teams may forfeit the contest.
5. When players leave the bench area to begin a confrontation or leave the bench area during an altercation and in the opinion of the officials, the situation is out of control.	Contest stopped, ejection from the contest for those players designated by the officials. The team(s) and players will be put on probationary status for the remainder of the season. A second similar infraction during the season of sport will result in cessation of the sport for the team(s) and/or players. If the act occurs at the end of the season, the probationary period will extend to the next year's season of sport. Any appeal would have to be made to the CIF Executive Committee. Ineligibility for remainder of season for player. Forfeiture of contest.

6. Illegal participation in next contest by player ejected in previous contest.	Ineligibility for remainder of season for player. Forfeiture of contest.
7. Illegal placement of ejected player or illegal participation by coach ejected in previous contest.	Constitution and sport governing rules and procedures for a coach who knowingly violates CIF or Section Rules. (See Bylaw 1100C.)
8. Any acts of a more serious nature by individuals or teams or situations not specifically covered by this policy or the Constitution or Governing Rules.	Area Commissioner may determine and implement penalties for individuals and teams not otherwise specified by CIF Central Section Constitution and Bylaws.
9. If act occurs in CIF Section Finals and both teams are charged with a forfeit.	After deliberation by the CIF and a double forfeit is in order, there will be no champion.

An ejected coach must leave the site of the contest. The coach may have no contact with his/her team from that point on. If there is no certified replacement for the coach, the contest is halted and the game is forfeited. The coach must also sit out the next contest and cannot attend the contest or have any contact with the team during the contest. The coach may be allowed to participate in practices on days other than the day of the contest.

An ejected player may stay on the bench for the remainder of the contest for supervision reasons. Further disruption by ejected players may force them to be removed from the site. This could lead to a forfeit. Players ejected must sit out the next contest, but may sit on the bench in street clothes.

#### Appeals Procedure- First and Second Ejection

Unless otherwise specified, an appeal of an ineligibility of a player or coach may be made, in writing, through the player or coach's site administrator, to the Central Section Commissioner or his/her designees for consideration of reinstatement. The Section Commissioner and/or his /her designee will convey results to all schools involved.

#### Physical Assault

CIF State Constitution, Article 5 Section 522. Any student who physically assaults the person of a game or event official shall be banned from interscholastic athletics for the remainder of the student's eligibility. A game or event official is defined as a referee, umpire or any other official assigned to interpret or enforce rules competition at an event. A student may, after a lapse of 18 months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner. For this document, the Central Section also includes coaches, administrators or other school personnel assigned to the contest or games as a game official.

I have read and I understand the Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participation in interscholastic athletics, regardless of context, site or jurisdiction. I also agree not to use drugs, alcohol, steroids, or other performance enhancing drugs while I am in high school.

Student Signature	Parent Signature
Student Printed Name	High School
Date	

Coaches Signature	Site Administrator
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**FRESNO UNIFIED SCHOOL DISTRICT  
ATHLETIC INSURANCE INFORMATION AND PERMISSION SLIP  
ROOSEVELT HIGH SCHOOL / FOOTBALL FORM**

In order for your son/daughter to participate in athletics, he/she must be covered for the following:

**MEDICAL AND HOSPITAL INSURANCE FOR AT LEAST \$1500.00**

If you would like to purchase school accident insurance, please go to [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) for more information and coverage options.

<b>Family Health Insurance</b>
Policy# _____

I, as parent/guardian of \_\_\_\_\_ a student at Roosevelt High school, give my permission for him/her to participate in sports.

I hereby acknowledge that I have been informed that pursuant to the provisions of Education Code Sections 32220-24, et. al. amended by the 1981 State Legislature, the governing board of the various school districts shall NOT require that each member of an athletic team have \$1500 for accidental death. At least \$1500 hospital coverage arising while such members are engaged in, or preparing for, an athletic event promoted under the sponsorship or arrangements for the educational institution or a student body organization IS required.

It is my understanding that my child must be protected by insurance in order to participate as a member of an athletic team. It is further my understand that I may purchase, through the school, a special insurance policy for football and a special student accident policy I, as parent or guardian, may provide insurance for my child.

