Aspire Athletics Policies and Procedures Packet: Grades 6 - 12
School Year 2026 – 2027

All Aspire scholars/families in grades 6-12 who wish to participate in Aspire sports/athletics are required to read, complete, and submit all forms contained in this packet.

The following student-athlete has applied to participate in an Aspire athletics program:

Student Name:	Grade Level:
Home Address:	Home Phone:
Emergency Contact:	Emergency Phone:

All athletes must return the following forms to the school via their coach before they begin any practice, scrimmage, or game activities.

- Parent/Guardian Athletics Consent Form, Authorization for Medical Care, and Waiver of Claims
- Code of Ethics for Athletes
- Rules & Regulations for Participation in Aspire's Athletics Program
- Physical Examination and Medical Eligibility Form (within the last 6 months)
- Insurance Coverage Form
- Transportation Form
- Sports Emergency Information Card
- Volunteer Driver's Liability Insurance Form (optional)
- Concussion/Head Injury Information Sheet
- Sudden Cardiac Arrest Information and Acknowledgement (Requires Signature – See Highlight)
- Opioid Factsheet
- Heat Illness Information Sheet (Requires Signature – See Highlight)

Please complete and return all these forms to the coach or to the school principal. Remember: you cannot start to practice or participate in athletics in any way until all the required forms are completed.

PARENT/GUARDIAN STUDENT ATHLETICS CONSENT FORM, AUTHORIZATION FOR MEDICAL CARE, AND WAIVER OF CLAIMS

I, the parent/guardian of ***[print student's name]*** _____**,** hereby request that my student be allowed to participate in Aspire Public School's ("Aspire's") athletic programs. I understand participation in athletics is optional and that participation by my student is not required. I am not aware of any medical condition of my student that would render it inappropriate for them to participate in athletics.

I agree to direct my student to follow school rules and the directions and instructions of the school personnel, coaches, and adult volunteers responsible at all times, including while at games or practices, while going to or coming from an athletic event (including games, scrimmages, or practices), and while under the supervision of an athletic coach, adult volunteer, or school staff member.

I know and fully understand that playing sports involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, and my student can sustain physical injuries or damage to my property. I am fully aware of the risks and hazards inherent in my student engaging in this athletic activity and I voluntarily elect, both on my behalf and on behalf of my student, to have them engage in that activity. I also know that Aspire and its agents cannot guarantee my student's safety regardless of what preventative steps or precautions are implemented, and even if Aspire and its agents exercise due care. To the fullest extent permitted by law, I voluntarily assume all risks of loss, damage, injury, or death to my student arising out of their participation in this activity.

Further, on behalf of myself, my student, and our personal representatives, assigns, heirs, and next of kin, I hereby voluntarily and expressly release, waive, discharge, and covenant not to sue Aspire and its officers, agents, volunteers, contractors, or employees from any and all liability, including but not limited to personal injury, property loss/damage, accident, illness, or death occurring during or by reason of participating in this activity. To the fullest extent permitted by law, I shall immediately defend, protect, and hold harmless Aspire and its officers, agents, volunteers, contractors, and employees from and against all damages, including legal expenses and attorney fees, of whatever nature arising out of my student's participation in this activity, including those incurred in connection with claims for bodily injury, property damage, or wrongful death sustained by third parties which may have been caused by my student, whether negligent or not, while participating in Aspire athletics.

AUTHORIZATION TO TREAT MY MINOR. I understand that my student may become ill, injured, or otherwise require medical treatment while participating in Aspire athletics. I hereby acknowledge and agree that if my student becomes injured, suffers from illness, or otherwise requires medical treatment while participating in athletics, Aspire and its employees, contractors, volunteers, or agents will proceed at their discretion by taking any measures and securing whatever treatment they deem is appropriate to the type and extent of the injury or illness. Should emergency medical services become necessary for my student, I understand that the expenses are my sole responsibility. Personal medical insurance is strongly advised.

