

# SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

## Preparticipation Physical Evaluation

### Demographic Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
 Student ID # \_\_\_\_\_ School \_\_\_\_\_ Pioneer Valley / Righetti / Santa Maria \_\_\_\_\_  
 Address \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

### Family Health History

\*Explain "Yes" answers below. Circle questions if you do not know the answer.

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born w/o or missing a kidney, eye, testicle or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition?	<input type="checkbox"/>	<input type="checkbox"/>	28. Ever had infectious mononucleosis within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any medicines?	<input type="checkbox"/>	<input type="checkbox"/>	29. Ever had rashes, pressure sores or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicine, foods, etc?	<input type="checkbox"/>	<input type="checkbox"/>	30. Ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	32. Been hit in head & confused or lost memory?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	33. Ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> A Heart Murmur <input type="checkbox"/> A Heart Infection	<input type="checkbox"/>	<input type="checkbox"/>	35. Ever had numbness, tingling or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart?	<input type="checkbox"/>	<input type="checkbox"/>	36. Ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12. Anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor ever told you that you or someone in your family has sickle cell trait/disease?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative died of heart problems or sudden death before the age of 50?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have any problems with your eyes/vision?	<input type="checkbox"/>	<input type="checkbox"/>
14. Anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contacts?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had an injury like a sprain, muscle or ligament tear that caused you to miss practice/game?	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain/lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
18. Ever had any broken/fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
19. Ever had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehab, physical therapy, a brace, cast or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20. Ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
21. Ever been told that you have or had an x-ray for <i>Atlantoaxial (neck) instability</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<i>FEMALES ONLY</i>		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	48. How old were you when you had your first period?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	49. How many periods in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
25. Anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Explain "Yes" answers here:</b> _____ _____ _____ _____ _____		
26. Ever used an inhaler or taken asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>			

### Parental Consent for Physical Examination to be Performed

I hereby give consent for my child to receive a physical exam from a physician for the purpose of competing in athletics in the Santa Maria Joint Union High School District and also state, that to the best of my knowledge, my answers to the family health history questions are complete and correct.

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

## PHYSICAL EXAMINATION

### To be Completed by Physician

Name \_\_\_\_\_ Date of Exam \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Medical	Normal	Abnormal Findings	Initials*
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
Musculoskeletal	Normal	Abnormal Findings	Initials*
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

\*This is for athletic participation and not intended to be a comprehensive medical evaluation. Certain conditions may exist which may not be identified. Your personal doctor should be contacted for comprehensive evaluation and screening.

### Medical Clearance

- Cleared without restriction
  - Cleared with recommendations: \_\_\_\_\_
  - Not Cleared
    - For all sports
    - Certain sports \_\_\_\_\_
- Reason: \_\_\_\_\_

I certify that I have on this date examined this student and that, on the basis of my examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it inadvisable for this student to compete in supervised athletic activities. (Note exceptions above)

Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD, DO, PA, NP (circle one)

# SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

## Student/Parent Risk Acknowledgement and Consent for Participation

Student Name: \_\_\_\_\_

The above-mentioned student wishes to participate in a Santa Maria Joint Union High School District Athletic program. We realize there are risks involved in participation include a full range of injuries, from minor to severe. We recognize the possibility that the athlete might die, become paralyzed, or suffer permanent disability as a result of participation in this sports program. We agree and accept the risk as a condition of participation.

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

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

## Parental Consent to Treat and Transport

I, the undersigned, being the parent or legal guardian of the above-mentioned student, do consent to any medical treatment deemed necessary by the athletic staff (athletic trainer, athletic director, or coach). If, in the judgement of any representative of the school, the above-named student needs immediate care and/or treatment as may be given to said student by any physician, athletic trainer, nurse, hospital, or school representative. I do consent to the transportation of my child for participation in inter-scholastic athletics, and hereby grant any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child when escorted to the treating facility by a teacher, coach, or other employee of SMJUHS. Further, should the attending physician determine after examination that life-saving surgery or other procedures might be necessary; permission is extended to the above parties to grant it. Additionally, I agree to hold harmless such personnel and SMJUHS by my action of granting said permission.

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

# SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

## Athletic Insurance Verification

Student Name: \_\_\_\_\_

The California Education code requires insurance coverage in the amount of at least \$1500.00 for medical and hospital expenses resulting from accidental bodily injury to members of any athletic team injured while participating in, or practicing for, interscholastic events or while being transported to and from such events. I hereby certify that there is held on behalf of the above-named student, an insurance policy in the amount equal to or greater than that required by the California Education Code Section 32220-24 and 35330-31 for medical and hospital expenses resulting from accidental bodily injury while participating in or practicing for, interscholastic events or while being transported to and from such events.

Medical/Health Insurance Company: \_\_\_\_\_ PPO / HMO (circle one)

Policy Number: \_\_\_\_\_

NOTE: Your attention is directed to the fact that many insurance companies exclude tackle football. Please read your policy, you may need additional coverage. Supplemental coverage for athletics, including football, can purchased through the business office.