This is to certify that my child is protected under insurance, and that I hereby agree to indemnify and hold the Fresno Unified School District harmless against responsibility for insurance coverage required under aforementioned legal sections.

<b>PARENT/GUARDIAN SIGNATURE:</b> _____	<b>DATE:</b> _____
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**INFORMED CONSENT/FOOTBALL MAY BE HAZARDOUS**

There have been many improvements made in protective equipment to reduce injuries in game of football. Over the years, there have been many rule changes, changes in coaching techniques, advances in sports medicine, all for the purpose of decreasing injuries. It is of utmost importance for you, the player, to know the rules and play within the spirit of those rules for your own safety.

Relative to the number of injuries and deaths that occur in football and that some of these injuries can be catastrophic. Catastrophic means permanent serious injury such as total paralysis, partial paralysis, and even death. It is possible for this to happen to you, and it is important to you to fully understand this before participating in the sport. You, as a player, can help make the game safer by not intentionally using techniques which are illegal and which can cause serious injury.

**HELMET WARNING**

Do not use your helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and such can result in severe head or neck injuries, paralysis, or even death to you and possible injury to your opponent. No helmet can prevent all head or neck injuries a player might receive while participating in football.

I HAVE READ THE ABOVE STATEMENT AND FULLY UNDERSTAND ITS IMPLICATIONS. AS A PARENT/GUARDIAN, I ALSO GIVE MY PERMISSION TO TRANSPORT MY SON/DAUGHTER TO ATHLETIC CONTESTS ON DISTRICT APPROVED TRANSPORTATION.

<b>PARENT/GUARDIAN SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>STUDENT SIGNATURE:</b> _____	<b>DATE:</b> _____

**Fresno Unified School District**  
**Student Expectations for Extra-Curricular Activities**  
**Interscholastic Athletics**

It is a privilege to represent FUSD in your chosen field. The benefits from participating in extra-curricular and interscholastic activities are as important as your endeavors. Good character, sportsmanship ethics, and integrity are priorities in our programs. Remember, you are constantly in the public eye; a leader of today; and a source of pride for family, friends, and the community.

1. Be courteous and have fun.
2. Always exercise self-control.
3. Players will not use abusive language.
4. Exemplify fairness and good sportsmanship.
5. Win with character, lose with dignity, and never quit.
6. Play hard, but play within the rules.
7. Respect officials and accept their decisions without gesture or argument.
8. Respect opponents. Taunting and baiting will not be tolerated.
9. Have good health habits and abide by the training rules.
10. The use of intoxicants, tobacco, illegal and non-prescription drugs, anabolic steroids or any other substance to increase physical development or performance, or the sale or possession of them will not be tolerated.
11. Students must comply with the Board of Education Policies, District regulations, the State Education Code, and rules and regulations established by the appropriate bodies of their activity.

Student ID # \_\_\_\_\_

Birth Date \_\_\_\_\_

**"Good Things Happen to Good People"**

**Enforcement of Expectations**

1. Students who fail to comply with the expectations may be declared ineligible to participate in school activities by the administration.
2. Each school will establish an Appeal Review Panel and students may seek a hearing before this panel. The administration reserves the right to prohibit a student from participation in other school activities when deemed appropriate. Violations, which occur when a student is not under the supervision of the school, may be considered for penalties.

Violation	Penalties
1. Not meeting student expectations	Conference
2. Not meeting student expectations	Probation
3. Minor violation- not suspended from school but not meeting student expectations.	Suspended from all activities 1-14 days
4. Major violation- suspended from school	Suspended from all activities 14 consecutive days and not more than one calendar year
5. Ejection from contest	Automatic suspension one contest
6. Second ejection from contest during same season	Automatic suspension two contests

**Physical Assault**

Any student who physically assaults a game or event official shall be banned from inter-scholastic athletics for the remainder of the student's eligibility. A game or event official is defined as a referee, umpire, or any other official assigned to interpret or enforce rules of competition at an event or contest. A student may, after a lapse of 18 calendar months from the date of the incident, apply for reinstatement of eligibility to the State CIF Commissioner.

**This agreement must be signed by BOTH the parent and student. I have read and understand all of the items in the Student Expectations.**

Home address of parent and student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## 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.

