NEWPORT-MESA USD

HIGH SCHOOL ACTIVITIES FORM

(A new form must be on file in the Athletic Office each school year that the student participates in a sport)

| Sport(| (s): | | | | | | Date R | ecei | ved in | Athlet | ic Office | | |
|---------|---|--|--|---|--|--|------------------------------------|---------------------------|---------------------------|-------------------|------------------------|------------------------|---|
| | Lis | t all sports you i | ntend to try out for | | | | | | | | | | GPA check: for office use only |
| Studen | nt's Name | | | | | | M/F | 9 | 10 1 | 1 12 | Ce | ell Phone | : |
| | | Last | | Fi | irst | | Sex | | Grad | le | | | : |
| Addres | SS: | | | | | | | | _ | | | | |
| Date of | f Birth: | | Pa | rent Email: | | | | | _ | Schoo | ol attende last yea | | |
| | | | Stud | dent Email: | | | | | _ | | | | |
| | I hereby such as I realize It is under | give my conse sports, marchir that there is a erstood that the VT FOR EMER give permissio | RGENCY TREATM on to a physician to | amed student, etc., and trav ry from partici e student bod IENT: | vel with the sch pation in schoo y, and/or any o mergency treat | nool represe of sports and of the emplo ment. | ntative o d related yees are | n nec activi not fi | essary ties. nancia | schoo | ol trips. | n case o | tivity program f accident or injury. |
| | | | ainer,or coach may r, if Parent/Guardia | | | | y assista | nce a | rrives. | | _yes | no | |
| | Name: | | | | Phone: | | | | _ | | Rela | ationship | : |
| 3. | I hereby of Education named st | Code Sections udent will be per | CATION: nove-named student 32220-32221 for par mitted to participate resent school year. | rticipation in appiin the District's | proved school ac activity program | ctivities during only upon m | the _201 y represer | 6_ to | _2017_ that ins | school surance | year. I ur coverage | nderstand as descri | that the above- ibed in Section3A. |
| | A. <u>O/</u> | R B. must b | e completed for th | e student athl | lete cleareance | to participa | ite: | | | | | | |
| | 3A. Mo | edical Insuranc | ce Plan Required | d to attach cop | by of insurance | card | | | | | | | |
| | Name of | Medical Insura | ance Company and | d Policy or Gr | oup Number | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | 3B. Di | School Time F | nsurance plan mus Plan (DOES NOT I Hour Plan (DOES all Plan (Includes T | INCLUDE TAI | CKLE FOOTBA | ALL) OTBALL) | | | | | | | · plan |
| 5. | We agr Student | ee to be res promises to a | Code requirement ponsible for the abide by the Califagrees to num | safe retur fornia Interso | n of all equ i cholastic Fede | ipment is | sued by | the | schoo | | | | |
| | Signati | re of Studer | nt: | | | Signat | ure of P | aren | ıt/Gua | rdian | | | |

INSURANCE FOR ATHLETIC TEAMS

Education Code Section 32220. Definitions

As used in this chapter:

- (a) "Education Institution" means a school district
- (b) "Governing Board" means the governing board of a school district
- (c) "Member of an athletic team" means member of any extramural athletic team engaged in athletic events on or outside the school grounds, maintained or sponsored by the educational institution or a student body organization thereof. "Member of an athletic team" also includes members of school bands or orchestras, cheerleaders and their assistants, pompon girls, team managers and their assistants and any student or pupil selected by the school or student body organization to directly assist in the conduct of the athletic event, including activities incidental thereto, but only while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from a school or other place of instruction and the place at which the athletic event is being conducted.

Organized rooting sections, student body members who are spectators, and other spectators, students, who are not actually participating in the conduct of the athletic event, are not members of an athletic team. Participants in a playday or field day activity occurring occasionally during a school year, in which students of one or more particular grade levels from two or more schools of a school district or community college district participate in athletic contests, are not members of an athletic team. Nothing in this section shall be construed as prohibiting a governing board from extending the applicability of the provisions of this article to any such persons, should the governing board elect so to do.

