

William S. Hart Union High School District

Athletic Clearance Form

- 1. Warning to Student-Athlete and Parents
- 2. Certificate of Student Insurance
- 3. Parent Consent and Co-Curricular Agreement

Active Sport(s):
 Fall _____
 Winter _____
 Spring _____

You must complete all sections of this form before your daughter/son can participate in Interscholastic athletic practices and contests

Please print all information

Name _____ ID# _____ Grade **9 10 11 12**

Address _____ City _____ Zip _____

Birth Date _____ Phone # _____
 State _____

School Attended Last Year _____ Sex **M F**

Name of Doctor _____ Doctor Phone() _____ FAX() _____

Address _____ City _____ Zip _____

1. Warning to Student-Athlete and Parents :

By nature, competitive athletics may put students in a situation where **SERIOUS, CATASTROPHIC**, and perhaps, **FATAL ACCIDENTS** may occur. By granting permission for your student-athlete to participate in athletic competition, you, the parent or guardian, acknowledge that such risks exist.

Student-Athlete's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

2. Certificate of Student Insurance :

It is the responsibility of the parent/guardian to secure insurance coverage prior to participation in athletics. Sections 32220-32224 of the Education Code requires that each member of an athletic team have insurance. I certify that my student is covered by insurance as required and further, said coverage will be in force for the entire current school year. I understand that the school district has made available an accident insurance program in which my child may enroll and that the program is optional.

Name of Insurance Company _____ Policy # _____

Myers-Stevens Insurance (optional) Date mailed : _____

3. Parental Consent and Co-Curricular Agreement :

I hereby give consent for my student to participate in Interscholastic Athletics in the Wm. S. Hart Union High School District. In case of injury to my daughter/son, you are authorized to have her/him treated. I further understand that in case of injury, the school staff and Associated Student Body is relieved of all liability from medical or hospital bills sustained in participation in interscholastic athletic competition. I hereby give my consent for my daughter/son to compete in sports and go with a representative of the school on any trip(s). I have also read the co-curricular policy regarding requirements for participation in school activities and agree to abide by the rules and regulations. (See "Notice of Rights, Regulations and Responsibilities")

Student-Athlete's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

William S. Hart Union High School District

CERTIFICATE OF PHYSICAL EXAMINATION

Name _____ DOB _____ / _____ / _____

Height _____ Weight _____ Pulse _____ BP _____ / _____

Please place a “✓” as either Normal or Abnormal for all findings below. Please describe in detail all abnormal findings.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional comments: _____

List any restrictions and duration: _____

I hereby certify that _____ was examined by me on _____ 200__

and found to be physically fit to engage in athletics.

Physician's Signature _____ **Date** _____

Stamp name or attach card of medical office here ▼

Pre-participation Physical Examination Valencia High School

Name _____
 Last First Middle Birthdate Sport
 Address _____
 Street City State Zip Phone
 Grade: Freshman Sophomore Junior Senior

MEDICAL HISTORY

Your responses will remain strictly confidential
 Have you ever had any problems with any of the following?

Head and Neck

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent headaches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Concussions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized for a concussion? |
| <input type="checkbox"/> | <input type="checkbox"/> | Ever had a neck or spine injury? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have problems with your eyes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat illness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures, "fits, convulsions, or epilepsy?" |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any impairment of hearing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have numbness, tingling, or weakness in Any extremity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with teeth, tonsils, or mouth? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are they removable? |

Give and details to any "Yes" answer.

Urinary/Intestinal

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a kidney disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | Passed blood in your urine? |
| <input type="checkbox"/> | <input type="checkbox"/> | Injury to the kidneys? |
| <input type="checkbox"/> | <input type="checkbox"/> | Burning on urination? |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Mono? |
| <input type="checkbox"/> | <input type="checkbox"/> | Stomach or Intestinal disorders? |
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Constipation or diarrhea? |
| <input type="checkbox"/> | <input type="checkbox"/> | Hernia? |
| <input type="checkbox"/> | <input type="checkbox"/> | (men only) Problems with testicles? |
| <input type="checkbox"/> | <input type="checkbox"/> | (women only) Problems with pain or discharge from your breasts? |

Give and details to any "Yes" answer.

Cardiovascular-Respiratory

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Sickle cell disorder? |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart problems? <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart murmur? |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest pains? |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty breathing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma? (list medications) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history for heart attacks or strokes? <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you anemic (low blood count)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion or heat stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergic to medications, pollens, foods, insects or pets? (circle one of the above) Which? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis? |
| <input type="checkbox"/> | <input type="checkbox"/> | Passed out while working out? |

Give dates and details to any "Yes" answers

 List what you are allergic to: _____

I have read and answered the above question to the best of my ability.

Student/Athlete Signature _____

Parent Signature _____

Reviewed by Physician _____

Musculoskeletal

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with shoulders R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with elbows R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with wrists R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with fingers R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with hips R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with knees R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with ankles R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Problems with feet R L |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any pins, screws or Metal in your body? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had any broken bones? |
| <input type="checkbox"/> | <input type="checkbox"/> | Had any dislocated joints? |
| <input type="checkbox"/> | <input type="checkbox"/> | Get frequent muscle pull or strains? |
| <input type="checkbox"/> | <input type="checkbox"/> | Back Pain? |
| <input type="checkbox"/> | <input type="checkbox"/> | Shin splints? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any surgeries? |

Give dates and details to any "Yes" answers.