_____ _____

PARENT/GUARDIAN SIGNATURE (Student Signs if 18 or Older) DATE

NAME (PRINT) OF PARENT/GUARDIAN OR STUDENT IF 18 OR OLDER: _____

ADDRESS: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

CODE OF ETHICS FOR ATHLETES

The athletics program of Aspire Public Schools ("Aspire") is committed to the ideals of sportsmanship, ethical conduct, and fair play. Athletes and parents/spectators are expected to respect the integrity and judgment of officials, to show courtesy to the visiting team, to respect the decisions of the Aspire coaching staff, and to recognize that an athletic contest is only a game, the purpose of which is to promote the physical, mental, moral, social and emotional well-being of the individual athletes. Please read the specific behavior guidelines established below for parents and athletes. Your signatures below signify your agreement to respect and abide by this Code of Ethics.

ATHLETE'S CODE

1. I understand that my participation in Aspire's athletics program is a privilege and not a right.
2. I will demonstrate the ideals of sportsmanship, ethical conduct, and fair play.
3. I will follow all school rules and procedures while involved in Aspire athletics; I understand that I always represent my school.
4. I will show courtesy to visiting teams and officials; I will accept the decisions of all officials and/or referees.
5. I will understand thoroughly and follow the rules of the game.
6. I will remember that an athletic contest is only a game.
7. I will build positive relationships with my teammates and report any inappropriate conduct to my coaches.
8. I will refrain from the use of profanity or talking "trash."
9. I will refrain from the use of drugs and alcohol.
10. I will not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the American Medical Association) to treat a medical condition. I further understand that Aspire's policies regarding the use of illegal drugs will be enforced for any violations of these rules.
11. I will respect my coaches and their decisions, and encourage teammates, fellow students, family members, and spectators to do the same.
12. I will refrain from any activity that may incite spectators.

I understand that violating this Code of Ethics may result in my removal from the team or other appropriate discipline.

_____ _____

STUDENT/ATHLETE'S SIGNATURE DATE

PARENT'S/GUARDIAN'S CODE

1. I understand that my student's participation in Aspire's athletics program is a privilege and not a right.
2. I will emphasize the ideals of sportsmanship, ethical conduct, and fair play.
3. I will remember that an athletic contest is only a game.
4. I will show courtesy to visiting teams and officials.
5. I will not criticize officials, use abusive or profane language toward them, or otherwise undermine their authority, and will encourage other fans to do the same.
6. I will not indulge in criticism that would undermine the authority of the coaches. I will share any feedback in a constructive, productive, and respectful manner.
7. I will respect the coaches and their decisions, and encourage students and other parents/guardians to do the same.
8. I will not permit my student to use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the American Medical Association) to treat a medical condition. I further understand that Aspire's policies regarding the use of illegal drugs will be enforced for any violations of these rules.
9. I will keep a positive outlook on the school's athletic program. Constructive criticism for the program will be directed to the coaches or to the school administration.
10. I will not enter onto the field, court, locker room, or team huddle, stand on the sidelines, yell from the bleachers at a coach, or attempt to undermine the coach's instructions during a game or practice.

I/we understand that violations of this Code of Ethics may jeopardize our student's eligibility and may result in our being barred attendance at future school athletic contests.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

RULES AND REGULATIONS FOR PARTICIPATION IN ASPIRE PUBLIC SCHOOLS' ATHLETICS PROGRAMS

Eligibility

In order to be eligible to participate in sports the student must:

- Be enrolled as a full-time student.
- Earn a passing grade in all classes during the previous grading period (Principal's discretion).
- Earn a passing grade in all classes in which they are currently enrolled (Principal's discretion)
- Attend school the day of a game or practice (Principal's discretion).
- Be a student in good standing (Principal's discretion).
- Demonstrate strong school attendance (Principal's discretion).

Equipment and Supplies

Each student is responsible for returning all equipment and uniforms issued to them. The student will be charged for any damage, misuse or loss of equipment or uniforms.

Team Participation Rules

· Abide by the Code of Ethics.
· Abide by the Aspire Policies and Regulations regarding athletics.
· Follow school rules at all times when engaged with an Aspire athletics event.
· Avoid disciplinary infractions.
· Do not use tobacco, alcohol, or illegal substances.
· Do not engage in vandalism or theft.

