Big Pine High School Sports Program for 2020-2021

Dear Athlete,

The Staff at Big Pine High School hopes you enjoyed your summer and are planning for a successful school year in 2020-21. The first day of school will be August 16.

**Athletic Physical, Insurance and Fees** – Every athlete/cheerleader MUST have a physical each school year prior to playing or practicing in an organized sport. If you are planning to participate during the 2020-21 year, now is the time to take care of your physical. Don't put off your exam. This is your opportunity to get it done early.

**Physicals** – The Rural Health Clinic and Toiyabe Clinic in Bishop will do your physical prior to the beginning of practice provided you call first and MAKE AN APPOINTMENT. At the Rural Health Clinic, Medi-Cal is accepted and if you don’t have insurance, ask at the time of your call if you could be “Gatewayed,” which is a special program. You may have a minimal fee. Please do not put off getting your physical. Make your appointment today. You might have to wait for several weeks to get an appointment. Take the physical forms, signed by your parent/guardian, with you to the appointment. You will not be allowed to have a physical without the proper signatures. Don't forget your money. If you need to change or cancel your appointment, please call. Do not miss your appointment time; they are on a tight schedule.

It will be the responsibility of each family to provide any insurance coverage. No student will be allowed to play football without proof of insurance. For those of you who do not have coverage, you may purchase Football Insurance. Forms will be available from your coach or the school office. If you currently have insurance and wish to purchase supplemental insurance, these forms will also be available from the coach or school office.

All necessary forms are provided with this packet. Parent/Guardian as well as the Student Athlete have to sign some of the forms. Make sure all are signed correctly.

Sincerely,

Loralee Mairs
Athletic Director
Big Pine High School and Middle School
Athletic Program

I have read, completed and agree to the terms of athletics participation for Big Pine Unified School District. This includes the athletics packet, student handbook, CIF Code of Ethics and Physical Evaluation forms. I understand and agree to the "Athletic and Extracurricular Eligibility, Guidelines, Probation and Testing" as stated in the Student Handbook and attached for review.

Each form must be signed, completed and returned to the Athletic Director prior to the first day of practice or the athlete will not be allowed to participate.

Included in this packet:
1. Athletic and Extracurricular Eligibility, Guidelines, Probation and Testing
2. Permission/Release from Liability & General Authorizations
4. CIF Ethics in Sports
5. Verification of Insurance
6. Tackle Football Coverage with SISC
7. Authorization to Treat a Minor
8. Acknowledgement of Physical Contact
9. Student Athlete and Sudden Cardiac Arrest
10. Keep Their Heart in the Game
11. Fact Sheets for Athletes, Concussions
12. Parent & Athlete Concussion Information Sheet
13. Prescription Opioids Information
14. Pre-Participation Physical Evaluation
15. Physical Examination Form (Doctor signature required)

If any of the foregoing is not completely understood, please contact the Athletic Director, Principal or Superintendent at 938-2222 for further information.

This will acknowledge that we have read and understand the material contained in the sports program packet.

Parent/Guardian Signature: ___________________________ Print Name: ___________________________ Date: ____________

Student Signature: ___________________________ Print Name: ___________________________ Date: ____________
ATHLETIC & EXTRACURRICULAR
ELIGIBILITY, GUIDELINES, PROBATION, & TESTING

Academic Eligibility

1. Students must be academically eligible to participate in preseason activities, tryouts, regular season practice and competition, and post season practice and competition.
2. Students must be academically eligible to participate in any school-sponsored activities or extracurricular events, which includes athletics, dances, field days, ASB trips, field trips, and other school travel or participation in outside activities.

Conduct Eligibility

1. No athlete shall be truant from school, chronically tardy to classes, cut classes, or be referred to the School Attendance Review Board (SARB).
2. No athlete shall be suspended from a class or receive a referral from a school staff member for disciplinary reasons.
3. No athletes shall have three or more unserved detentions at one time.
4. No athlete shall be in violation of Education Code sections 48900 or 48915, or commit suspended or expellable offenses.
5. All athletes will uphold the Warrior Code at school, during school sponsored activities, at athletic events, and within the community.
6. Violation of the above conduct eligibility shall result in suspension from athletic game(s) participation and may result in removal from the current team for the remainder of the season.

Academic Guidelines

1. Students must have achieved at least a 2.0 GPA on a 4.0 scale at the conclusion of the previous grading period (1st Quarter, 1st Semester, 3rd Quarter, 2nd Semester) or progress report and be on track to have earned at least 25 credits at the end of the current semester.
2. Students with a GPA between 1.8 and 2.0 may petition for eligibility through academic probation one quarter or once a school year.
3. Students with more than one F or who fall below a 1.8 GPA are not eligible to petition for eligibility.
4. Students with a GPA below 1.8 are not eligible to participate until the next grading period (1st Quarter, 1st Semester, 3rd Quarter, 2nd Semester) or progress report and must have achieved at least a 2.0 GPA.
5. For all elementary school students on a trimester schedule, eligibility will be based on trimester grades or trimester progress report grades.

