



Athletic Activity Clearance Packet

Kern High School District

The following forms must be filled out **neatly** and **completely**. Students will not be allowed to participate until **ALL** forms have been completed and turned in to _____ High School Athletic office, verified and issued a clearance card.

Check List:

- _____ **Academic Eligibility**
2.0. GPA, Passed 4 courses, 20 units, but must be enrolled in 5 courses, 25 units
- _____ **Physical Examination Form**
Completed by MD or DO per A.R. 6145.5
- _____ **Emergency Cards (2 pages)**
Please fill out each section and list Preferred Hospital. All 3 cards must have parent signatures
- _____ **Steroid Use Policy Agreement**
Student and Parent Signatures
- _____ **Athletic Release/Consent to Participate Form (Risk Acknowledgement)**
Student and Parent Signatures
- _____ **Discipline Code Summary**
Student and Parent Signatures
- _____ **Concussion Acknowledgment Form**
Student and Parent Signatures
- _____ **Ethics in Sport**
Student and Parent Signatures
- _____ **Sudden Cardiac Arrest Parent Review Form**
Student and Parent Signatures
- _____ **Physician Letter to School/ACE Form**
Student and Parent Signatures

Parent/Guardian keeps: Ethics in sports description; concussion fact sheet; Physician Letter/ACE evaluation form; SCA parent review Form

Sport	GPA/Money Owed	Clearance Date
Fall _____	_____/_____ _____	Fall _____
Winter _____	_____/_____ _____	Winter _____
Spring _____	_____/_____ _____	Spring _____



PHYSICAL EXAMINATION FORM FOR STUDENTS

Name _____ UID # _____
 Grade _____ Birth Date _____ Sex _____
 Father _____ Mother _____
 Address _____

Medical history to include: rheumatic fever, tuberculosis, epilepsy, allergies, operations, serious illnesses, congenital defects and menstrual disturbances:

Has your son/daughter had a concussion? Yes No

If so, how many? _____ Date of Last concussion _____
 Immunization Recommendations:

Physical Examination	Check			Additional Remarks
	N	A	NE	
Normal, Abnormal, Not Examined				
General Weight & Nutrition				
General Appearance				
Skin (Acne, Tinea, Dermatitis)				
Eyes (Conjunctivae, Cornea, EOM)				
Ears (Perforations, Deafness)				
Nose (Allergy, Deformities)				
Teeth (Cavities, Gingivitis, Occlusion)				
Tonsils				
Lymph Nodes				
Chest (Deformities)				
Lungs				
Heart (Size, Murmur, Rhythm)				
Breast				
Abdomen				
Hernias				
Genitalia				
Back (Kyphosis, Lordosis, Scoliosis)				
Skeleton (Limited Motion, Deformities)				
Feet (Flat, Pronated, Tinea)				

Blood Pressure _____ Ht. _____ Wt. _____

This student may participate in:

Competitive Sports Yes _____ No _____
 Regular Physical Education Yes _____ No _____
 Limited P.E. Only Yes _____ Duration _____

 Physician's Signature

 Date

 Type or print physician's name

 License Number

**PHYSICALS FROM A CHIROPRACTOR
 ARE NOT VALID FOR ATHLETIC CLEARANCE**





KERN HIGH SCHOOL DISTRICT
PARENT MEDICAL CONSENT/ATHLETIC PARTICIPATION
 (Allows your student athlete to compete in sports and receive medical attention if needed.)

Previous Sport _____

Student Name: _____ UID # _____ Grade: 9 10 11 12 **Sport:** _____

Parent's Name: _____ Address: _____ Home Phone: _____

Student's Date of Birth: _____ Male/Female Work Phone: _____
 Month Day Year (Circle One)

In the events the parents cannot be contacted, please list another person to call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Family Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Company: _____ POLICY # _____

LIST ANY MEDICATIONS/ALLERGIES: _____
 I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO RECEIVE NECESSARY EMERGENCY MEDICAL TREATMENT IF HE/SHE IS INJURED OR ILL WHILE PARTICIPATING ON A KHSD ATHLETIC TEAM.

PARENT SIGNATURE

DATE _____



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 (Allows your student athlete to compete in sports and receive medical attention if needed.)