Any violation of these rules will result in the athlete's eligibility being suspended for a minimum of two weeks.

In some instances and depending on the seriousness of the infraction, the athlete may still be permitted to practice with the team after their first violation of the rules, but prohibited from traveling with the team or participating in any games or scrimmages while eligibility is suspended. If the athlete violates any of the rules a second time, they will be deemed ineligible from any athletic event (including practice, travel, scrimmages, and games) for a minimum of 9 weeks. If the athlete violates any of the rules a third time, they will be deemed ineligible for Aspire athletics for the next 365 days.

Any violation of the above offenses may result in separate consequences from the school as appropriate under Aspire's school discipline policies and procedures.

I, ***[print parent's name]***_____the parent/guardian of ***[print student's name]*** _____ and my student have read and understand the above rules and regulations. In addition, we have received a copy of Aspire Public School's policies and regulations regarding athletic participation. We agree to abide by all of the above rules and regulations.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

_____ _____

STUDENT SIGNATURE DATE

■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

□ Medically eligible for all sports without restriction

□ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

_____

_____

□ Medically eligible for certain sports

_____

_____

□ Not medically eligible pending further evaluation

□ Not medically eligible for any sports

Recommendations: _____

_____

_____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

_____

_____

Medications: _____

_____

_____

Other information: _____

_____

_____

Emergency contacts: _____

_____

_____

INSURANCE COVERAGE FORM

Aspire strongly recommends that any student who practices or participates in Aspire Public School's ("Aspire's") athletic programs carry personal insurance coverage. Though Aspire does not require student-athletes to carry insurance, students may become ill or experience serious physical injury while participating in athletic events, and carrying personal medical insurance may assist in limiting out-of-pocket medical expenses arising from your student's participation in athletic activities. While Aspire has insurance coverage for the operations of its schools, that protection is *in excess to* any coverage held by the student. Aspire, and any officers, agents, contractors, volunteers, or employees cannot be held liable for medical treatment of injuries incurred while participating in Aspire's athletic program.

If your student has medical insurance coverage, please provide the relevant insurance policy information below and return this form to the coach or to the school principal:

Student's Name:

Parent/Guardian's Name:

Name of Insurance Company:

Policy Number:

Policy Expiration Date:

Copy of Insurance Policy or Card: Please attach a copy of your insurance policy or insurance card.

TRANSPORTATION TO AND FROM SPORTING EVENTS
RULES AND REGULATIONS

Rules and Regulations for Transportation to and from Sporting Events:

1. All students must ride to and from all school-sponsored sporting events and activities with authorized drivers only.
2. Authorized drivers will be authorized by the school site administrator and coach in accordance with applicable law at the start of each sport's season (forms must be completed and on file in the school office).
3. Students are NEVER allowed to drive other students to school-sponsored sporting events or activities. Violations of this rule may result in dismissal from the team or other appropriate discipline.
4. Students transported to any school-sponsored sporting event or activity must return to the school by the same means, unless released to the parent/guardian or another authorized adult by the administrator or coach.
5. The maximum number of passengers in any vehicle transporting students shall not exceed the number of seat belts, except when seat belts are not required by law (e.g., a school bus).
6. No vehicle designed to seat more than ten persons, including the driver, shall be used to transport students unless it is operated by a driver with a California commercial driver's license of the appropriate class and with the appropriate endorsements.
7. Liability insurance coverage is the responsibility of the driver.
8. Drivers and passengers must comply with all applicable motor vehicle laws.

I give my permission for my student to be transported to and from school-sponsored sporting events by authorized drivers of Aspire.

· I am fully aware of the risks and hazards inherent in my student engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my student, to have them engage in that activity and related transportation, even though the activity is such that my student may be injured even if Aspire and its agents utilize due care.

· I know and understand that Aspire and its officers, agents, contractors, volunteers, and employees cannot guarantee my student's safety. I therefore voluntarily assume, to the maximum extent permitted by law, all risks of loss, damage, injury or death to my student arising out of their participation in this activity and related transportation.

· It is my intent by this clause to exempt and relieve Aspire and its officers, agents, contractors, volunteers, and employees from any and all liability, including, but not limited to, liability for personal injury, wrongful death, or property damage, arising out of my student's involvement in this activity and related transportation.