I also agree to indemnify and hold harmless SMJUHSD from any and all responsibility or liability arising out of, or in any way related to the requirement under the aforementioned code section to provide insurance coverage for the above-named student.

Parent/Guardian 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 student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-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 student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and 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 physician 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 for immediate transport 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 physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may 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 their 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, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery 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 concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

**Signs observed by teammates, parents and coaches include:**

- |  |   |
|--|---|
| <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> |
|--|---|

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <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><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</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><li>• Concentration or memory problems</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

**What is Return to Learn?**

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. 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 physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician 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 is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen 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 physician 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 students 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 they experience such symptoms, or if they suspect 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 Berlin, October 2016
- <https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html>
- <https://www.cdc.gov/headsup/youthsports/index.html>



# CIF Concussion Information Sheet



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

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 student-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 a student-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 student-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 Name  
*Printed*

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

\_\_\_\_\_  
Date

# Keep Their Heart in the Game

## A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

### How common is sudden cardiac arrest in the United States?

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

**FAINTING**  
is the  
**#1 SYMPTOM**  
OF A HEART CONDITION

### What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

### What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



## The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.  
Gasping, gurgling, snorting, moaning or labored breathing noises.  
Seizure-like activity.

### Early Access to 9-1-1



Confirm unresponsiveness.  
Call 9-1-1 and follow emergency dispatcher's instructions.  
Call any on-site Emergency Responders.

### Early CPR



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

### Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

### Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.



# Keep Their Heart in the Game

## Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete

### Potential Indicators That SCA May Occur

- Fainting or seizure, especially during or right after exercise
- Fainting repeatedly or with excitement or startle
- Excessive shortness of breath during exercise
- Racing or fluttering heart palpitations or irregular heartbeat
- Repeated dizziness or lightheadedness
- Chest pain or discomfort with exercise
- Excessive, unexpected fatigue during or after exercise

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

### What is CIF doing to help protect student-athletes?

CIF amended its bylaws to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new CIF protocol to incorporate SCA prevention strategies into my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

For more information about Sudden Cardiac Arrest visit

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

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

CardiacWise (20-minute training video)  
<http://www.sportsafetyinternational.org>





## Parent/Student CIF Heat Illness Information Sheet



### **WHY AM I GETTING THIS INFORMATION SHEET?**

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

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

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### **WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?**

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other "natural" stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

**PREVENTION** There are several ways to try to prevent heat illness:

#### **ADEQUATE HYDRATION**

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

#### **GRADUAL ACCLIMATIZATION**

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

#### **ADDITIONAL PREVENTION MEASURES**

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

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



## Parent/Student CIF Heat Illness Information Sheet



### HEAT EXHAUSTION

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

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

### TREATMENT OF HEAT EXHAUSTION

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

### HEAT STROKE

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. **Signs observed by teammates, parents, and coaches include:**

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

### TREATMENT OF HEAT STROKE

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

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

### FINAL THOUGHTS FOR PARENTS AND GUARDIANS

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

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

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

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

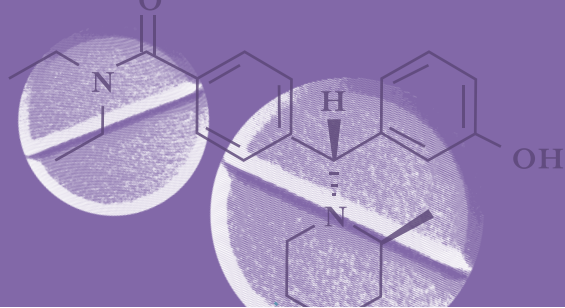
\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name  
*Printed*

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

\_\_\_\_\_  
Date

# 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®

## 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](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 for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

### I acknowledge that I have received and read the Opioid Factsheet.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name  
*Printed*

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

\_\_\_\_\_  
Date

## 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, 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 the players on a team.
- i. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
- j. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

*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 participating in interscholastic athletics, regardless of context, site or jurisdiction.*

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
- Parent Signature

\_\_\_\_\_  
High School

\_\_\_\_\_  
- Coach's Signature

\_\_\_\_\_  
Athletic Directors Signature

**Player:**

A player who is ejected from a contest (for reasons other than fighting or leaving the bench area during a fight) shall be ineligible to participate in the remainder of that contest (event) and his or her team's future contest (s) as outlined below:

1. First Ejection: Player is ineligible to participate in the team's next contest. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's next contest. If the ejection occurs in the last game of the season, the player would be ineligible for the team's first contest the following season. If the player is a senior, he or she would be ineligible for the first contest of their next season of sport. **Note: There is no appeal process for single game ejections.**
2. Second Ejection: Player is ineligible to participate in the team's next three (3) contests. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's next three (3) contests. If the season concludes prior to the player serving the three (3) contests suspension, he or she would be ineligible for the number of contests remaining on the suspension for the team's following season. If the player is a senior, he or she would be ineligible for the number of contests remaining on the suspension for their next season of sport.
3. Third Ejection: Player is ineligible to participate for the remainder of that season. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's remaining contest that season. If there are six (6) or fewer contests remaining in the season, the player would be ineligible for up to six (6) contests for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter. If the player is a senior, he or she would be ineligible for up to six (6) contests for the next season of sport as determined by the CIF Section Commissioner with jurisdiction in the matter.