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PARENT SIGNATURE

DATE _____





Print Name of Student-Athlete: _____

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Kern High School District policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Student

_____ Date

Signature of Parent

_____ Date





Kern High School District

...tradition of excellence since 1893

5801 Sundale Ave. Bakersfield, CA 93309 | 661-827-3100

ATHLETIC RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Student's Name: _____ Date of Birth: _____

Sport/Activity: _____ School Year: _____

WARNING: Participation in athletics may result in severe injury which can range from minor to catastrophic injuries. Both the student and parent/guardian must understand that the dangers and risks of playing or practicing include but are not limited to: death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well-being. Injuries can occur as a result of negligent conduct of the Student, other participants in the sport, coaches, instructors, trainers and volunteers. Even with protective equipment and safety rules, serious and even fatal injuries may still occur.

AS A **CONDITION OF PARTICIPATION** IN ATHLETICS, THE UNDERSIGNED ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTAND THIS WARNING STATEMENT AND THAT THEY VOLUNARILY AGREE TO ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN ATHLETICS.

IN CONSIDERATION FOR YOUR PARTICIPATION IN ATHLETICS, THE UNDERSIGNED HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE KERN HIGH SCHOOL DISTRICT, ITS EMPLOYEES, REPRESENTATIVES, BOARD, MEDICAL PERSONNEL, OFFICERS, COACHES, TRAINERS, STAFF, VOLUNTEERS AND ANY OTHER AGENTS (HEREINAFTER "RELEASEES"), FROM ANY AND ALL LIABILITY, ACTIONS, DEBTS, CLAIMS AND DEMANDS FOR ANY LOSS OR DAMAGE TO STUDENT RESULTING IN INJURY OR DEATH OF THE STUDENT, INCLUDING FOR NEGLIGENCE OR OTHER WRONGFUL ACTS OF THE RELEASEES AND THIRD PARTIES, WHICH MAY ARISE OUT OF OR IN CONNECTION WITH THE STUDENT'S PARTICIPATION IN ATHLETICS.

The undersigned further agree to indemnify, defend, save and hold Releasees harmless from any and all liability, actions, debts, claims and demands of every kind which may arise out of or in connection with the Student's participation in athletics.

The undersigned agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of California, and that if any portion is held invalid, the balance shall continue in full legal force and effect. The undersigned further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. The undersigned agree that this release shall extend to Student's heirs, personal representatives, assigns, and next of kin.

I (we) have read and understand the information above and consent to participate in the athletic activity.

Student Signature

Date

Parent/Guardian Signature

Date

10/14/2015



KERN HIGH SCHOOL DISTRICT DISCIPLINE CODE SUMMARY

OFFICE OF ACTIVITIES/ATHLETICS

The Board of Trustees of the Kern High School District, in association with the CIF, supports a strong, wholesome interscholastic program as an integral part of the educational process for students attending high schools. Each student athlete is required to adhere to the rules and regulations of the California Interscholastic Federation and to the Kern High School District Athletic Control Code.

Each parent/guardian and student athlete must sign and return this letter to the finance office, indicating that each has read the summarized regulations. A COMPLETE COPY OF THE ATHLETIC AND ACTIVITY CONTROL CODE IS AVAILABLE AT YOUR SON'S/DAUGHTER'S HIGH SCHOOL UPON REQUEST.

SCHOLASTIC ELIGIBILITY

- 1. The student is currently enrolled in at least 25 semester periods of work.
- 2. The student has maintained during the previous grading period a minimum of 2.0 G.P.A. in all enrolled courses.
 - a. No more than one (1) service type class with no more than five (5) semester periods of credit can be included in the classes counted for eligibility in any one grading period.

REGULATIONS GOVERNING STUDENTS ON AND OFF SCHOOL CAMPUSES

- 1. **ALCOHOLIC BEVERAGES**
Use or possession of alcoholic beverages by a student is prohibited at any time during the school year.
- 2. **TOBACCO**
Use or possession of tobacco in any form by a student is prohibited at any time during the school year.
- 3. **DRUGS, NARCOTICS**
Use, possession, sale, or distribution of any illegal drugs (marijuana, cocaine, etc.), drug paraphernalia, or controlled substance (steroids, etc.) (unless prescribed by a licensed physician) is prohibited during the calendar year.
- 4. **CIVIL OR CRIMINAL OFFENSE**
Involvement in an offense classified as a felony or misdemeanor that threatens the discipline of the team, the welfare of or the educational functions of the school is prohibited during the calendar year.
- 5. **WILLFUL OR RECKLESS CONDUCT**
Willful or reckless conduct which results in, or is likely to result in bodily injury or damage to person or real property is forbidden during the calendar year insofar as such conduct threatens the discipline and welfare of the school.