· Further, to the fullest extent permitted by law, on behalf of myself, my student, and our personal representatives, assigns, heirs, and next of kin, I hereby voluntarily and expressly release, waive, discharge, and covenant not to sue Aspire, and its officers, agents, contractors, volunteers, or employees for loss or damage and any claims or demands therefore on account of injury or death to my student, whether caused by negligence of Aspire, or its officers, agents, contractors, volunteers, or employees, where such injury or death occurs during, by reason of, or arising out of this activity and related transportation.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

SPORTS EMERGENCY INFORMATION CARD

Student and Parent Information:

Student's Name: Student's Grade:	Parent Name(s):
Student's Date of Birth: (Month/Date/Year)	
Home Address:	
Parent's Home phone(s): Parent's Work phone(s): Parent's Cell phone (s):	
Known Allergies/Current Medications/Health Problems:	

Emergency Contact Information:

In an emergency, if the parent cannot be reached, please notify:	**Family Physician:**
Name: Relationship:	Name:
Home phone: Work phone: Cell phone:	Address:
Name: Relationship:	Work Phone:
Home phone: Work phone: Cell phone:	License #:

(OPTIONAL) VOLUNTEER DRIVER APPLICATION

This application is required when a person, who is not employed or contracted by Aspire Public Schools ("Aspire") to provide school-related transportation for compensation, requests to drive a vehicle carrying other students on a school-sponsored trip. You are not required to complete this application to transport your own student(s). In addition to completing this application, you (the Driver) must attach a copy of your California driver's license, a copy of the current registration for the vehicle that will be used, and a copy of your insurance policy or verification card that displays coverage limits. Minimum coverage amounts are $100,000/$300,000/$50,000 (*i.e.*, $100k bodily injury liability per person, $300k per accident, $50k property/car damage). These records will be kept securely at the school until no longer needed. Volunteer drivers will receive no compensation, including reimbursement for gas, miles, maintenance, etc.

Driver's Full Name: _____ Date of Birth: _____

California Driver's License #: _____ Expiration Date: _____

Make/Model/Year/Color of Car: _____ Vehicle License Plate #: _____

Number of students who can be transported (there must be an operable seat belt for the driver and each passenger): _____

Insurance Carrier: _____ Policy #: _____

Policy Expiration Date: _____ Liability Coverage Limits: _____/_____/_____

CERTIFICATION OF ELIGIBILITY TO TRANSPORT STUDENTS

YES □ NO □	I have been convicted of a misdemeanor or felony drunk driving charge.
YES □ NO □	I have a drunk driving charge pending.
YES □ NO □	I have had a moving violation within the past year.
YES □ NO □	I have more than one DMV point charged against my driving record.
YES □ NO □	I understand that my own driver's liability coverage is the prime coverage in case of an accident. It is my responsibility to inform the school immediately of any material change in the above information.
YES □ NO □	I currently have Liability Insurance on the vehicle I will use to transport students in at least the following amounts: $100,000/$300,000/$50,000.
YES □ NO □	I understand I shall assume responsibility for the students I transport from the time we leave school until we return, whether they are in or out of my car.
YES □ NO □	I understand that Aspire will request and review my driving record and I have given Aspire the permission to do so.
YES □ NO □	I have complied with all other volunteer requirements of Aspire, including, but not limited to, background check clearance and tuberculosis screening.

The above statements are true to the best of my knowledge.

_____ _____

DRIVER'S SIGNATURE DATE

School Administrator Approval Date: _____

I acknowledge that I have received and read the Concussion/Head Injury Information Sheet.

_____	_____
Date	Student signature
_____	_____
Date	Parent/Guardian signature

I acknowledge that I have received and read the Opioid Fact Sheet.

_____	_____
Date	Student signature
_____	_____
Date	Parent/Guardian signature

CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student-athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-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 student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), and certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR)].

