

MERCED UNION HIGH SCHOOL DISTRICT - ATHLETIC PARTICIPATION FORM (APF 2017-18)

(Complete and return pages 1-4 to SBO)

Planned Sports: FALL: _____ WINTER: _____ SPRING: _____

Insurance	Physical	Concussion	Code	SCA
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PART I: Personal Information

Student Name: _____
 (Last) (First) (Middle)

Address: _____
 (Street) (City) (Zip Code)

Date of Birth: _____ Age: _____ Grade: _____ Phone: _____

INSURANCE STATEMENT - Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by call 1-800-880-5305 for information on healthy families and Medi-Cal programs. The Merced Union High School District ("District") makes available, on request, insurance through a private company for all students which will meet the Education Code insurance requirements including \$1500 of scheduled medical and hospital benefits (Ed Code sec 32220-32224). Students must have insurance before they are allowed to practice and participate in the athletic program. **Identify Student's coverage below:**

PART II: Insurance Coverage

1. I have **Medi-Cal** coverage - YES: _____ NO: _____
2. I have **private medical insurance** coverage - YES: _____ NO: _____ **Name of Company:** _____
3. I am purchasing the private insurance made available by the **MUHSD** - YES: _____ NO: _____ **POLICY #:** _____

PART III: Parental Permission and Hold Harmless

I, _____, as parents/legal guardians of _____
 (Print Parent's/Guardian's Name) (Print Student's Name)

will arrange to have him/her examined by _____ (Name of **MD, DO, PA**). I (we) do hereby release and agree to indemnify, defend and hold harmless the District, its officers, agents and employees from any claims, demands or suits of personal injury, illness or death which the student named above may suffer as a result of his/her participation in the interscholastic sports programs at any District school, where such personal injury, illness or death results, or allegedly results, in whole or part from the above referenced student having been either examined by the medical practitioner named above as a prerequisite for participating in interscholastic sports.

WARNING: Participation in athletics may result in severe injury, including paralysis and death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks but it is impossible to totally eliminate such occurrences in athletics. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coach, following a proper conditioning program and inspecting their equipment daily.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur. As a condition of participation in athletics we acknowledge that we have read and understand this warning statement and that we hereby assume all of the above risks and, except in the case of gross negligence, will hold the District, its Officers, Agents, and Employees, harmless from any and all liability, actions, debts, claims, and demands of every kind and nature whatsoever which may arise out of or in connection with the Student's participation in athletics.

I hereby guarantee to keep medical insurance coverage in force which meets or exceeds legal requirements for the entire duration that my son/daughter participates in athletics, including but not limited to the payment of premiums, deductibles, and co-pays. I understand that we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.

I hereby give my consent for my son/daughter to compete in all athletics during the current school year and the following summer, if applicable. I hereby give my consent for my son/daughter to travel with a representative of the school district on interscholastic athletic trips. In the event this student is injured, the school district official is hereby granted my permission to administer first aid and to secure medical and/or surgical treatment. **I / We have read, understand, and agree to all terms and conditions of both sides of this document.**

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

PART IV: Medical Examination Statement (All students participating in athletics must have an annual physical examination)

I hereby certify that the above named student was examined by me and was found physically fit to engage in sports.

Physician Signature: _____ **Date:** _____

- **Medical Doctor, Doctor of Osteopathy or Physician's Assistant ONLY** - NO Nurse Practitioners, or Chiropractors

MERCED UNION HIGH SCHOOL DISTRICT - ATHLETIC PARTICIPATION FORM (APF)
(Complete and return pages 1-4 to SBO)

PART V: Merced Union High School District Concussion Information Sheet and Sudden Cardiac Arrest Information Sheet (See Attached)

You are receiving this information about **Concussions** because of CA State Laws AB 25 (effective 1/1/12) and AB 2127 (effective 7/21/14) now reflected in CA Education Code 49475.

1. The law requires a student athlete who is suspected of sustaining a concussion or head injury in an athletic activity shall be immediately removed from play and shall not be permitted to return to the athletic activity until he or she is evaluated by a licensed health care provider.
2. Any athlete removed for this reason must receive a written note from a licensed health care provider trained in the management of concussion before returning to practice and competition.
3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.

You are also receiving the attached Sudden Cardiac Arrest Information Sheet entitled "Keeping Their Heart in the Game" as required by AB 1639 (effective 07/01/17) now reflected in CA Education Code 33479-33479.9.