Academic Probation

1. It is the student's responsibility to initiate the petition process for academic probation if the student is academically ineligible.
2. Students may petition only once per school year, have a GPA not below a 1.8, have no more than one F, and have passed at least 25 units in the last semester grading period.
3. Students must write a dated and signed letter stating their intent to utilize academic probation, state specific reason(s) why they are petitioning, and provide a copy of the letter to the Athletic Director and school administration during school hours.
4. Probation allows students to participate during a quarter grading period with the expectation that the student will meet all academic guidelines by the next report card (quarter, semester, or progress report).
5. Students who are not academically eligible in the fall/1st semester of a school year from the spring/2nd semester of the previous year, and use academic probation to be eligible, must maintain a 2.0 or higher GPA by the next grading period (1st Quarter) progress report.

6. For all elementary school students on a trimester schedule, eligibility and academic probation will be based on trimester grades or trimester progress report grades.

Drug and Alcohol Testing

1. All students who are participating in a sport or qualifying extracurricular activity shall be eligible for drug and alcohol testing and agree to be tested by signing the documents in this handbook indicating written consent.

2. Per Board Policy 5131.61 failure to sign all documents in this handbook or an athletic packet shall deem students ineligible for participation in a sport or qualifying extracurricular activity.

3. Students shall be selected at random for testing using an appropriate test at the District’s discretion.

4. Each test will be conducted under the supervision of the Athletic Director, District Administrator, or their designee.

5. Students who refuse to participate in the testing process will be removed from their current team and will not be eligible for that athletic team or activity for the remainder of the season.

6. Students whose results are positive shall be removed from their current team and practice/competition and will not be eligible for that athletic team or activity for three weeks.

7. Students whose results are positive shall be enrolled in a district recommended drug/alcohol cessation or rehabilitation program or one of their family’s choosing. Students must show progress towards completing the program prior to being reinstated to the sport or qualifying extra-curricular activity. A district provided program shall be funded and organized by the district and a family chosen program is the fiscal and scheduling responsibility of the student and their family.

8. If a student tests positive more than two times during an academic school year, they are ineligible for any further participation in a sport or a qualifying extra-curricular activity for that academic year.
We have read, understand and agree to comply with the Athletic & Extracurricular Eligibility, Guidelines, Probation, & Testing policy.

Parent/Guardian Signature ___________________________ Print Name ___________________________ Date ____________

Student Signature ___________________________ Print Name ___________________________ Date ____________
Big Pine Unified School District

PERMISSION/RELEASE FROM LIABILITY & GENERAL AUTHORIZATIONS

- Student to ride to/from school sponsored activities in school authorized vehicles
- Permission to participate in competitive extra-curricular activity
- Required athletic drug testing

As a student participant and school representative, I hereby agree to accept and abide by the standards, rules and regulations set forth by the Big Pine Unified School District Board of Trustees.

Therefore, I authorize Big Pine High School to drug-test a urine specimen I provide. I also authorize the release of information concerning the results of that test to the District and to my parent(s)/guardian(s). This signed agreement shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named herein.

Also, as parent/guardian of a Big Pine High School student athlete/participant of school sponsored activities, I understand that my child will need to be transported to and from events in school authorized transportation that may include school buses operated by school bus drivers, public bus companies operated by their drivers, and passenger vans and vehicles (school or private) operated by school approved/authorized drivers. As such, I agree to and do hereby indemnify and hold harmless the Big Pine Unified School District, its officers, agents, employees, and authorized operators from every claim or demand made from liability, loss, damage, or expense, of any nature whatsoever, which may be incurred by reason of my child(ren) riding in any of the above named vehicles as operated as described.

Also I give my permission for my student to be under the general supervision of the team's coach, driver, or other chaperone for all athletic trips during the any athletic season my child is participating.

__________________________________  __________________________  ________
Parent/Guardian Signature                  Print Name                  Date

__________________________________  __________________________  ________
Student Signature                        Print Name                  Date
Big Pine Unified School District

COVID-19 Release of Liability
Sports Conditioning 2020-2021

Athletes agree to follow the following procedures for sports conditioning during this time of COVID-19. Please remember that conditioning is not mandatory.