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. *There is NO same day return to play for a youth with a suspected concussion.* Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of concussion education is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:	
• Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or awkwardly • Answers questions slowly	• Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or "has a fit" • Any change in typical behavior or personality • Passes out

Symptoms may include one or more of the following:	
• Headaches • "Pressure in head" • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns	• Loss of memory • "Don't feel right" • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same question/comment

What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before **returning to competition**. A RTP progression is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a physician trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner** than 7 days after the concussion diagnosis has been made by a physician.]*

Final Thoughts for Parents and Guardians:

It is well known that students will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if they experience such symptoms, or if they suspect 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.

References:
- *American Medical Society for Sports Medicine position statement: concussion in sport (2013)*
- *Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Berlin, October 2016*
- *https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html*
- *https://www.cdc.gov/headsup/youthsports/index.html*

Fact Sheet for Parents & Student Athletes

KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

Why do heart conditions that put student athletes at risk go undetected?

While a student athlete may display no warning signs of a heart condition, studies do show that symptoms are typically present but go unrecognized, unreported, missed or misdiagnosed.

- Symptoms can be misinterpreted as typical in active student athletes
- Fainting is often mistakenly attributed to stress, heat, or lack of food or water
- Student athletes experiencing symptoms regularly don't recognize them as unusual – it's their normal
- Symptoms are not shared with an adult because student athletes are embarrassed they can't keep up
- Student athletes mistakenly think they're out of shape and just need to train harder
- Students (or their parents) don't want to jeopardize playing time
- Students ignore symptoms thinking they'll just go away
- Adults assume students are OK and just "check the box" on health forms without asking them
- Medical practitioners and parents alike often miss warning signs
- Families don't know or don't report heart health history or warning signs to their medical practitioner
- Well-child exams and sports physicals do not check for conditions that can put student athletes at risk
- Stethoscopes are not a comprehensive diagnostic test for heart conditions

Protect Your Student's Heart

Educate yourself about sudden cardiac arrest, talk with your student about warning signs, and create a culture of prevention in your school sports program.

- Know the warning signs
- Document your family's heart health history as some conditions can be inherited
- If symptoms/risk factors present, ask your doctor for follow-up heart/genetic testing
- Don't just "check the box" on health history forms—ask your student how they feel
- Take a cardiac risk assessment with your student each season
- Encourage student to speak up if any of the symptoms are present
- Check in with your coach to see if they've noticed any warning signs
- Active students should be shaping up, not breaking down
- As a parent on the sidelines, know the cardiac chain of survival
- Be sure your school and sports organizations comply with state law to have administrators, coaches and officials trained to respond to a cardiac emergency
- Help fund an onsite AED

What happens if my student has warning signs or risk factors?

- State law requires student athletes who faint or exhibit other cardio-related symptoms to be re-cleared to play by a licensed medical practitioner.
- Ask your health care provider for diagnostic or genetic testing to rule out a possible heart condition.

  Electrocardiograms (ECG or EKG) record the electrical activity of the heart. ECGs have been shown to detect a majority of heart conditions more effectively than physical and health history alone. Echocardiograms (ECHO) capture a live picture of the heart.
- Your student should be seen by a health care provider who is experienced in evaluating cardiovascular (heart) conditions.
- Follow your providers instructions for recommended activity limitations until testing is complete.

What if my student is diagnosed with a heart condition that puts them at risk?

There are many precautionary steps that can be taken to prevent the onset of SCA including activity modifications, medication, surgical treatments, or implanting a pacemaker and/or implantable cardioverter defibrillator (ICD). Your practitioner should discuss the treatment options with you and any recommended activity modifications while undergoing treatment. In many cases, the abnormality can be corrected and students can return to normal activity.

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a life-threatening emergency that occurs when the heart suddenly stops beating. It strikes people of all ages who may seem to be healthy, even children and teens. When SCA happens, the person collapses and doesn't respond or breathe normally. They may gasp or shake as if having a seizure, but their heart has stopped. SCA leads to death in minutes if the person does not get help right away. Survival depends on people nearby calling 911, starting CPR, and using an automated external defibrillator (AED) as soon as possible.

What CAUSES SCA?