(d) "Student body organization" means any student organization under supervision of the educational institution or its officers.

Education Code Section 32221. Insurance; Amounts

The governing board of any education institution, except a school district or community college district of any kind or class and Department of Education special schools as defined in Sections 59000, 59100, and 59200, shall provide for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in an amount of at least five thousand dollars (\$5,000) for all such services for each member of an athletic team, through group, blanket or individual policies of accident insurance from authorized insurers, or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code. Such coverage shall be for the injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the educational institution or a student body organization thereof to or from school or other place of instruction and the place of the athletic event;

The governing board of each school district or community college district of any kind or class and the Department of Education special schools as defined in Sections 59000, 59100 and 59200 shall provide for each member of an athletic team insurance protection for medical and hospital expenses resulting from accidental bodily injuries in one of the following amounts:

- (a) A group or individual medical plan with accidental benefits of at least two hundred dollars (\$200) for each occurrence and major medical coverage of at least ten thousand dollars (\$10,000), with no more than one hundred dollars (\$100) deductible and no less than eighty percent (80%) payable for each occurrence.
- (b) Group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least one thousand five hundred dollars (\$1,500).
 - (c) At least one thousand five hundred dollars (\$1,500) for all such medical and hospital expenses.

Insurance protection in any of the above amounts shall be provided through group, blanket or individual policies of accident insurance from authorized insurers or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code. Such coverage shall be for the injury to members of athletic teams arising while such members are engaged in or are preparing for an athletic event promoted under the sponsorship or arrangements of the educational institution or a student body organization thereof or while such members are being transported by or under the sponsorship or arrangements of the school districts or community college districts or a student body organization thereof to or from school or other place of instruction and the place of the athletic event. Minimum medical benefits under any insurance required by this paragraph shall be equivalent to the three dollars and fifty cents (\$3.50) conversion factor as applied to the unit values contained in the minimum fee schedule adopted by the Division of Industrial Accidents of the State of California, effective October 1, 1966.

The governing boards of the various school districts or community college districts and the Department of Education special schools shall require that each member of an athletic team have insurance protection as prescribed by this section, with the costs of such insurance protection to be paid either out of the funds of the district, the funds of the student body, or by any other persons on behalf of, the individual team members or students covered by such insurance. In the event that the governing board of a school district or community college district should determine that a member of an athletic team or the parents, guardians or other person having charge or control of a member of an athletic team are financially unable to pay the costs of such insurance protection, then the governing board shall require the costs of such protection to be paid either out of funds of the district or funds of the student body.

The insurance required by this article shall be issued by an admitted insurer, or through a benefit and relief association described in subparagraph (1) of subdivision (c) of Section 10493 of the Insurance Code.

The insurance otherwise required by this section shall not be required for any individual team member or student who has such insurance or a reasonable equivalent of health benefits coverage provided for him in any other way or manner, including, but not limited to, purchase by himself, or by his parent or guardian.