A student found guilty of violating regulations 1 & 2, as outlined above, will forfeit all athletic privileges for a period of nine (9) regular athletic school weeks. If a student is found in violation of 4 or 5, as outlined above, he/she will forfeit all athletic privileges for a period of not less than nine (9) nor more than eighteen (18) regular athletic school weeks. If a student is found in violation of 3, above, he/she will automatically forfeit the privilege of participating in athletics for a period of eighteen (18) regular athletic school weeks. Second and third violations of the regulations will result in period of ineligibility of up to one year. First time offenders of tobacco and alcohol have an alternative program available. Selection of the alternative program could shorten the suspension period. See your athletic director for information.

Warning: Football players are NOT to use helmets to butt, ram or spear an opposing player. This is in violation of the football rules, and such use can result in severe head or neck injuries, paralysis or 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.

NAME OF STUDENT (PRINT) _____ STUDENT ID# _____

PARENT/GUARDIAN SIGNATURE DATE

STUDENT'S SIGNATURE DATE





AB 25 (Concussion Information Form)

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The CIF Bylaw 503H now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

and

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

A student diagnosed with a concussion cannot return to activity for a minimum of seven (7) days as determined by the doctor. See CIF bylaw 503H.

You should also inform your child's coach if you think that your child may have a concussion, remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date





California Interscholastic Federation

Central Section

P.O. Box 1567 Porterville, CA 93258

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

ETHICS IN SPORTS

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. I further agree not to use drugs, alcohol, steroids or other performance enhancing drugs while in high school.

ATHLETE

[Signature box]

Student Signature

Printed Name

Date

[Signature box]

Parent Signature

High School

COACHING STAFF

Coach

Site Administrator



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>





California Interscholastic Federation
Central Section
P.O. Box 1567 Porterville, CA 93258
Phone (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, 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

To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.

To eliminate all possibilities which tend to destroy the best values of the game.

To stress the values derived from playing the game fairly.

To show cordial courtesy to visiting teams and officials.

To establish a happy relationship between visitors and host.

To respect the integrity and judgment of sports officials.

To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.

To encourage leadership, use of initiative and good judgment by the players on a team.

To recognize that the purpose of athletics to promote the physical, mental, moral, social and emotional well-being of the individual players.

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.

III. Violations and Minimum Penalties Act

- First ejection of player or coach from a contest or SCRIMMAGE for unsportsmanlike conduct.
- Second ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.
- Third ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.
- Any players that leave the "bench" area to begin a confrontation or leave these areas during an altercation.
- 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.
- Illegal participation in next contest by player ejected in previous contest.
- Illegal placement of ejected player or illegal participation by coach ejected in previous contest.
- 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.
- If act occurs in CIF Section Finals and both teams are charged with a forfeit.



IV. Penalties

- Ineligible for the next CIF contest (league, non-league, tournament, invitational, playoff, etc., scrimmage excluded). The next contest could be the second game of a doubleheader or even the next season of sport. Athletes competing in concurrent sports would be ineligible for both sports.
- Ineligibility for next two CIF contests as above will carry over the next season of sport
- Ineligibility for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee
- Ejection from the contest for those players designated by officials. The contest may be terminated by the officials. One or both teams may forfeit the contest.
- Contest stopped, ejection from the contest for those players designated by the officials. The team(s) that left the bench area must forfeit contest, record a loss, and the team(s) and players will be put on probationary status for the balance 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 Board.
- Ineligibility for remainder of season for player. Forfeiture of contest.
- Constitution and sport governing rules and procedures for a coach who knowingly violates CIF or Section Rules.
- Area Commissioner may determine and implement penalties for individuals and teams not otherwise specified by CIF Central Section Constitution and Bylaws.
- 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 the ineligibility of a player or coach may be made, in writing, to the player or coach's site administrator. The site administrator or his/ her designee's decision on his/ her athlete or coach shall be final and shall be conveyed to the site administrator of the school(s) involved, to the president of the league(s) involved and the CIF Area and Section Commissioner.

V. 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 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.



CONCUSSION

A Fact Sheet for Student-Athletes

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a blow to the head or body.
 - From contact with another player, hitting a hard surface such as the ground, ice or floor, or being hit by a piece of equipment such as a bat, lacrosse stick or field hockey ball.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Presents itself differently for each athlete.
- Can occur during practice or competition in ANY sport.
- **Can happen even if you do not lose consciousness.**

HOW CAN I PREVENT A CONCUSSION?

Basic steps you can take to protect yourself from concussion:

- Do not initiate contact with your head or helmet. You can still get a concussion if you are wearing a helmet.
- Avoid striking an opponent in the head. Undercutting, flying elbows, stepping on a head, checking an unprotected opponent, and sticks to the head all cause concussions.
- Follow your athletics department's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Practice and perfect the skills of the sport.