<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Looks dizzy</li> <li>• Looks spaced out</li> <li>• Confused about plays</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or awkwardly</li> <li>• Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Shows a change in personality or way of acting</li> <li>• Can't recall events before or after the injury</li> <li>• Seizures or has a fit</li> <li>• Any change in typical behavior or personality</li> <li>• Passes out</li> </ul>

<b>Symptoms may include one or more of the following:</b>	
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• "Pressure in head"</li> <li>• Nausea or throws up</li> <li>• Neck pain</li> <li>• Has trouble standing or walking</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Bothered by light or noise</li> <li>• Feeling sluggish or slowed down</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of memory</li> <li>• "Don't feel right"</li> <li>• Tired or low energy</li> <li>• Sadness</li> <li>• Nervousness or feeling on edge</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confused</li> </ul>
<ul style="list-style-type: none"> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>• Concentration or memory problems</li> <li>• Repeating the same question/comment</li> </ul>

### 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](http://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](http://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>

School: \_\_\_\_\_

### CIF Concussion 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).

For current and up-to-date information on concussions you can visit:  
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

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

\_\_\_\_\_  
Student-Athlete Name  
Printed

\_\_\_\_\_  
Student-Athlete  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian  
Printed

\_\_\_\_\_  
Parent or Legal Guardian  
Signature

\_\_\_\_\_  
Date

# 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 exertion or simple
- ☐ 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, unexplained fatigue during or after exercise

### Factors That Increase the Risk of SCA

- ☐ Family history of known heart abnormalities or sudden death before age 20
- ☐ Specific family history of Long QT Syndrome, Brugada Syndrome, Bicuspid Aortic Aorticopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- ☐ Family members with preexisting hearting, seizures, or having a heart condition or symptoms
- ☐ Known structural heart abnormalities, repaired or un repaired
- ☐ Abnormalities such as cocaine, alcohol, "recreational" drugs, excessive energy drinks or medications including stimulants

### 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

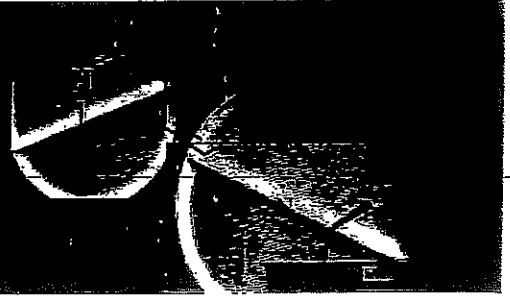
California Interscholastic Federation  
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation  
<http://www.epsavealife.org>

National Federation of High Schools  
(20-minute training video)  
<https://nfhslearn.com/courses/61032>



# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

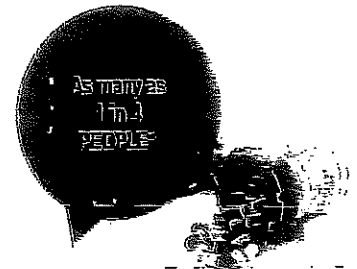


Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider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



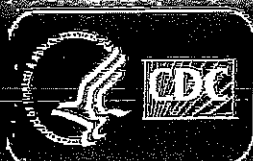
receiving prescription opioids long term in a primary care setting struggles with addiction.  
\*Findings from one study

## 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®

May 2015

## 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.

**RX**

## 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](http://www.fda.gov/Drugs/ResourcesForYou)).
- ☐ Visit [www.cdc.gov/drugoverdose](http://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 guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

## ACKNOWLEDGEMENT

I hereby acknowledge that I have received the Opioid Factsheet. I have read and understand its contents.