Every 2 years, all coaches are required to receive training on concussions, as well as certification in First Aid training, CPR, and AED's (life-saving electrical devices that can be used during CPR).

I acknowledge that I have received and read the MUHSD Concussion Information Sheet.

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

PART VI: MUHSD Athletic Participation Guidelines and Code of Conduct Expectations

Merced Union High School District (MUHSD) schools are members of the California Interscholastic Federation (CIF) and all athletes are subject to the rules and guidelines of the organization. The CIF unanimously adopted the principles of the "Pursuing Victory With Honor" program, including Character Counts.

- ALL transfer students must submit transfer eligibility paperwork through the site Athletic Director, to be approved by the Section Office, before competing.
- Athletes are not allowed to participate on an outside group or team during the high school season of sport, except as provided in CIF Section Rule 600.
- Athletes must earn a 2.0 GPA or higher with no more than one "F" in order to participate in any athletic event. Ineligibility is for one grading period, and starts or ends on the sixth day following the end of the grading period. Semester grades take precedence over quarter grades.
- Athletes must be in attendance all periods on the day of an athletic event or practice in order to participate unless prior administrative approval has been obtained.
- Any athlete under home suspension or in-school suspension may not practice, travel or compete during the dates of suspension.
- Any five-day home suspension related to possession, use, sale, or under the influence of any controlled substance as defined in Safety Code section 11007, alcoholic beverage, or intoxicant of any kind will result in a nine week ineligibility period from extracurricular and cocurricular activities (BP 6145)
- Students are responsible for all equipment and clothing issued to them. Equipment must be returned or paid for (replacement cost) at the end of the season. Students who fail to do so, will be placed on obligation and will not be allowed to participate on any subsequent teams until they are cleared by the site Athletic Director.
- Athletes that are "in season" must be with their coach, in study hall, or off campus during the athletic period. Athletes that are not "in season" must be with their athletic period instructor. Any deviation from this rule may result in removal from athletics period and may adversely affect the student's grade.
- In addition to the MUHSD Code of Conduct and Expectations, students must adhere to any additional rules specified by a team's coach in a player/parent contract. Violation of any school and/or team rule may jeopardize the student's ability to participate in athletics.

I acknowledge that I received and read MUHSD Concussion Information Sheet and CIF Sudden Cardiac Arrest Information Sheet entitled "Keep Their Heart in the Game," and agree to the terms and conditions of this Code of Conduct. I understand that I am expected to perform according to this code and I understand that there may be sanctions or penalties if I do not.

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Mantenga su corazón en el juego

Una ficha informativa acerca del Paro Cardíaco Repentino para atletas y sus padres/tutores

¿Qué es el Paro Cardíaco Repentino?

El Paro Cardíaco Repentino (PCR) sucede cuando el corazón súbita e inesperadamente deja de latir. Cuando esto sucede, se detiene el flujo sanguíneo hacia el cerebro y otros órganos vitales. El PCR *no* es un paro cardíaco. Un paro cardíaco es causado por una obstrucción que detiene el flujo sanguíneo hacia el corazón. El PCR es una falla en el sistema eléctrico del corazón que hace que la víctima se colapse. Un defecto genético o congénito en la estructura del corazón es la causa de la falla.

¿Qué tan común es el PCR en los Estados Unidos?

Por ser la principal causa de muerte en los EE. UU. cada año suceden más de 300,000 paros cardíacos lejos de los hospitales, de los que nueve de cada diez son mortales. Miles de jóvenes son víctimas de los paros cardíacos repentinos por ser la segunda causa de muerte en menores de 25 años y la principal razón por la que mueren los atletas adolescentes durante el ejercicio.

¿Quién corre el riesgo de sufrir un paro cardíaco repentino?

Los atletas adolescentes corren más riesgo de sufrir un paro cardíaco repentino debido a que tiende a suceder durante el ejercicio o la actividad física. Aunque una enfermedad cardíaca no siempre demuestra signos de advertencia, los estudios demuestran que muchos jóvenes sí tienen síntomas pero no se lo dicen a un adulto. Esto puede ser porque les da pena, no quieren que los saquen de un partido, creen erróneamente que les falta condición física y solamente necesitan entrenar más, o simplemente ignoran los síntomas y suponen que "desaparecerán." Algunos factores de antecedentes clínicos también aumentan el riesgo de que suceda un PCR.

**EL COLAPSO
ES EL
SÍNTOMA #1
DE LA ENFERMEDAD CARDÍACA**

¿Qué debe hacer si su atleta adolescente padece alguno de estos síntomas?