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury. Concussion symptoms include:

- Amnesia.
- Confusion.
- Headache.
- Loss of consciousness.
- Balance problems or dizziness.
- Double or fuzzy vision.
- Sensitivity to light or noise.
- Nausea (feeling that you might vomit).
- Feeling sluggish, foggy or groggy.
- Feeling unusually irritable.
- Concentration or memory problems (forgetting game plays, facts, meeting times).
- Slowed reaction time.

Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

DON'T HIDE IT. Tell your athletic trainer and coach. Never ignore a blow to the head. Also, tell your athletic trainer and coach if one of your teammates might have a concussion. Sports have injury timeouts and player substitutions so that you can get checked out.

REPORT IT. TELL YOUR COACH – TELL YOUR PARENTS! Do not return to participation in a game, practice or other activity with symptoms. The sooner you get checked out, the sooner you may be able to return to play.

GET CHECKED OUT. Your team physician, athletic trainer, or health care professional can tell you if you have had a concussion and when you are cleared to return to play. A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep and classroom performance.

TAKE TIME TO RECOVER. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death. Severe brain injury can change your whole life.



**IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
WHEN IN DOUBT, GET CHECKED OUT.**

For more information and resources, visit www.cifstate.org/health_safety/ & www.cdc.gov/concussion/



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.

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, snoring, moaning or labored breathing noises.
Seizure-like activity.

Early Access to 9-1-1



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

Early CPR



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

Early Defibrillation



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

Early Advanced Care



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

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Physician Letter to School

To Whom It May Concern:

Patient Name: _____ DOB: _____

INJURY STATUS

Exam Date: _____

- Has been diagnosed by a MD/DO with a concussion and is under our care.
- Medical follow-up evaluation is scheduled for (date): _____
- Was evaluated and did not have a concussion injury. There are no limitations on school and physical activity.

ACADEMIC ACTIVITY STATUS *(Please mark all that apply)*

- This student is not to return to school.
- This student may begin a return to school based on successful progression through the *CIF Concussion Return to Learn Protocol*. This student requires the necessary school accommodations set forth on the *Physician (MD/DO) Recommended School Accommodations Following Concussion* form.
- This student is no longer experiencing any signs or symptoms of concussion and may be released to full academic participation.

Comments: _____

PHYSICAL ACTIVITY STATUS *(Please mark all that apply)*

- This student is not to participate in physical activity of any kind.
- This student is not to participate in recess, PE class, or other physical activities except for untimed, voluntary walking.
- This student may begin a monitored, graduated return to play progression (per *CIF Concussion RTP Protocol*).
- This student is cleared for full, unrestricted athletic participation (has completed the *CIF Concussion RTP Protocol*).

Comments: _____

Physician (MD/DO) Signature: _____ Date: _____

Physician Stamp and Contact Info:

Parent/Guardian Acknowledgement Signature: _____ Date: _____

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5/2015



Acute concussion evaluation (Ace)

cARE PLAN

Gerard Gioia, PhD¹ & Micky Collins, PhD²

¹Children's National Medical Center

²University of Pittsburgh Medical Center

Patient Name: _____

DOB: _____ Age: _____

Date: _____ ID/MR #: _____

Date of Injury: _____

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

Rest is the key. You should not participate in any high risk activities (e.g., sports, physical education (PE), riding a bike, etc.) if you still have any of the symptoms below. It is important to limit activities that require a lot of thinking or concentration (homework, job-related activities), as this can also make your symptoms worse. If you no longer have any symptoms and believe that your concentration and thinking are back to normal, you can slowly and carefully return to your daily activities. Children and teenagers will need help from their parents, teachers, coaches, or athletic trainers to help monitor their recovery and return to activities.

Today the following symptoms are present (circle or check).