| | | | revention (CHDP) Program Evaluation History Form | | |
|--|---------|-----------|---|-------------------|-------------------|
| | | | | | |
| Child's Name: Grade: School: | | | Sport(s): | | _ |
| | | | | | |
| Medicines: Please list all prescription and over-the-counter medicines ar | | | he patient's medical chart. | | |
| Medicines. Flease list all prescription and over-the-counter medicines at | iu sup | piemem | s (nerval and nutritional) that you are currently taking. | | |
| Allerentes De contractor annual contractor and a second a | I L'E . | :c:- | ellender halam | | |
| Allergies: Do you have any allergies? Yes No If yes, please ic Medicines: Pollens: | ientity | specific | allergies below: Foods: Stinging Insects: | | |
| | | | | | |
| This section is to be carefully completed by the student and his/her pa | arent(s | s) or leg | nal guardian(s) before seeing the health care provider. | | |
| Explain Yes answers below. Circle questions that you don't know | v tne a | answei | \$ 10. | | |
| CENTRAL OUTSTIONS | V | NI- | MEDICAL OUTSTICANS | V | NI- |
| GENERAL QUESTIONS: 1. Has a doctor ever denied or restricted your participation in sports for any | Yes | No | MEDICAL QUESTIONS 26. Do you cough, wheeze, or have difficulty breathing during or | Yes | No |
| reason? | | | after exercise? | | |
| Do you have any ongoing medical conditions? If so, please identify below: Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other: | | | 27. Have you ever used an inhaler or taken asthma medicine? | | |
| | | | 28. Is there anyone in your family that has asthma? | | |
| 3. Have you ever spent the night in a hospital? | | | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 4. Have you ever had surgery? | | | 30. Do you have groin pain or a painful bulge or hernia in the groin area? | $\overline{\Box}$ | |
| HEART HEALTH QUESTIONS ABOUT YOU: | Yes | No | 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | 32. Do you have any rashes, pressure sores, or other skin problems? | \exists | H |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 33. Have you had a herpes or MRSA skin infection? | | H |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | | 34. Have you ever had a head injury or concussion? | H | H |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all | | | 35. Have you ever had a hit or blow to the head that caused confusion, | | |
| that apply: ☐Kawasaki Disease ☐A Heart Infection ☐High Blood Pressure | | | prolonged headache, or memory problems? |] [| |
| ☐A Heart Murmur ☐ High Cholesterol Other: | | | 36. Do you have a history of seizure disorder? | | Ш |
| Has a doctor ever ordered a test for your heart (for example, ECG/EKG, echocardiogram)? | | | 37. Do you have headaches with exercise? | Ш | Ш |
| 10. Do you get lightheaded or feel more short of breath than expected during | | П | 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit of falling? | | |
| exercise? 11. Have you ever had an unexplained seizure? | | | 39. Have you ever been unable to move your arms or legs after being hit | | |
| Do you get more tired or short of breath more quickly than your friends during | 긤 | | or falling? 40. Have you ever become ill while exercising in the heat? | $\overline{\Box}$ | $\overline{\Box}$ |
| exercise? | Ш | Ш | 41. Do you get frequent muscle cramps when exercising? | H | H |
| HEALTH QUESTIONS ABOUT YOUR FAMILY 13. Has any family member or relative died of heart problems or had an | Yes | No | 42. Do you or someone in your family have sickle cell trait or disease? | | $\overline{\Box}$ |
| unexpected or unexplained sudden death before age 50 (including drowning, | | | 43. Have you had any problems with your eyes or vision? | \exists | Ħ |
| unexplained car accident, or sudden infant death syndrome?) 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan | | | 44. Have you had any eye injuries? | Ħ | Ħ |
| Syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT | | | 45. Do you wear glasses or contact lenses? | Ħ | Ħ |
| syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | | 46. Do you wear protective eyewear, such as goggles, or a face shield? | Ħ | $\overline{\Box}$ |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted | П | П | 47. Do you worry about your weight? | $\overline{\Box}$ | $\overline{\Box}$ |
| defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or |] [| | 48. Are you trying to or has anyone recommended that you gain or lose | | |
| near drowning? | Ш | Ш | weight? 49. Are you on a special diet or do you avoid certain types of food? | | |
| BONE AND JOINT QUESTIONS 17. Have you ever had an injury to a bone, muscle, ligament or tendon (for | Yes | No | 50. Have you ever had an eating disorder? | \mathbb{H} | H |
| example, tear, sprain, or tendonitis) that caused you to miss a practice or game? | | | 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| 18. Have you had any broken or fractured bones or dislocated joints? | | | FEMALES ONLY | Yes | No |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, | П | | 52. Have you ever had a menstrual period? | | |
| therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? | | | 53. How old were you when you had your first menstrual period? | | |
| 21. Have you been told that you have or have you had an x-ray for neck instability | | | 54. How many periods have you had in the last 12 months? | | |
| or atlantoaxial instability? (Down Syndrome or dwarfism) | Ш | Ш | Explain "yes" answers here: | | |
| 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? | | | | | • |
| I hereby state, to the best of my knowledge, my answers to the a | | - | | | |
| Signature of athlete: Signatu | re of p | oarent/ | guardian: Date: | | |