To participate in sports conditioning for the 2020-21 season, I agree that I will:

1. Practice social (physical) distancing
   - Keep at least 6 feet between you and others when possible
   - Avoid hugs, handshakes, large gatherings and close quarters

2. Wear a face covering in public
   - Must cover mouth and nose

3. Practice strict hand hygiene
   - Wash your hands often
   - Use regular soap and water and scrub for at least 20 sec
   - Use hand sanitizer when soap and water is not available

4. Avoid touching eyes, nose and mouth

5. Follow CDC procedures if you think you may have been exposed to Covid-19 or are presenting the following symptoms:
   - Fever of 100.4 F
   - Cough
   - Trouble breathing

Athletes agree to the following procedures during sports conditioning:

1. Attend practices on designated days and times only
2. Wear a face covering at all times
3. No spectators or visitors may be present during practices
4. Have their temperature taken at the beginning of practice
5. Clean and disinfect any equipment used
I, ____________________________, acknowledge that I have read and agree to follow the above mentioned to participate in sports conditioning for the 2020-2021 season.

Parent/Guardian Signature

Print Name

Date

Student Signature

Print Name

Date
California Interscholastic Federation - Central Section

Ethics in Sports for Big Pine High School

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.
### III. Violations and Minimum Penalties

<table>
<thead>
<tr>
<th>ACT</th>
<th>PENALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First ejection of player or coach from a contest or SCRIMMAGE for unsportsmanlike conduct.</td>
<td>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.</td>
</tr>
<tr>
<td>2. Second ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct.</td>
<td>Ineligibility for next two CIF contests as above will carry over the next season of sport.</td>
</tr>
<tr>
<td>3. Third ejection of a player or coach from a contest during the same season of sport for unsportsmanlike conduct</td>
<td>Ineligibility for all CIF contests for one calendar year (365 days). Any appeal must go through the CIF Eligibility Committee.</td>
</tr>
<tr>
<td>4. Any players that leave the &quot;bench&quot; area to begin a confrontation or leave these areas during an altercation.</td>
<td>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.</td>
</tr>
<tr>
<td>5. When players leave the bench area to begin a confrontation or leave the bench area during an altercation and in the opinion of the officials, the situation is out of control.</td>
<td>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.</td>
</tr>
<tr>
<td>6. Illegal participation in next contest by player ejected in previous contest.</td>
<td>Ineligibility for remainder of season for player. Forfeiture of contest.</td>
</tr>
<tr>
<td>7. Illegal placement of ejected player or illegal participation by coach ejected in previous contest.</td>
<td>Constitution and sport governing rules and procedures for a coach who knowingly violates CIF or Section Rules.</td>
</tr>
<tr>
<td>8. Any acts of a more serious nature by individuals or teams or situations not specifically covered by this policy or the Constitution or Governing Rules.</td>
<td>Area Commissioner may determine and implement penalties for individuals and teams not otherwise specified by CIF Central Section Constitution and Bylaws.</td>
</tr>
<tr>
<td>9. If act occurs in CIF Section Finals and both teams are charged with a forfeit.</td>
<td>After deliberation by the CIF and a double forfeit is in order, there will be no champion.</td>
</tr>
<tr>
<td>10. 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 certificated 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.</td>
<td></td>
</tr>
<tr>
<td>11. 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.</td>
<td></td>
</tr>
</tbody>
</table>

**Appeals Procedure – First and Second Ejection**

All appeals MUST come from the school Principal or designee. Only misidentification and misapplication of a rule may be appealed. No judgment decisions by officials may be appealed.

**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.
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.

Parent/Guardian Signature

____________________________________________________________________

Print Name

Date

____________________________________________________________________

Student Signature

____________________________________________________________________

Print Name

Date
Big Pine Unified School District
Interscholastic Athletic Insurance Verification/Medical Authorization

STUDENT NAME: _____________________________

The California Education Code requires insurance coverage in the amount of at least $1,500 for medical and hospital expenses resulting from Accidental bodily injury to members of any athletic team injured while participating in or practicing for, interschool athletic events or while being transported to and from such athletic events. Athletic team members are defined by the law to include any student who travels to and performs duties in connection with a team or athletic event.

Indicate insurance company name & policy number

Private Insurance __________________________ Policy Number __________________

Medi-Cal __________________________ Policy Number __________________

Other __________________________ Policy Number __________________

By my signature below, I hereby verify that there is held, on behalf of my child, whose name appears above, an insurance policy in an amount equal to or greater than that required by the California Education Code sections 32220-24 and 35330-31 for medical and hospital expenses resulting from accidental bodily injury while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

Also, I agree to indemnify and hold harmless Big Pine Unified School District 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. Also, I understand the insurance named above will be the primary insurance coverage and Big Pine High School’s insurance coverage for athletic injuries will be secondary and is limited. Also, that as guardian/parent, I am fully responsible for any expenses related to any injuries sustained if I fail to notify the Athletic Director if my student becomes uninsured for any reason or I fail to notify the Athletic Director/Coach of any injury within 48 hours of the injury.

Parent/Guardian Signature __________________________ Print Name ________________ Date ____________

To be completed by Parents of Tackle Football Players ONLY

Your attention is directed to the fact that many insurance policies EXCLUDE Tackle Football. Please read your policy! You may need additional insurance!