_____ No reported symptoms

Physical		Thinking	Emotional	Sleep
Headaches	Sensitivity to light	Feeling mentally foggy	Irritability	Drowsiness
Nausea	Sensitivity to noise	Problems concentrating	Sadness	Sleeping more than usual
Fatigue	Numbness/Tingling	Problems remembering	Feeling more emotional	Sleeping less than usual
Visual problems	Vomiting	Feeling more slowed down	Nervousness	Trouble falling asleep
Balance Problems	Dizziness			

RED FLAGS: Call your doctor or go to your emergency department if you suddenly experience any of the following

Headaches that <u>worsen</u>	Look <u>very</u> drowsy, can't be awakened	Can't <u>recognize</u> people or places	Unusual behavior change
Seizures	<u>Repeated</u> vomiting	Increasing confusion	Increasing irritability
Neck pain	Slurred speech	Weakness or numbness in arms or legs	Loss of consciousness

Return to Daily Activities

1. Get lots of rest. Be sure to get enough sleep at night- no late nights. Keep the same bedtime weekdays and weekends.
2. Take daytime naps or rest breaks when you feel tired or fatigued.
3. **Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.**
 - Physical activity includes PE, sports practices, weight-training, running, exercising, heavy lifting, etc.
 - Thinking and concentration activities (e.g., homework, classwork load, job-related activity).
4. Drink lots of fluids and eat carbohydrates or protein to maintain appropriate blood sugar levels.
5. **As symptoms decrease, you may begin to gradually return to your daily activities. If symptoms worsen or return, lessen your activities, then try again to increase your activities gradually.**
6. During recovery, it is normal to feel frustrated and sad when you do not feel right and you can't be as active as usual.
7. Repeated evaluation of your symptoms is recommended to help guide recovery.

Returning to School

1. If you (or your child) are still having symptoms of concussion you may need extra help to perform school-related activities. As your (or your child's) symptoms decrease during recovery, the extra help or supports can be removed gradually.
2. Inform the teacher(s), school nurse, school psychologist or counselor, and administrator(s) about your (or your child's) injury and symptoms. School personnel should be instructed to watch for:
 - Increased problems paying attention or concentrating
 - Increased problems remembering or learning new information
 - Longer time needed to complete tasks or assignments
 - Greater irritability, less able to cope with stress
 - Symptoms worsen (e.g., headache, tiredness) when doing schoolwork

This form is part of the "Heads Up: Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC).



Returning to School (Continued)

Until you (or your child) have fully recovered, the following supports are recommended: (check all that apply)

- No return to school. Return on (date) _____
- Return to school with following supports. Review on (date) _____
- Shortened day. Recommend _____ hours per day until (date) _____
- Shortened classes (i.e., rest breaks during classes). Maximum class length: _____ minutes.
- Allow extra time to complete coursework/assignments and tests.
- Lessen homework load by ____%. Maximum length of nightly homework: _____ minutes.
- No significant classroom or standardized testing at this time.
- Check for the return of symptoms (use symptom table on front page of this form) when doing activities that require a lot of attention or concentration.
- Take rest breaks during the day as needed.
- Request meeting of 504 or School Management Team to discuss this plan and needed supports.

Returning to Sports

1. **You should NEVER return to play if you still have ANY symptoms** – (Be sure that you do not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration.)
2. Be sure that the PE teacher, coach, and/or athletic trainer are aware of your injury and symptoms.
3. It is normal to feel frustrated, sad and even angry because you cannot return to sports right away. With any injury, a full recovery will reduce the chances of getting hurt again. It is better to miss one or two games than the whole season.

The following are recommended at the present time:

- Do not return to PE class at this time
- Return to PE class
- Do not return to sports practices/games at this time
- Gradual** return to sports practices under the supervision of an appropriate health care provider (e.g., athletic trainer, coach, or physical education teacher).
 - Return to play should occur in gradual steps beginning with aerobic exercise only to increase your heart rate (e.g., stationary cycle); moving to increasing your heart rate with movement (e.g., running); then adding controlled contact if appropriate; and finally return to sports competition.
 - Pay careful attention to your symptoms and your thinking and concentration skills at each stage of activity. Move to the next level of activity only if you do not experience any symptoms at the each level. If your symptoms return, let your health care provider know, return to the first level, and restart the program gradually.

Gradual Return to Play Plan

1. No physical activity
2. Low levels of physical activity (i.e., *symptoms do not come back during or after the activity*). This includes walking, light jogging, light stationary biking, light weightlifting (lower weight, higher reps, no bench, no squat).
3. Moderate levels of physical activity with body/head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).
4. Heavy non-contact physical activity. This includes sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).
5. Full contact in controlled practice.
6. Full contact in game play.

*Neuropsychological testing can provide valuable information to assist physicians with treatment planning, such as return to play decisions.

This referral plan is based on today's evaluation:

Return to this office: Date/Time _____

___ Refer to: Neurosurgery Neurology _____ Sports Medicine _____ Physiatrist ___ Psychiatrist

___ Other _____

___ Refer for neuropsychological testing

___ Other _____

ACE Care Plan Completed by: _____ © Copyright G. Gioia & M. Collins, 2006