Child Health and Disability Prevention (CHDP) Program Physical Examination Form for Preparticipation

The section below is to be completed by physician or provider after history and consent forms are completed. Student's Name: _ _____ Weight: _____ %BMI (optional): _____ Pulse: _____ BP: _ Height: L 20/ _____ Corrected: Equal Unequal Vision R 20/ Pupils: **EMERGENCY INFORMATION** Alleraies: Other Information: **MEDICAL Abnormal Findings** Normal Appearance • Marfan stigmata (kyphoscoliosis, high arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ Ears/ Nose/ Throat Pupils equal Hearing Lymph Nodes Heart 1 Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Pulses Simultaneous femoral and radial pulses Lungs Abdomen Genitourinary (males only) 2 Skin • HSV, lesions suggestive of MRSA, tinea corporis Neurologic 3 MUSCULOSKELETAL Back Shoulder/ Arm Elbow/ Forearm Wrist/ Hand/ Fingers Hip/ Thigh Knee Leg/ Ankle Foot/ Toes Functional Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. ² Consider GU exam if in private setting. Having third party present is recommended. ³ Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion. Clearance Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment for: Not cleared: Pending further evaluation For any sports For certain sports: Reason/Recommendations: I have evaluated the above named student and completed the preparticipation physical evaluation. The athlete does not present apparent contraindications to practice, tryout, and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parent. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (MD, DO, NP, or PA) Name of Physician/ Provider: (print/ type/ stamp) ____ Phone: Address: Signature of Physician/ Provider:



10932 Pine Street Los Alamitos, California 90720

Telephone: 562-493-9500 Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extracurricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

- 1. Place academic achievement as the highest priority.
- 2. Show respect for teammates, opponents, officials and coaches.
- 3. Respect the integrity and judgment of game officials.
- 4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
- 5. Maintain a high level of safety awareness.
- 6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
- 7. Adhere to the established rules and standards of the game to be played.
- 8. Respect all equipment and use it safely and appropriately.
- Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
- 10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
- 11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

| We also understand that the | for any violations of these rules. |
|---------------------------------|------------------------------------|
| Printed Name of Student Athlete | |
| Signature of Student Athlete | Date |
| Signature of Parent/Caregiver | Date |

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Pursuing Victory With Honor* Code of Conduct for Parents/Guardians

Athletic competition of interscholastic age children should be fun and should also be a significant part of a sound educational program. Everyone involved in sports programs has a duty to assure that their programs impart important life skills and promote the development of good character. Essential elements of character building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the "Six Pillars of Character"_{SM}). The highest potential of sports is achieved when all involved consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Parents/guardians of student-athletes can and should play an important role and their good-faith efforts to honor the words and spirit of this Code can dramatically improve the quality of a child's sports experience.

TRUSTWORTHINESS

- Trustworthiness Be worthy of trust in all you do.
- Integrity Live up to high ideals of ethics and sportsmanship and encourage players to pursue victory with honor. Do what's right even when it's unpopular or personally costly.
- Honesty Live honorably. Don't lie, cheat, steal or engage in any other dishonest conduct.
- Reliability Fulfill commitments. Do what you say you will do.
- Loyalty Be loyal to the school and team; Put the interests of the team above your child's personal glory.

RESPECT

- Respect Treat all people with respect at all times and require the same of your student-athletes.
- Class Teach your child to live and play with class and be a good sport. He/she should be gracious in victory and accept defeat with dignity, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- Disrespectful Conduct Don't engage in disrespectful conduct of any sort including profanity, obscene gestures, offensive remarks of a sexual nature, trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- Respect for Officials Treat game officials with respect. Don't complain or argue about calls or decisions during or after an athletic event.