TACKLE FOOTBALL INSURANCE VERIFICATION

I hereby verify that the aforementioned Insurance Policy DOES INCLUDE coverage for Tackle Football. Therefore, I do not want to purchase or will not purchase the school-provided tackle football insurance.

Parent/Guardian Signature __________________________ Print Name ________________ Date ____________
LIMITATIONS AND EXCLUSIONS

POLICY COVERAGE DATES: 7/11 TO 6/20

Medical expense benefits are limited as stated in the Summary of Benefits and may not pay all bills in their entirety. Benefits are payable only for expenses incurred for treatment, services and supplies rendered within 90 days of the accident. Treatment must commence within 90 days of the date of the accident. Inpatient hospitalization must commence within 90 days of the date of the accident. The following limitations apply to the maximum benefits payable for charges incurred as the result of one accident:

MOTOR VEHICLE ACCIDENTS
Maximum Amount - $1,500

ATHLETIC AIR TEAM TRAVEL ACCIDENT
Maximum Amount - $1,500

NON-DUPLICATION OF BENEFITS PROVISION
If the student has other valid and collectible coverage, including pre-paid health plans, a claim must be filed with the other insurance company. However, SISC is primary to Med-Cal and Tricare. After the primary insurance has paid, SISC will pay allowable benefits on the balance of the bills.

EXCLUSIONS
This policy does not cover and no payment will be made as a result of injury sustained prior to the effective date of insurance; intentionally self-inflicted injury; suicide or any attempt thereon; any injury sustained while under the influence of alcohol or non-physician prescribed drugs, or while traveling in or on any aircraft or vehicle for alien mission, or while engaging in a civilian aircraft operated by a scheduled airline, or while traveling in or on a motor vehicle owned by or from or gains away from the school under direct school supervision. No benefits are payable for any injury, illness or disease, eye examinations, eye glasses (except as specified in the Summary of Benefits), contact lenses, dental work (except for repair or injury to natural teeth) including any orthodontic procedure, apicectomies and debrires, reconstructive or cosmetic surgery except as necessary for medical purposes; any injury to a motor vehicle which is not accidental; C.P.M. machines; any type of bone growth stimulating device or machine; injuries as a result of fighting. No benefits are paid for injuries caused by workmen's compensation or similar legislation; or care, treatment, supplies or services not recommended and approved by a physician or which are unusual and extraordinary in nature or charges that would not have been made if no insurance was in force.
**SUMMARY OF BENEFITS**

The policy will pay up to $15,000 for covered medical expenses due to accidental bodily injury sustained in any one accident which occurs on or after the effective date of coverage. The covered treatment, care, and services must be rendered within 52 weeks of the accident and the benefits for covered expenses shall not exceed the specified amounts shown below. Accidental Death benefits at $2,500 and Dismemberment Benefits up to $15,000 are payable for loss resulting from accidental bodily injury within 30 days of the injury. The policy is secondary to all other valid and collectible insurances with the exception of Medi-Cal and TriCare.

<table>
<thead>
<tr>
<th>Coverage and Benefits</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLICY MAXIMUM</strong> per covered accident</td>
<td>$15,000</td>
</tr>
<tr>
<td><strong>DEDUCTIBLE</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>PHYSICIAN FEES - NON-SURGICAL</strong> (excluding physical therapy)</td>
<td>$35 Initial Visit, $25 Subsequent Visit</td>
</tr>
<tr>
<td><strong>X-RAYS in or out of hospital (excluding reading or interpretation thereof but excluding dental x-rays)</strong></td>
<td>$200</td>
</tr>
<tr>
<td><strong>SURGEON</strong></td>
<td>100% to $1,000</td>
</tr>
<tr>
<td><strong>ASSISTANT SURGEON</strong></td>
<td>Up to $250</td>
</tr>
<tr>
<td><strong>ANESTHESIOLOGIST</strong></td>
<td>Up to $250</td>
</tr>
<tr>
<td><strong>IN-PATIENT HOSPITAL</strong></td>
<td>Room Rate: Semi-Private, Intensive Care: ICU</td>
</tr>
<tr>
<td><strong>HOSPITAL MISCELLANEOUS</strong></td>
<td>Room Rate: Semi-Private, Intensive Care: ICU</td>
</tr>
<tr>
<td><strong>EMERGENCY ROOM CARE</strong></td>
<td>Up to $500</td>
</tr>
<tr>
<td><strong>OUT-PATIENT SURGERY FACILITIES (except supplies)</strong></td>
<td>Up to $5,000</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC IMAGING</strong> (MRI/CT/Scan)</td>
<td>$750</td>
</tr>
<tr>
<td><strong>LAND AMBULANCE SERVICE</strong></td>
<td>Urgent and Routine</td>
</tr>
<tr>
<td><strong>PHYSICAL THERAPY/CHIROPRACTIC SERVICES</strong></td>
<td>19 Visits @ $25</td>
</tr>
<tr>
<td><strong>DENTAL TREATMENT (per tooth)</strong></td>
<td>$500</td>
</tr>
<tr>
<td><strong>ORTHOPEDIC APPLIANCES</strong> (prescribed by a physician)</td>
<td>Urgent and Routine</td>
</tr>
<tr>
<td><strong>OUT-PATIENT DRUGS</strong></td>
<td>Urgent and Routine</td>
</tr>
<tr>
<td><strong>CASTING SUPPLIES</strong></td>
<td>Urgent and Routine</td>
</tr>
<tr>
<td><strong>OUT-PATIENT LAB BENEFIT</strong></td>
<td>$75</td>
</tr>
<tr>
<td><strong>EYEGlass REPLACEMENT</strong> (Replacement of broken glasses or lenses resulting from a covered accident requiring medical treatment. Plastic replacements or reading lenses are not covered.)</td>
<td>$130</td>
</tr>
</tbody>
</table>