\_\_\_\_\_  
Print Student/Athlete's Name

\_\_\_\_\_  
Student/Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



**Fainer**

Fresno Unified School District  
Student Emergency Card

COMPLETE BOTH SIDES OF THIS CARD

Student ID# \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle Male ☐ Female ☐

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
House Number, Street Name, Apt. No. City Zip Code

Email address: \_\_\_\_\_ IN THE CASE OF ILLNESS OR ACCIDENT CONTACT:

1<sup>st</sup> Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_  
Name of Mother, Father, Guardian, Caregiver (Circle One)

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2<sup>nd</sup> Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_  
Name of Mother, Father, Guardian (Circle One)

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3<sup>rd</sup> Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_  
Name of Relative, Neighbor, Other (Circle One)

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I understand that if emergency medical or dental treatment is needed and the listed emergency contacts cannot be reached, 911 will be called. I realize the school district cannot assume responsibility for the payment of medical fees for expenses incurred. I also agree that the principal/designee may transport my child between school and home when, in his/her discretion, it is deemed necessary. I understand that it is my responsibility to inform the school of any changes regarding the information on this form. "I The undersigned parent/guardian acknowledges receipt of NOTICE OF RIGHTS OF PARENTS OR GUARDIANS OF MINORS pursuant to Education Code Section 49080, the ZERO TOLERANCE LETTER OF NOTIFICATION included in the Discipline Code and the acceptable use guidelines for telecommunications. In addition, the photographs/videos/tapes and directory information of your child may be released for publicity of student accomplishment, student/school programs, and for state mandates. If you object, please check this box. ☐

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Rev. 12/09

39506P6151220V

**Back**

Fresno Unified School District  
Student Emergency Card

COMPLETE BOTH SIDES OF THIS CARD

Student ID# \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle Male ☐ Female ☐

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
House Number, Street Name, Apt. No. City Zip Code

Email address: \_\_\_\_\_ IN THE CASE OF ILLNESS OR ACCIDENT CONTACT:

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Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Rev. 12/09

39506P6151220V

### MEDICAL INFORMATION

This Student has the following health condition(s). (Check all that apply to this student)

<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Catheterization/	<input type="checkbox"/> Medication Allergies
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		<input type="checkbox"/> G-Tube Feeding	<input type="checkbox"/> Bee Sting Allergy
<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Food Allergy
<input type="checkbox"/> Hearing Aid			<input type="checkbox"/> Peanut Allergy
<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Bleeder	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Serious Accident	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies	<input type="checkbox"/> Dr. Excuse for PE

List other siblings attending this school

Last, First, Middle Initial

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

Explain items checked: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_ Health Plan: \_\_\_\_\_

If an emergency should arise which requires immediate medical attention and we, as parents/guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student. Yes \_\_\_\_\_ No \_\_\_\_\_

The parent/guardian of any public school pupil on a continuing medication regimen shall inform the school nurse or principal/designee of the medication being taken, dosage, time schedule and name of the supervising physician. CA Ed. Code 49423.

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name of Supervising Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If medication at school is necessary, a written statement from a physician and parent authorization (signature) is required stating the medication, method, dose and the time schedule by which such medication is to be given. CA Ed. Code 49423.

**Emergency Dismissal Procedures:** In case of a **DECLARED EMERGENCY** by the Superintendent during school hours, all students will be required to remain at school or at an alternate safe site under the supervision of District personnel until a safe dismissal time is determined or until an authorized adult picks up the student.

### MEDICAL INFORMATION

This Student has the following health condition(s). (Check all that apply to this student)

<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Catheterization/	<input type="checkbox"/> Medication Allergies
<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts		<input type="checkbox"/> G-Tube Feeding	<input type="checkbox"/> Bee Sting Allergy
<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Food Allergy
<input type="checkbox"/> Hearing Aid			<input type="checkbox"/> Peanut Allergy
<input type="checkbox"/> Serious Illness	<input type="checkbox"/> Bleeder	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Serious Accident	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies	<input type="checkbox"/> Dr. Excuse for PE

List other siblings attending this school

Last, First, Middle Initial

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

Explain items checked: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_ Health Plan: \_\_\_\_\_

If an emergency should arise which requires immediate medical attention and we, as parents/guardians cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student. Yes \_\_\_\_\_ No \_\_\_\_\_

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## PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, or other): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
FAMILY HISTORY QUESTIONS AND RISK FACTORS		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		







## PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- 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, e-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-enhancing 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?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
<b>MUSCULOSKELETAL</b>	<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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## PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

☐ Medically eligible for all sports without restriction

☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_  
\_\_\_\_\_

☐ Medically eligible for certain sports  
\_\_\_\_\_  
\_\_\_\_\_

☐ Not medically eligible pending further evaluation

☐ Not medically eligible for any sports

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