Debemos informarles a los atletas adolescentes que si padecen cualquier síntoma del PCR, es de suma importancia avisarle a un adulto y consultar con un médico de cabecera lo antes posible. Si el atleta presenta cualquiera de los factores que incrementan el riesgo de que suceda un PCR, deberá consultar a un médico para ver la posibilidad de que se le hagan más pruebas. Espere la respuesta del médico antes de que su adolescente vuelva a jugar y además, avise a su entrenador y a la enfermera escolar de cualquier afección diagnosticada.

¿Qué es un DESA?

La única manera de salvar a una víctima del paro cardíaco repentino es con un desfibrilador externo semiautomático (DESA). Un DESA es un aparato portátil y fácil de utilizar que automáticamente diagnostica ritmos cardíacos potencialmente mortales y

administra un impulso eléctrico para restaurar el ritmo normal. Cualquiera puede utilizar un DESA hasta sin capacitación previa. El aparato cuenta con instrucciones en audio que indican cuándo deben presionar un botón para administrar el impulso eléctrico, mientras que existe otro tipo de DESA que administra un impulso automático al detectar un ritmo cardíaco mortal. Un socorrista no puede lesionar accidentalmente a la víctima con un DESA, más bien, entrar

en acción rápido ayuda. El DESA está diseñado para administrar el impulso eléctrico únicamente a las víctimas cuyos corazones necesitan restaurarse a un ritmo cardíaco saludable. Infórmese acerca de la ubicación de un DESA en su escuela.



La cadena de supervivencia cardíaca

En promedio, los equipos de servicios médicos de emergencia tardan 12 minutos en llegar en caso de emergencias cardíacas. Cada minuto que no se atiende a una víctima de PCR reduce la posibilidad de supervivencia en un 10 %. Todos debemos estar preparados para entrar en acción tras los primeros minutos después de un colapso.

Reconocimiento inmediato de un Paro Cardíaco Repentino



La víctima se ha colapsado y no responde. Está gorgoteando, resoplando, gimiendo, le falta el aliento o tiene dificultad al respirar. Se comporta como si le estuviera dando una convulsión.

Llamada inmediata al 9-1-1



Confirme pérdida de conciencia. Llame al 9-1-1 y siga las indicaciones del operador. Llame a quien le pueda ayudar con la emergencia médica ahí mismo.

RCP inmediata



Comience la reanimación cardiopulmonar (RCP) inmediatamente. La RCP con solo las manos se hace con compresiones torácicas de 5 cm rápidas, como 100 por minuto.

Desfibrilación inmediata



Consiga y utilice inmediatamente un desfibrilador externo semiautomático (DESA) para restaurar el ritmo cardíaco saludable. Las unidades portátiles de DESA cuentan con indicaciones paso por paso para que cualquier persona las pueda usar en situaciones de emergencia.

Apoyo vital inmediato



El personal de los servicios médicos de emergencia comienza el apoyo vital avanzado, incluso las medidas de resucitación y traslado a un hospital.

La cadena de supervivencia cardíaca es cortesía de Parent Heart Watch

Mantenga su corazón en el juego

Reconozca los factores de riesgo y los signos de advertencia del Paro Cardíaco Repentino (PCR)

Dígale al entrenador y consulte a su médico si su atleta adolescente padece estos síntomas

Posibles indicadores de que podría suceder un PCR

- Colapso o convulsiones, especialmente justo después de ejercitarse
- Colapso frecuente, o por emoción o susto
- Falta excesiva de aliento durante el ejercicio
- Taquicardia o palpitaciones, o ritmo cardíaco irregular
- Mareo o aturdimiento frecuente
- Dolor o malestar en el pecho al ejercitarse
- Fatiga excesiva e inesperada durante o después del ejercicio

Factores que incrementan el riesgo de que suceda un PCR

- Un historial clínico familiar de anomalías cardíacas conocidas o muerte repentina antes de los 50 años
- Un historial clínico familiar específico con casos del síndrome del QT largo, síndrome Brugada, miocardiopatía hipertrófica o displasia arritmogénica del ventrículo derecho (DAVD)
- Familiares que han sufrido sin explicación, colapsos, convulsiones, un accidente automovilístico, que se han ahogado o han estado a punto de ahogarse
- La presencia de una anomalía estructural del corazón, reparada o no reparada
- El consumo de enervantes tales como cocaína, inhalantes, drogas "recreativas," bebidas de energía en exceso, y sustancias o suplementos para mejorar el rendimiento

¿Qué hace la CIF para fomentar la protección de los atletas adolescentes?