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**HIGH SCHOOL FOOTBALL COVERAGE**

Note: Tackle Football is **not** covered under the SISC Student Accident Coverage Program.

SISC Tackle Football Coverage provides protection from an accident which occurs while practicing for, participating in a regularly scheduled and school sponsored tackle football game or traveling as a team member on school transportation to or from games not on the school grounds.

The accident must occur while the policy is in force and applies only to those parties where an application has been received and for whom the required premium has been paid.

Coverage becomes effective for the participant when the school district or SISC receive both the completed application and the premium.

No refunds or credits can be allowed for players who fail to revoke the squad or fail to complete the season.

**Premium Rates** - Single year: $60.00

**Application Procedures**

1. Complete the detachable application form and return it to the appropriate staff person at your school site.
2. Provide the premium payment to your school in the form of check or money order.
3. Retain this summary of benefits for future reference.
4. Claims are processed by SISC. If you have any questions, please call the number listed on the application.

**Retain this Summary of Benefits**

This summary of benefits is not a policy or certificate. Individual policies or certificates are not issued. Payment of benefits will be made in accordance with the policy terms. If any statement in the Summary of Benefits and any policy provisions differ, the policy will govern. Direct questions regarding the Master Policy to SISC.
AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR 2020-2021

(I) (WE), the undersigned, parent/guardian(s) of the minor stated above, do hereby authorize, any hospital, emergency center, doctor, nurse and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, or any member of Big Pine Unified School District. As agent(s) for the undersigned, we authorize consent of any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant same. Additionally, I agree to hold harmless such personnel and the Big Pine Unified School District Board of Trustees by my action of granting said permission.

(I) (WE) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (MY) (OUR) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the above-named minor is no longer enrolled in Big Pine High School unless sooner revoked in writing and delivered to said agent(s).

Father/Mother/Legal Guardian (circle one) ___________________________________ Print Name ___________________________ Date ______________
Phone _______________________________________________________
Cell Phone ____________________________________________________

Father/Mother/Legal Guardian (circle one) __________________________________ Print Name ___________________________ Date ______________
Phone _______________________________________________________
Cell Phone ____________________________________________________

Birthdate ______________ Date of Last Tetanus ____________________________
Insurance ____________________________

Allergies _______________________________________________________
Other medical information: ___________________________________________

Medications ______________________________________________________

In case of emergency and inability to notify parents/guardians, BPHS will attempt to notify:
Name ___________________________________________________________
Phone ___________________________________________________________
Cell Phone _______________________________________________________

Cleared by Athletic Director ___________________
Big Pine Unified School District
Acknowledgement of Physical Contact for Athletes

By its very nature, competitive athletics may put students in situations in which serious, catastrophic and perhaps fatal accidents may occur.

Many forms of athletic competition result in violent physical contact among players. The use of equipment and/or strenuous physical exertion may expose student to risk of injury/death.

Student and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution or supervision will totally eliminate all risks of injury. Just as driving an automobile involves choice of risk; athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. Accidents have resulted in death, paraplegia, quadriplegia and other very serious permanent physical impairments as a result of athletic participation.

By granting permission for your student to participate in athletic competition, you, the parent/guardian, acknowledge that such risks exist.

Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Student must adhere to that instruction and utilization and must refrain from improper uses and techniques.

As previously stated, no amount of instruction, precaution and/or supervision will totally eliminate all risk of serious, catastrophic or even fatal injury.

__________________________  ___________________________  ___________________________
Parent/Guardian Signature    Print Name                   Date

__________________________  ___________________________  ___________________________
Student Signature            Print Name                   Date

WARNING WARNING WARNING WARNING WARNING WARNING WARNING
FOR TACKLE FOOTBALL

Do not use your helmet to butt, ram or spear anyone or anything. This is in violation of the Football rules and may result in severe injuries, including back, head, brain or neck injuries, paralysis or death to you and possible injury or death to your opponent. This is a risk – these injuries may also occur as a result of accidental contact without the intent to butt, ran or spear. No helmet can prevent all such injuries.