A player who is ejected from a contest for fighting or leaving the bench area during a fight\* shall be ineligible to participate in the remainder of that contest and his or her team's future contests as outlined below:

1. First Ejection: Player (Fighting/Assaultive Behavior/Gross Unsportsmanlike Conduct) is ineligible to participate in the team's next three (3) to six (6) contests as determined by the CIF Section Commissioner with jurisdiction in the matter. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the duration of the suspension. If the season concludes prior to the player serving the full suspension, he or she would be ineligible for the number of contests remaining on the suspension for the team's following season. If the player is a senior, he or she would be ineligible for the number of contests remaining on the suspension for their next season of sport. \*NFHS Rules indicate automatic one game suspension for leaving the bench.
2. Second Ejection: Player is ineligible to participate for the remainder of that season. Player may remain on the bench for the duration of that contest and may be on the bench in street clothes for the team's remaining contests that season. If there are six (6) or fewer contests remaining in the season, the player would be ineligible for up to six (6) contests for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter. If the player is a senior, he or she would be ineligible for up to six (6) contests for their next season of sport as determined by the CIF Section Commissioner with jurisdiction in the matter.

Before a player may return to participate in a contest following a multiple game suspension for any of the above infractions, the school principal must inform the CIF Section Commissioner with jurisdiction in the matter that they have met with the student-athlete, his or her parent/guardian/caregiver and coach to discuss future behavioral expectations.

**Coach:**

A coach who is ejected from a contest (for reasons other than fighting) shall be disqualified from participating in the remainder of that contest and his or her team's future contest (s) as outlined below:

1. First Ejection: Coach is disqualified from participating in the team's next contest. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for the team's next contest. If the ejection occurs in the last game of the season, the coach would be ineligible for the team's first contest the following season.
2. Second Ejection: Coach is disqualified from participating in the team's next three (3) to six (6) contests as determined by the CIF Section Commissioner with jurisdiction in the matter. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for the team's next three (3) to six (6) contests. If the ejection occurs in the last game of the season, the coach would be ineligible for the team's first three (3) to six (6) contests the following season.
3. Third Ejection: Coach is disqualified from participating in the remaining contests of that season. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for the remaining contests of that season. If there are six (6) or fewer contests remaining in the season, the coach would be disqualified from participating for up to six (6) contest for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter.

A coach who is ejected from a contest for (Fighting/Assaultive Behavior/Gross Unsportsmanlike Conduct) shall be disqualified from participating in the remainder of that contest and his or her team's future contests as outlined below:

1. Ejection for (Fighting/Assaultive Behavior/Gross Unsportsmanlike Conduct): Coach is disqualified from participating for the remainder of that season. Coach must immediately vacate the playing area and the vicinity in and around the contest and refrain from having any communication with the team or other coaches for the remainder of that contest and for all of the team's remaining contests that season. If there are fewer than six (6) contest remaining in the season, the coach would be disqualified from participating for up to six (6) contests for the team's following season as determined by the CIF Section Commissioner with jurisdiction in the matter.

Before a coach may return to participate in a contest following a multiple contest disqualification, for any of the above infractions, the school principal must inform the CIF Section Commissioner with jurisdiction in the matter that they have met with the coach to discuss future behavioral expectations.

**Appeal Process for All Multi-Game Ejections:**

The school principal may appeal the penalties listed above in writing to the League Commissioner/President (for a regular season contest not including the final contest prior to Section playoffs) or CIF Section Commissioner with jurisdiction in the matter (for the final contest prior to Section playoffs and all playoff contests). The appeal must be received by the Section with 48 hours of the date of the ejection. Reasons for the appeal may only include misidentification of the ejected player or a misapplication of the rule. There will be no appeal regarding the judgement of an official.

**Note: There is no appeal process for single game ejections.**

**Spectator:**

If a spectator is ejected from a contest, it is the responsibility of the school to ensure that person does not attend that team's next contest. If the same spectator is ejected a second time, it is the responsibility of the school to ensure that person does not attend any of the remaining contests for that season.

**Enforcement:**

See Bylaw 503. M. and Article 22.C.(1)(2)(3)(4)

1. The Executive Director and/or Executive Committee or Section Commissioner and/or Section Board of Managers shall have power to suspend, to fine or otherwise penalize any member school for the violation of any CIF or Section rules and regulations or for just cause. The period of suspension or other penalty shall be left to the discretion of the CIF governing body that has jurisdiction of the matter where the penalty is not fixed.

(Approved May 2020 Federated Council)

**PHYSICAL ASSAULT**

CIF State Constitution Bylaw 210: 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 calendar 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.