

INSURANCE VERIFICATION FORM

Dear Parents:

The California Education Code, Sections 32220 and 32221, requires that any student of *any* "Educational Institution" who practices for or participates in any inter-school athletic event **MUST** be insured for \$1,500 of insurance covering the medical expenses of accidental injuries. This applies to all sports and to all participants of any age.

This *mandatory* insurance requirement is also extended to students who accompany an athletic team to an extra-mural athletic event and while performing their function as a member of the band, song leaders, yell leaders, etc.

Consequently, students must be excluded from the team and from activities relative to an athletic event unless they have either purchased the school's regularly offered plan, or their parents can assure the District that adequate insurance is in force which meets the requirements of this law.

If you have not purchased the accident plan offered through the school for your child, please fill in the following form and return same to the school principal. Your child will not be allowed to practice or participate until this form has been completed and returned, or you have purchased the insurance plan offered by the school. Enrollment forms will be available on or after August 1st at your child's school.

Eimear O'Farrell, Ed.D.
Superintendent

INSURANCE VERIFICATION AND PARENT PERMISSION

1. This is to verify that my son/daughter _____
STUDENT'S NAME
is covered under _____
NAME OF INSURANCE COMPANY

EXPIRATION DATE *POLICY NUMBER*

Benefits indicated in my policy are equal to or broader than those required in the above notice.

2. I give my son/daughter permission to participate in _____
NAME OF ACTIVITY/IES

(Multi-sport athletes must list every sport or fill out a new form prior to each seasonal sport.)

3. I certify that my son/daughter has no medical conditions or disabilities that would cause participation in the above mentioned sport(s) to be dangerous or harmful.

Date

PARENT/GUARDIAN SIGNATURE

FOR THE HEALTH OFFICE

Clovis Unified School District Illness and Accident Procedure Card

****NOTE:** This card must be completed and signed by the student's Father, Mother or Guardian **

SID# _____ Grade _____ Room/Counselor _____

STUDENT'S NAME _____ Birthdate _____ Male Female
Last Name First Name Middle Name

HOME ADDRESS _____ Home Phone _____
Street City Zip

E-MAIL ADDRESS _____

IN CASE OF SUDDEN ILLNESS OR ACCIDENT TO THIS STUDENT

1st Contact _____ Home Phone _____ Work Phone _____
Name of Father, Mother or Guardian (please circle one)

_____ Cell Phone Pager _____
Place of Employment Work Hours

2nd Contact _____ Home Phone _____ Work Phone _____
Name of Father, Mother or Guardian (please circle one)

_____ Cell Phone Pager _____
Place of Employment Work Hours

3rd Contact _____ Home Phone _____ Work Phone _____ Cell Phone Pager _____
Name of Step-Father or Step-Mother (please circle one if applicable)

4th Contact _____ Home Phone _____ Work Phone _____ Cell Phone Pager _____
Name of Other Relative or Neighbor (please circle one)

MEDICAL INFORMATION - This student has the following health condition(s): (Check all that apply to this student.)

- ADD/ADHD Asthma Bleeding Disorder _____ Diabetes Epilepsy/Seizure Disorder Heart Condition
- Glasses/Contacts Hearing Difficulty Medication Allergy to _____ Food Allergy to _____
- Serious Accident/Illness _____ on (date) _____ Other Health Concerns _____

Please explain any conditions checked: _____

School nurse may notify school personnel of medical concerns of any checked (✓) information.

PLEASE SIGN CARD ON BACK

CONTINUING MEDICATION REGIMEN FOR NONEPISODIC CONDITION: REQUIRED NOTICE TO SCHOOL EMPLOYEES (Ed. code 49480)

The parent or legal guardian of any public school pupil on a continuing regimen for a nonepisodic condition, shall inform the school nurse or other designated certificated school employee of the medication being taken, the current dosage, and the name of the supervising physician. With the consent of the parent or legal guardian of the pupil, the school nurse may communicate with the physician and may counsel with the school personnel regarding the possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all pupils of the requirements of this section.

IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE FILL OUT THIS SECTION

My child _____ is taking _____
Name of Child Name of Drug Dosage

ordered by _____
Name of Supervising Physician Telephone Number

The school nurse may confer with the doctor and notify school personnel regarding the child's condition and the effects of this medication when necessary.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned, legal custodian of _____ a minor, hereby authorizes the principal or designee into whose care the aforementioned minor pupil has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist.

It is understood that this authorization is given in advance of any required diagnosis, treatment, or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary.

This authorization is given pursuant to the provisions of Section 6910 of the California Family code, and shall remain effective for the full school year unless revoked in writing and delivered to said agent(s). I understand that Clovis Unified School District, its officers and its employees assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I understand that Clovis Unified School District does not provide medical or accident insurance for students for school related injuries. I have received and read the student accident insurance information sent home for my child.

I authorize the release of medical information by the school district to its billing agency and to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Any shared information will be limited to service documentation only. YES NO

Family Physician: _____ Telephone _____ PLEASE CHECK ONE

Health Insurance/MEDI-CAL: _____ My child is currently insured. I will insure my child.

Group/Policy No./MEDI-CAL ID No _____ I choose not to insure my child.

SIGNATURE OF PARENT OR GUARDIAN

DATE



RELEASE OF STUDENT TO PARENT/GUARDIAN
AFTER FIELD TRIP OR ACTIVITY
FORM 3204-2

I request that _____ at _____
Student Name School

be released to my custody after _____ on _____
Trip/Activity Date

at Century, Dry Creek, Tarpen, Garfield, Woods, Alta
Location of Event/Pick up Point BHS, Clovis East Sierra

rather than returning to school in the transportation provided by Clovis Unified School District (District).