To insure that you and your parent/guardian have read this warning notice, sign below as acknowledgement that you have read and understand the statements. This must be signed and returned prior to the athlete practicing.

__________________________  ___________________________  ___________________________
Parent/Guardian Signature    Print Name                   Date

__________________________  ___________________________  ___________________________
Student Signature            Print Name                   Date
One Student Athlete Dies Every Three Days from a Sudden Cardiac Arrest

Student athletes are at a greater risk for Sudden Cardiac Arrest (SCA) because it is 60% more likely to occur during exercise or physical activity. Educating student athletes and parents about the symptoms and risk factors of SCA is one way to help prevent it.

The reality is that we live in a very competitive world, and kids are daily encouraged to rise to the challenge. Young people often don’t tell adults if they experience symptoms and parents often urge their kids to play hard. Kids may be frightened, embarrassed or simply unaware that what they are feeling indicates a potentially fatal condition. Athletes (and often their parents) don’t want to jeopardize their playing time, so they may also avoid telling parents or coaches in hopes that the symptoms will “just go away” on their own. Or, they may think they’re just out of shape and need to train harder.

We need to let student athletes know that if they experience any of the symptoms below, it is crucial to alert an adult and get follow-up care right away 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 a heart screening is needed.

*These symptoms are potential indicators that SCA is about to happen:*  
- racing heart, palpitations or irregular heartbeat  
- dizziness or lightheadedness  
- fainting or seizure, especially during or right after exercise  
- fainting repeatedly or with excitement or startle  
- chest pain or discomfort with exercise  
- excessive, unexpected fatigue during or after exercise  
- excessive shortness of breath during exercise  

*The following factors increase 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 un repaired  
- use of drugs, such as cocaine, inhalants, “recreational” drugs or excessive energy drinks
New Eric Paredes Sudden Cardiac Arrest Prevention Act

The new law would make the act’s follow provisions operative on July 1, 2017. The law will create the Eric Paredes Sudden Cardiac Arrest Prevention Act and will require the State Department of Education to post on its Internet Web site guidelines, videos, and an information sheet on sudden cardiac arrest symptoms and warning signs, and other relevant materials relating to sudden cardiac arrest. The law requires a pupil in any public school, including a charter school, or private school that elects to conduct athletic activities, and the pupil’s parent or guardian, to sign and return an acknowledgment of receipt of an information sheet on sudden cardiac arrest symptoms and warning signs each school year before the pupil participates in an athletic activity, as specified. The law will require an athletic director, coach, athletic trainer, or authorized person, as defined, to remove from participation a pupil who passes out or faints while participating in or immediately following an athletic activity, and would require a coach of an athletic activity to complete a sudden cardiac arrest training course every other school year. The law will impose penalties, on and after July 1, 2019, for a violation of the provision requiring a coach to complete a sudden cardiac arrest training course, as specified. See California State Education Sections 33479–33479.9.

New CIF Sudden Cardiac Arrest Prevention Bylaw

The Eric Paredes Save A Life Foundation partnered with the California Interscholastic Federation (CIF) to enact new training and education protocol on Sudden Cardiac Arrest (SCA) prevention to help protect California’s youth from the number one killer of student-athletes.

On January 30, the CIF Federated Council voted unanimously to amend CIF Bylaws 22.B.(9) and 503 to include language that adds SCA training to coach certification and practice and game protocol that empowers coaches to remove from a 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. To help educate parents and student-athletes about SCA warning signs and risk factors, an information sheet will be signed annually by the parent, guardian or caregiver and their student-athletes.

“We must always take positive steps forward that are in the best interest of our student-athletes, especially when it comes to protecting their health and minimizing risks and injuries,” said CIF Executive Director, Roger L. Blake. “Thanks to our partnership with the Eric Paredes Save A Life Foundation we are able to raise awareness, educate and provide much needed information on SCA to all those involved in education-based athletics in California.”

Please visit www.cifstate.org and the SCA Section under Sport Medicine for more information.
I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest (SCA).

Parent/Guardian Signature

Print Name

Date

Student Signature

Print Name

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.

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.

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.

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 directions instruct 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 harm 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.

Cardiac Chain of Survival Courtesy of Parent Heart Watch
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 stare
- 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 unrepaird
- 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.

For more information about Sudden Cardiac Arrest visit

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

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

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

________________________________________
Date

________________________________________  ______________________________
Student Signature                          Print Student Name

________________________________________  ______________________________
Parent Signature                           Print Parent Name
A Fact Sheet for
ATHLETES

WHAT IS A CONCUSSION?
A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

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

GET CHECKED OUT. If you think you have a concussion, do not return to play on the day of the injury. Only a health care provider can tell if you have a concussion and when it is OK to return to school and play. The sooner you get checked out, the sooner you may be able to safely return to play.