SCA occurs because of a malfunction in the heart's electrical system or structure. The malfunction is caused by an abnormality the person is born with, and may have inherited, or a condition that develops as young hearts grow. A virus in the heart or a hard blow to the chest can also cause a malfunction that can lead to SCA.

How COMMON is SCA?

As a leading cause of death in the U.S., most people are surprised to learn that SCA is also the #1 killer of student athletes and the leading cause of death on school campuses. Studies show that 1 in 300 youth has an undetected heart condition that puts them at risk.

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 known unexplained fainting, seizures, drowning or near drowning or car accidents
- ✔ Family members with known structural heart abnormality, repaired or unrepaired
- ✔ Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks, diet pills or performance-enhancing supplements

FAINTING

IS THE #1 SYMPTOM OF A HEART CONDITION

RECOGNIZE THE WARNING SIGNS & RISK FACTORS

Ask Your Coach and Consult Your Doctor if These Conditions are Present in Your Student

Potential Indicators That SCA May Occur

- ▶ Fainting or seizure, especially during or right after exercise
- ▶ Fainting repeatedly or with excitement or startle
- ▶ Excessive shortness of breath during exercise
- ▶ Racing or fluttering heart palpitations or irregular heartbeat
- ▶ Repeated dizziness or lightheadedness
- ▶ Chest pain or discomfort with exercise
- ▶ Excessive, unexpected fatigue during or after exercise

Cardiac Chain of Survival

Their life depends on your quick action!
CPR can triple the chance of survival.
Start immediately and use the onsite AED.

CALL


PUSH

SHOCK

KeepTheirHeartInTheGame.org

Fact Sheet for Parents & Student Athletes

KEEP THEIR HEART IN THE GAME

This sheet has information to help protect your student athlete from Sudden Cardiac Arrest

To learn more, go to KeepTheirHeartInTheGame.org

Get free tools to help create a culture of prevention at home, in school, on the field and at the doctor's office.

Discuss the warning signs of a possible heart condition with your student athlete and have each person sign below.

Detach this section below and return to your school.
Keep the fact sheet to use at your students' games and practices to help protect them from Sudden Cardiac Arrest.

I learned about warning signs and talked with my parent or coach about what to do if I have any symptoms.

STUDENT ATHLETE NAME PRINTED | STUDENT ATHLETE SIGNATURE | DATE

I have read this fact sheet on sudden cardiac arrest prevention with my student athlete and talked about what to do if they experience any warning signs, and what to do should we witness a cardiac arrest.

PARENT OR LEGAL GUARDIAN PRINTED | PARENT OR LEGAL GUARDIAN SIGNATURE | DATE

While missing a game may be inconvenient, it would be a tragedy to lose a student athlete because warning signs were unrecognized or because sports communities were not prepared to respond to a cardiac emergency.

Keep Their Heart In the Game!

ERIC PAREDES SAVE A LIFE FOUNDATION

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

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

As many as **1 in 4** PEOPLE*

receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

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

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

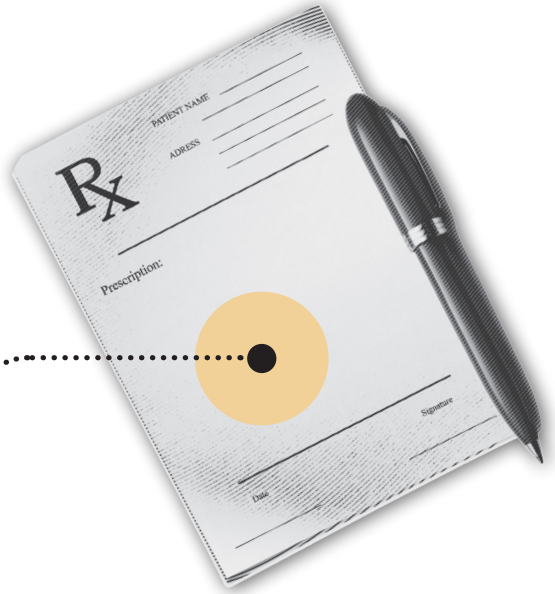
American Hospital Association®

CS264107C May 9, 2016

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.



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.

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.