The following are additionally authorized individuals (also listed on *Form 11-S Student Release Authorization* on file at school site) to whom the above-referenced child may be released:

Name Relationship

Name Relationship

Name Relationship

Waiver of Claims:

I agree that once my son/daughter is released to my custody, I assume full responsibility for his/her health, safety and welfare and as provided for in California Education Code Section 35330. I agree to waive all claims against the District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Printed Name (Parent/Guardian) Approval Signature (Parent/Guardian)

Home Phone Number Other Phone Number Date

It is the responsibility of the designated school official to ensure all students are properly accounted for before transportation to or from a school activity occurs.

*Adopted: 3/24/10
Revised: 9/20/10*

Buchanan Area Elementary Athletic Code of Conduct

Buchanan Area elementary schools provide opportunities for 4th, 5th, and 6th grade students to be involved in an athletic program. Our athletic program goals are to teach and develop proficiency in the skills associated with each sport, to develop the personal qualities of self-discipline, team commitment, sportsmanship, and to exhibit school pride.

All students must have parent permission, insurance verification, and abide by the Athletic Code of Conduct to participate. All teams are coached by staff members and/or walk-on coaches. The maximum number of hours of practice per week for all sports during the season shall not exceed three (3) hours per week, but not to exceed more than 1 ½ hours per day. All students must practice at least three (3) hours prior to a competition. Football and wrestling require six (6) hours of practice prior to a competition.

“Code of Conduct”

As a participant in a Buchanan Area co-curricular program, I recognize that I have assumed certain responsibilities and obligations to the coach/advisor, to the other members of the activity, and to myself. As such, I understand and agree with the requirements of this code of participation.

- I. I must maintain a certain level of scholarship (2.0 GPA minimum) with no failing grades.
- II. Athletic eligibility is determined on 9/29, 10/20, 11/9, 12/22, 1/19, 2/23, 4/6, and 5/4.
- III. Students who do not meet the eligibility criteria at one grading period are placed on probation. They may practice and compete with site intervention to address the academic concerns until the following grading period.
- IV. Students who do not meet the eligibility criteria at two consecutive grading periods will result in the student being ineligible. Ineligible students may tryout and practice, but may not compete or join team activities.
- V. I will be a student of good character. I understand that getting in trouble during the school day impacts my co-curricular activity and consequences may be added by my coach. A suspension from school will result in 5 days of non-privilege where I will not be allowed to participate in practice, games, and all co-curricular events.
- VI. I will abide by all practice, meeting, rehearsal, and game schedules for the activities I participate in during the school year. When possible, I will inform my coach in advance if I must miss a practice, meeting, and/or game.
- VII. I will participate in the activity with a positive attitude and strive to learn the skills necessary to contribute to the effort of my team and/or group.
- VIII. I will respect and care for all property and/or equipment issued. A fee will be charged for lost or damaged items.
- IX. If a student quits before the 1st league competition, he/she may pursue a spot on another team but may not play on that sport’s varsity squad. If a student quits after the 1st league competition, he/she is not to join another team until the sport’s season has ended.

Student Signature _____ **Date:** _____

Parent Signature _____ **Date:** _____

**CLOVIS UNIFIED SCHOOL DISTRICT
ATHLETIC PROGRAM PARTICIPATION WAIVER
RELEASE OF LIABILITY and MEDICAL TREATMENT AUTHORIZATION AGREEMENT**

Student Name:	
District School:	
Athletic Program:	

I understand and acknowledge that participation in the above Athletic Program and any related activities (collectively known herein as "Activity"), by their very nature, pose the potential risk of serious injury/illness to individuals who participate. I also realize that the Activity may be strenuous, and that I have the option to seek the advice of a physician before I participate in this Activity. I understand and acknowledge that some of the injuries/illnesses which may result from participating in this Activity include, but are not limited to, the following:

- ♦ Sprains
- ♦ Head and/or back injuries
- ♦ Loss of eyesight
- ♦ Fractured bones
- ♦ Paralysis
- ♦ Communicable diseases
- ♦ Unconsciousness
- ♦ Activity related injury/illness
- ♦ Death

The above list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the above Activity so that I can make a voluntary choice to participate or not participate.

In the event of accident or illness, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that Clovis Unified School District ("District") and its personnel are not legally or financially responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

In the event of accident or illness please notify: _____
Name Telephone

In consideration of being permitted to participate in the above Athletic Program and any related activities, I agree to assume any and all liability and responsibility for the potential risks which may be associated with participation in such Activity or any activities incidental thereto. I further agree by my signature below to exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, the Clovis Unified School District, its Board, officers, agents, employees or volunteers from any and all liability or responsibility for property damage, personal injury, and bodily injury (including wrongful death) that I might sustain which is incident to, associated with preparing for, and/or while participating in any activity connected with said Athletic Program, including travel provided by the District to and from Activity locations. I understand that this provision is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that I have carefully read and understand this Athletic Activity Program Waiver, Release of Liability and Medical Treatment Authorization Agreement, and that I voluntarily agree to its terms and conditions.

 Signature of Participant or, if Participant is a minor, Parent/Guardian _____
Date

 Print Name of Participant or, if Participant is a minor, Parent/Guardian Check Box if Participant is a Minor

Participant's Age (if minor): _____



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

Keep Their Heart in the Game

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 by-
stander 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>