REPORT IT. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. It's up to you to report your symptoms. Your coach and team are relying on you. Plus, you won't play your best if you are not feeling well.

GIVE YOUR BRAIN TIME TO HEAL. A concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

WHY SHOULD I TELL MY COACH AND PARENT ABOUT MY SYMPTOMS?
- Playing or practicing with a concussion is dangerous and can lead to a longer recovery.
- While your brain is still healing, you are much more likely to have another concussion. This can put you at risk for a more serious injury to your brain and can even be fatal.

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.
HOW CAN I TELL IF I HAVE A CONCUSSION?
You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish or foggy
- Be bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or “down”
- Feel confused
- Have problems with sleep

Concussion symptoms usually show up right away, but you might not notice that something “isn’t right” for hours or days. A concussion feels different to each person, so it is important to tell your parents and doctor how you are feeling.

HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.
Avoid hits to the head and follow the rules for safe and fair play to lower your chances of getting a concussion. Ask your coaches for more tips.

BE A TEAM PLAYER.
You play an important role as part of a team. Encourage your teammates to report their symptoms and help them feel comfortable taking the time they need to get better.

The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

To learn more, go to www.cdc.gov/HEADSUP
WHAT IS A CONCUSSION?
A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

SYMPTOMS REPORTED BY ATHLETE:
• Headache or “pressure” in head
• Nausea or vomiting
• Balance problems or dizziness
• Double or blurry vision
• Sensitivity to light
• Sensitivity to noise
• Feeling sluggish, hazy, foggy, or groggy
• Concentration or memory problems
• Confusion
• Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:
• Appears dazed or stunned
• Is confused about assignment or position
• Forgets an instruction
• Is unsure of game, score, or opponent
• Moves clumsily
• Answers questions slowly
• Loses consciousness (even briefly)
• Shows mood, behavior, or personality changes
• Can’t recall events prior to hit or fall
• Can’t recall events after hit or fall

“IT’S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON”
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 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.

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

1. 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 healthcare professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

2. 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, and 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.

3. 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.

JOIN THE CONVERSATION ▶️ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).
I have read and acknowledge receiving the information sheet on Concussions.

Date

Student Signature                      Print Student Name

Parent Signature                      Print Parent Name
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

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
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.

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).
- Visit 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.

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.
Big Pine Schools Pre-Participation Physical Evaluation
To be Completed by Athlete and Parent/guardian

Name (print) ___________________________ Gender _______ Age _______ DOB _______

Grade _______ Sport(s) _______

Circle Y (yes) or N (no). Explain any Yes answers below. Circle entire question you don’t know the answer or understand.

<table>
<thead>
<tr>
<th>Y or N</th>
<th>Have you had a medical illness or injury since your last check up or sports physical?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y or N</td>
<td>Do you have an ongoing or chronic illness?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever been hospitalized overnight?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had surgery?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever passed out during or after exercise?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever been dizzy during or after exercise?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had chest pain during or after exercise?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you get tired more quickly than your friends do during exercise?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had racing of your heart or skipped heartbeats?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you had high blood pressure or high cholesterol?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever been told you have a heart murmur?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Has any family member or relative died of heart problems or of sudden death before age 50?</td>
</tr>
<tr>
<td>Y or N</td>
<td>You have had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you have any current skin problems (for example, myocarditis or mononucleosis) within the last month?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Has a physician ever denied or restricted your participation in sports for any heart problems?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had a head injury or concussion?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever been knocked out, become unconscious, or lost your memory?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had a seizure?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you have frequent or severe headaches?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had numbness or tingling in your arms, hands, legs, or feet?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had a stinger, burn or pinched nerve?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever become ill from exercising in the heat?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you cough, wheeze, or have trouble breathing during or after activity?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you have asthma</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you have seasonal allergies that require medical treatment?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you use any special protective or corrective equipment or devises that aren’t usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you had any problems with your eyes or vision?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Do you wear glasses, contacts, or protective eye wear?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you ever had a sprain, strain, or swelling after injury?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you broken or fractured any bones or dislocated any joints?</td>
</tr>
<tr>
<td>Y or N</td>
<td>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?</td>
</tr>
</tbody>
</table>

If yes, check and explain below:

- Head
- Neck
- Back
- Chest
- Shoulder
- Forearm
- Wrist
- Hand
- Thigh
- Hip
- Shin/Calf
- Finger
- Ankle
- Upper Arm
- Foot

Y or N Do you want to weigh more or less than you do now?  
Y or N Do you lose weight regularly to meet weight requirements for your sport?  
Y or N Do you feel stressed out?  
Y or N Records the dates of your most recent immunizations for:  
  - Tetanus  
  - Measles  
  - Hepatitis B  
  - Chickenpox  

FEMALES ONLY:
- When was your first menstrual period?  
- When was your most recent menstrual period?  
- How much time do you usually have from the start of one period to the start of another?  
- How many periods have you had in the last year?  
- What was the longest time between periods in the last year?  