Parent/Student CIF Heat Illness Information Sheet

WHY AM I GETTING THIS INFORMATION SHEET?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *CIF rules require a student athlete, who has been removed from practice or play after displaying signs and symptoms associated with heat illness, must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive separate trainings about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2800), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

WHAT IS HEAT ILLNESS AND HOW WOULD I RECOGNIZE IT?

Intense and prolonged exercise, hot and humid weather and dehydration can seriously compromise athlete performance and increase the risk of exertional heat injury. Exercise produces heat within the body and when performed on a hot or humid day with additional barriers to heat loss, such as padding and equipment, the athlete's core body temperature can become dangerously high. If left untreated, this elevation of core body temperature can cause organ systems to shut down in the body.

Young athletes should be pre-screened at their pre-participation physical evaluation for heat illness risk factors including medication/supplement use, cardiac disease, history of sickle cell trait, febrile or gastrointestinal illness, obesity, and previous heat injury. Athletes with non-modifiable risk factors should be closely supervised during strenuous activities in a hot or humid climate.

Sweating is one way the body tries to reduce an elevated core temperature. Once sweat (salt and water) leaves the body, it must be replaced. Water is the best hydration replacement, but for those athletes exercising for long periods of time where electrolytes may be lost, commercial sports drinks with electrolytes are available. Energy drinks that contain caffeine or other “natural” stimulants are not adequate or appropriate hydration for athletes and can even be dangerous by causing abnormal heart rhythms.

PREVENTION There are several ways to try to prevent heat illness:

ADEQUATE HYDRATION

Arrive well-hydrated at practices, games and in between exercise sessions. Urine appears clear or light yellow (like lemonade) in well-hydrated individuals and dark (like apple juice) in dehydrated individuals. Water/sports drinks should be readily available and served chilled in containers that allow adequate volumes of fluid to be ingested. Water breaks should occur at least every 15-20 minutes and should be long enough to allow athletes to ingest adequate fluid volumes (4-8 ounces).

GRADUAL ACCLIMATIZATION

Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully equipped).

ADDITIONAL PREVENTION MEASURES

Wear light-colored, light-weight synthetic clothing, when possible, to aid heat loss. Allow for adequate rest breaks in the shade if available. Avoid drinks containing stimulants such as ephedrine or high doses of caffeine. Be ready to alter practice or game plans in extreme environmental conditions. Eat a well-balanced diet which aids in replacing lost electrolytes.

A **FREE** online course “Heat Illness Prevention” is available through the CIF and NFHS at https://nfhslearn.com/courses/61140/heat-illness-prevention.

Parent/Student CIF Heat Illness Information Sheet

HEAT EXHAUSTION

Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated core body temperature between 97 and 104 degrees Fahrenheit.

- Dizziness, lightheadedness, weakness
- Headache
- Nausea
- Diarrhea, urge to defecate
- Pallor, chills
- Profuse sweating
- Cool, clammy skin
- Hyperventilation
- Decreased urine output

TREATMENT OF HEAT EXHAUSTION

Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, ice bath or ice packs. Fluid replacement should occur as soon as possible. The Emergency Medical System (EMS) should be activated if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE

Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a core body temperature greater than 107 degrees Fahrenheit. ***Signs observed by teammates, parents, and coaches include:***

- Dizziness
- Drowsiness, loss of consciousness
- Seizures
- Staggering, disorientation
- Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)
- Weakness
- Hot and wet or dry skin
- Rapid heartbeat, low blood pressure
- Hyperventilation
- Vomiting, diarrhea

TREATMENT OF HEAT STROKE

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

FINAL THOUGHTS FOR PARENTS AND GUARDIANS

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather across regions of California. While exertional heat illness can affect any athlete, the incidence is consistently highest among football athletes due to additional protective equipment which hinders heat dissipation. Several heatstroke deaths continue to occur in high school sports each season in the United States. Heatstroke deaths are preventable, if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about preventative measures and potential signs and symptoms of heat illness that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

_____	_____	_____
Student-Athlete Name *Printed*	Student-Athlete *Signature*	Date
_____	_____	_____
Parent or Legal Guardian Name *Printed*	Parent or Legal Guardian *Signature*	Date