Date: _____



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, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

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, is having difficulty staying awake or answering simple questions, he or she should be immediately taken 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 progress. 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. 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 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 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.

Signs observed by teammates, parents and coaches include:

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

Symptoms may include one or more of the following:

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

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. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. 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. Go to the CIF website (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 for a graduated return to play plan. [AB 2127, a California state law that became 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 suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

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>



Concussion Information Sheet



Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



VALENCIA HIGH SCHOOL

Sports Medicine--Parental Consent to Treat

STUDENT NAME: _____ **GRADE:** 9 10 11 12

SPORT(S): _____

BY SIGNING BELOW, I/WE CERTIFY THAT:

I. PARENTAL CONSENT TO TREAT:

A. Permission is hereby granted to the Valencia High School Sports Medicine Program, Faculty and Coaches to proceed with any necessary Primary and Secondary First Aid. In the event of serious illness or injury I understand that an attempt will be made to contact me in the most expeditious manner possible. If in the event I cannot be reached, the treatment or referral necessary for the best interest of the above-named participant will be given.

B. Permission is hereby granted to the Valencia High School Sports Medicine Program to proceed with any necessary prevention techniques, evaluation, and/or minor medical treatment of injuries for the above-named student/athlete.

C. Permission is hereby granted to the Valencia High School Sports Medicine Program to proceed with any necessary use of modalities, including but not limited to those listed below, for the care, treatment and rehabilitation for the above-named student/athlete's injury(s). All modalities will be used under the direction of the Valencia High School Sports Medicine Program physician and/or other referring physicians and will only be administered by the Valencia High School Sports Medicine Program.

Please mark an "X" next to any prevention technique or modality that you **DO NOT** want used on your child.

Prevention Techniques	
<input type="checkbox"/> Taping	
<input type="checkbox"/> Bracing	

Modalities		
<input type="checkbox"/> Moist Heat	<input type="checkbox"/> Whirlpool (hot/cold)	<input type="checkbox"/> Game Ready (Ice & Compression)
<input type="checkbox"/> Ultrasound Therapy	<input type="checkbox"/> Electric Stimulation	<input type="checkbox"/> Rehabilitation Exercises
<input type="checkbox"/> T.E.N.S. (Electric Stim)	<input type="checkbox"/> Manual Muscle Massage [extremities and back only]	

D. SCAT Testing: Permission is granted for the above named student-athlete to participate in completing a Baseline of the most current *Sideline Concussion Assessment Tool (SCAT)*. The baseline will be stored for use later should the athlete sustain a head injury, concussion or mild traumatic brain injury (MTBI).

II. CONSENT TO RECEIVE TOPICAL SUBSTANCES:

Permission is hereby granted to the Valencia High School Sports Medicine Program to distribute topical substances (listed below) for first-aid care to the above-named student athlete. Please mark an "X" next to any substance you **DO NOT** want used on your child, or mark an "A" for any substance your child is allergic to.

<input type="checkbox"/> 2 nd Skin (Blister covering)	<input type="checkbox"/> Bacitracin (Neosporin)	<input type="checkbox"/> Benzoin Tincture (Bandage Adherent)
<input type="checkbox"/> Biofreeze (analgesic)	<input type="checkbox"/> Tuffskin (Tape Adherent Spray)	<input type="checkbox"/> Monsef's Solution (Minor Wound Closure)
<input type="checkbox"/> Hydrogen Peroxide	<input type="checkbox"/> Isopropyl Alcohol	<input type="checkbox"/> New Skin Liquid Bandage
		<input type="checkbox"/> Sterile Saline

III. PARENTAL AUTHORIZATION FOR THE USE & DISCLOSURE OF MEDICAL INFORMATION (HIPAA & FERPA):

I hereby authorize the Wm. S. Hart School District to share appropriate information (medical and/or other) concerning my child that is relevant to participation in athletics/activities with coaches, other healthcare professionals (as determined by parent) and other school personnel as deemed necessary. I understand that I may revoke this authorization at any time. However, the revocation will not apply to information that has already been released. I understand that I must do any revocation in writing and present my written revocation to the Sports Medicine Staff. Unless revoked, this authorization is in effect for the entire school year.

IV. STATEMENT OF RISK:

I acknowledge that the Wm. S. Hart School District assumes no responsibility for any risks associated with voluntary participation in school organized athletic, physical education or other activities. Furthermore, I understand that these sports activities involve risk of serious injury or death. After weighing these risks against the potential benefits my son/daughter may gain from these activities, I freely and fully accept the risks of athletics on my child's behalf.

V. STATEMENT OF LIABILITY:

In exchange for the opportunity to participate in interscholastic athletics, I freely and fully waive any claim by me, my spouse or my child, against Wm. S. Hart School District and its employees arising from a sports related injury or from transportation to/from a sporting event.

Additionally, the Wm. S. Hart School District and administrators reserve the right to make final decisions regarding a student-athletes participation status with interscholastic athletics.

By signing below I/we certify that: I/we are in agreement with the statements/authorizations made above, the answers to the questions are true and correct and that I/we understand that having passed the physical examination does not necessarily mean that my child is physically qualified to engage in athletics but only that the examiner did not find medical reason to disqualify him/her at the time of said examination.

PARENT / GUARDIAN SIGNATURE

DATE

Name of Parent/Guardian (Print)

Relation to Student Athlete