California Interscholastic Federation (CIF) enmendó sus estatutos para poder incluir lenguaje que incluye capacitación acerca del PCR como requisito en la certificación de entrenadores deportivos. Además, esto ayuda a incluirla en el protocolo de entrenamiento y juego para que los entrenadores tengan la autoridad de sacar del juego a un atleta adolescente que se colapse, ya que éste es uno de los principales signos de advertencia de que existe una afección cardíaca. El atleta adolescente que haya sido suspendido de un juego después de mostrar signos o síntomas asociados con un PCR, no puede volver a jugar hasta que un médico certificado le haya evaluado y aprobado. Se les insta a los padres, tutores y cuidadores a que hablen con sus atletas adolescentes acerca de la salud del corazón. Igualmente, todos aquellos que están involucrados de alguna manera con deportes entre el noveno y doceavo grado, deben familiarizarse con la cadena de supervivencia cardíaca para que estén preparados en caso de una emergencia cardíaca.

He leído y entendido los síntomas y los signos de advertencia del PCR y el nuevo protocolo de la CIF para incluir medidas para prevenir que suceda un PCR dentro del programa deportivo de mi estudiante.

FIRMA DEL ATLETA ADOLESCENTE

NOMBRE DEL ATLETA ADOLESCENTE

FECHA

FIRMA DEL PADRE/ TUTOR

NOMBRE DEL PADRE/ TUTOR

FECHA

Para mayor información acerca del Paro Cardíaco Repentino, consulte

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

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

National Federation of High Schools
 (video de capacitación de 20 minutos)
<https://nfhslearn.com/courses/61032>



Merced Union High School District
Concussion Information / Protocol Form
(Keep pages 5 through 7 for your personal reference)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including, but not limited to: brain damage and death if not recognized or managed properly.** In other words, a seemingly minor “ding” or “bump” can be a serious injury. Concussions are not visible, and most often occur without loss of consciousness. Signs and symptoms of a concussion may appear immediately following an injury, but may take hours or days to fully appear. If your child reports or displays any symptoms of concussion, seek medical attention immediately.

Concussion Symptoms May Include One or More of the Following:

Headache	“Don’t feel right”
“Pressure in Head”	Fatigue or low energy
Nausea or vomiting	Sadness
Neck pain	Nervous or anxiety
Balance problems/dizziness	Irritability
Blurred, double, or fuzzy vision	Emotionally high or low
Sensitivity to light or noise	Confusion
Feeling sluggish or slowed down	Concentration or memory problems
Drowsiness	(ie-forgetting plays)
Change in sleep patterns	Repeating the same question
Total or partial memory loss	Repeating the same comment
Feeling foggy or groggy	Has trouble standing/walking

Concussion Signs Observed by Parents, Teammates, or Coaches May Include:

Dazed appearance	Behavior/personality changes
Blank facial expression	Unable to recall events (before/after hit)
Confused by assignment	Seizures or convulsions
Confused/forgets plays	Loss of consciousness
Unsure of game/score/opponent	Any changes in typical behavior
Clumsy movements	Any changes in personality
Answers questions slowly	Slurred speech

For further information, please visit:
<https://www.cdc.gov/headsup/youthsports/index.html>

What May Happen if My Athlete Keeps Playing or Returns too soon?

Athletes with any signs or symptoms of concussion should be removed from play immediately. Continuing to play with symptoms of concussion creates a larger risk of injury and damage, especially if the athlete suffers another concussion prior to recovery from the first. This may lead to complications including, but not limited to; prolonged recovery, brain swelling, brain damage, or even death. It is common for adolescents to underestimate or not report symptoms of injuries. Education of staff, coaches, parents, and students is key for your child's safety.

What Do I Do if I Think My Athlete has Suffered a Concussion?

An athlete that is even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to athletic activity after a head injury or concussion, regardless of how mild it may appear or symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. CIF Bylaw 313 requires implementation of the following guidelines:

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

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

AB 2127, a California State Law effective 1/1/15, states that return to play must be no sooner than 7 days after the concussion diagnosis has been made by a physician.

You must inform your athlete's coach if you think that he/she has suffered a concussion. It is best to miss one game, rather than an entire season.

Final Thoughts for Parents and Guardians:

It is well known that high school athletes often talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

And...when in doubt, the athlete sits out!

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____