RESPONSIBILITY

- Importance of Education Support the concept of "being a student first." Commit your child to earning a diploma and getting the best possible education. Be honest with your child about the likelihood of getting an athletic scholarship or playing on a professional level. Reinforce the notion that many universities will not recruit student-athletes who do not have a serious commitment to their education. Be the lead contact for college and university coaches in the recruiting process.
- Role Modeling Remember, participation in sports is a privilege, not a right. Parents/guardians too should represent the school, coach and teammates

- with honor, on and off the court/field. Consistently exhibit good character and conduct yourself as a positive role model.
- Self-Control Exercise self-control. Don't fight or show excessive displays of anger or frustration.
- Healthy Lifestyle Promote to your child the avoidance of all illegal or unhealthy substances including alcohol, tobacco, drugs and some over-thecounter nutritional supplements, as well as of unhealthy techniques to gain, lose or maintain weight.
- Integrity of the Game Protect the integrity of the game. Don't gamble or associate with gamblers.
- Sexual Conduct Sexual or romantic contact of any sort between students and adults involved with interscholastic athletics is improper and strictly forbidden. Report misconduct to the proper authorities.

FAIRNESS

 Fairness and Openness — Live up to high standards of fair play. Be open-minded, always willing to listen and learn.

CARING

 Caring Environment — Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team.

CITIZENSHIP

 Spirit of the Rules — Honor the spirit and the letter of rules. Teach your children to avoid temptations to gain competitive advantage through improper gamesmanship techniques that violate the highest traditions of sportsmanship.

I have read and understand the requirements of this Code of Conduct and acknowledge that I may be disciplined if I violate any of its provisions.

| | ***** |
|---------------------------|-------|
| Parent/Guardian Signature | Date |

HEADS UP - Concussion in High School Sports

A Fact Sheet for Parents

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. 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?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear to be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

| Signs Observed by Parents or Guardians | Symptoms Reported by Athlete |
|---|---|
| •Appears dazed or stunned •Is confused about assignment or position | Headache or "pressure" in head Nausea or vomiting |
| •Forgets an instruction | Balance problems or dizziness |
| *Is unsure of game, score, or opponent | •Double or blurry vision |
| •Moves clumsily | ·Sensitivity to light or noise |
| *Answers questions slowly | *Feeling sluggish, hazy, foggy, or groggy |
| Loses consciousness (even briefly) Shows mood, behavior, or | •Concentration or memory problems •Confusion |
| personality changes | l a tore to the same in the same in |
| *Can't recall events prior to hit or fall | Just not "feeling right" or is "feeling down" |
| *Can't recall events after hit or fall | |

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

•Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.







- •Ensure that they follow their coaches' rules for safety and the rules of the sport.
- •Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

- Keep your teen out of play. If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first usually within a short period of time (hours, days, or weeks) can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
- Seek medical attention right away. A health care professional
 experienced in evaluating for concussion will be able to decide how
 serious the concussion is and when it is safe for your teen to return to
 sports.
- Teach your teen that it's not smart to play with a concussion. Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Dis courage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's "just fine".
- 4. Tell all of your teen's coaches and the student's school nurse about ANY concussion. Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion: Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit: www.cdc.gov/Concussion

We acknowledge, that per California state law (AB25), athletes sustaining a concussion/head injury in an athletic activity outside of the regular school day must be immediately removed from the activity. The student shall not return to the activity until evaluated by a licensed healthcare provider. A written clearance from the provider is needed for the student to return to activity. Please contact your school if you need further information.

| Student name: | Sports Played: | |
|--------------------|---|--|
| Student signature: | Date: | |
| Parent Signature: | Date: To learn more about concussion/head injury: | |

UC Irvine Healthcare http://www.healthcare.uci.edu/sports_concussion/index.asp California InterscholasticFederation_http://www.cifstate.org/index.php/the-latest-news/concussions American Academy of Pediatrics_http://aappolicy.aappublications.org/cgi/contest/full/pediatrics:126/3/597