Explain “Yes” answers here: ____________________________________________

__________________________
Date

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and true and give my consent for a physical examination of my child/myself.

__________________________
Parent/Guardian Signature

__________________________
Date

__________________________
Student Signature

__________________________
Date
Big Pine Schools Athletic Participation Health Form
Physical Examination
(To be completed and signed by a licensed physician)

Name (print) ___________________________ Grade ______ DOB ______

Please check sports participation:
___ Football   ___ Basketball   ___ Softball   ___ Golf   ___ Tennis   ___ Ski Race   ___ Baseball   ___ Volleyball
___ Wrestling   ___ Swimming   ___ X-Country   ___ Soccer   ___ Track

Please indicate Y-yes or N-no for the following PRE-PARTICIPATION EVALUATION/HISTORY questions:
Y or N  Do you get chest pain with exercise?
Y or N  Pain in calves/buttocks on walking relieved by rest?
Y or N  Do you have to stop while running around 1/4 mile track twice?
Y or N  Dizziness/transient episodes or unconsciousness?
Y or N  Do you have troubles with hot weather such as heat stroke?
Y or N  Difficulty with excessive bleeding after teeth extraction or surgery?
Y or N  Any illness/condition/injury that caused you to miss a game or practice?
Y or N  Have you been told you have a heart murmur, high blood pressure, extra heart beats or an abnormality?
Y or N  Ever been hospitalized or under medical care any length of time?
Y or N  Problems w/testicles or ovaries?
Y or N  Have you had any broken bones? If yes, explain below.
Y or N  Have you had any surgery? If yes, explain below.
Y or N  Have you had a concussion/injury or been knocked unconscious? If yes, explain below.

Do you or have you had any of the following?
Y or N  Weight change
Y or N  Skin Disease
Y or N  Jaundice
Y or N  Hives, eczema, rash
Y or N  Frequent infection/boils
Y or N  Eye disease or injury
Y or N  Do you wear glasses
Y or N  Double vision
Y or N  Glaucoma
Y or N  Itching eyes or nose
Y or N  Skin Disease
Y or N  Any trouble with lungs
Y or N  Measles
Y or N  Diabetes
Y or N  Heart Disease
Y or N  Sneezy/runny nose
Y or N  Nosebleeds
Y or N  Chronic sinus trouble
Y or N  Ear disease
Y or N  Impaired hearing
Y or N  Difficulty in walking
Y or N  Headaches
Y or N  Abnormal bruising
Y or N  Abnormal bleeding
Y or N  Eye Problems
Y or N  Kidney Problems
Y or N  Mumps
Y or N  Tuberculosis
Y or N  Birth Defects
Y or N  Weakness-muscles/joints
Y or N  Slow to heal after cuts
Y or N  Blood disease
Y or N  Anemia
Y or N  Phlebitis
Y or N  Hernias
Y or N  Chickenpox
Y or N  Rheumatic fever
Y or N  Asthma or wheezing
Y or N  Other

Is there a history of skin reaction or other adverse reaction or sickness following injection or oral administration of:
Y or N  Penicillin/antibiotics
Y or N  Novocain/anesthetics
Y or N  Morphine, Codeine
Y or N  Adhesive tape
Y or N  Demerol or other narcotics
Y or N  Lactose/methionate
Y or N  Sulfur drugs
Y or N  Aspirin, empiprin/pain remedies
Y or N  Tetanus, antitoxin/other serums
Y or N  Other food or drug:
Y or N  Other drugs/medications

Date of Last Tetanus Booster: ____________ Last Dental Visit: ____________

Has the student had any injury/physical condition that should be watched?

Handedness: ________ Left ________ Right

Do you wear ________ glasses or ________ contacts?

Please list any drugs/prescriptions you have taken within the last six months:

(Physician to complete the following)

Height ________ Mouth ________ Rhythm ________ Lymphatics: Cerv ________ Auxil ________
Pulse ________ Chest ________ Murmurs ________ Abdomen: Organs ________
B.P. ________ PMI ________ Lungs ________ Eyes: Left ________ Right ________
Skin ________ Pulses ________

Genitalia: ________

Maturation Index: ________

Orthopedic: Cervical Spine/Back ________ Shoulders ________ Arm/Elbow/Wrist/Hold ________
Knees ________ Ankle ________ OTHER: ________

I hereby certify that the above named student is physically fit to engage in sports.

Physician's Signature ___________________________  Print Name ___________________________
State License Number ___________________________  Date of Examination ____________