



DHS

## Directions for Completing Athletic Forms

1. Both the Physical Examination Form (both sides) and Emergency Procedure / Eligibility Card (both sides) are **required to participate**. (pg 2 of packet)
2. Please complete your portion (History) of the Physical Examination Form before going to your physician. This form is available for download on the Forms Page of DHS' website and is titled Physical Examination Form. (pg 4-5 of this packet)
3. Make sure **all areas** (of Physical Examination Form) **are filled out completely** and signed by both parents and student athlete.
4. Make sure the **Doctor** has **signed and dated** the physical (physicals are good for one year only).
5. **Keep a copy** of the Physical Examination Form and Emergency Procedure / Eligibility Card in case they are lost within the school or you transfer schools.
6. In addition to the paperwork, **Football** players must complete **Insurance Forms** to compete and **Wrestlers** must complete **another parental consent form**. (These additional forms are available through the Coach.)
7. Any student who has **attended another High School** for any amount of time **must see** the AD for additional paperwork to compete.
8. The Parent/Guardian must sign the place on the Emergency Procedure / Eligibility Card authorizing an **emergency contact** (relative / friend / caregiver) to be called if Parent/Guardian cannot be reached.
9. Parent(s) and student athlete must both read and sign the **CIF Code of Ethics** (pg 3 of packet) and return.

# Muroc Joint Unified School District DHS

## Preparticipation Physical Evaluation

**PHYSICAL EXAMINATION**

Name _____		Date of birth _____	
Height _____	Weight _____	% Body fat (optional) _____	Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
Vision R 20/ _____	L 20/ _____	Corrected: Y N	Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\*Station-based examination only

**CLEARANCE**

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of physician (print/type) \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD, DO or DC

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# Muroc Joint Unified School District DHS

## Preparticipation Physical Evaluation

HISTORY	DATE OF EXAM _____
Name _____ Sex _____ Age _____ Date of birth _____	
Grade _____ School _____ Sport(s) _____	
Address _____ Phone _____	
Personal physician _____	
<b>In case of emergency contact</b>	
Name _____ Relationship _____ Phone (H) _____ (W) _____	

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

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check-up or sports physical? Do you have an ongoing or chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been hospitalized overnight? Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts, or protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over the counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, check appropriate box and explain below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper arm <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs, or feet? Have you ever had a slinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>	15. Record the dates of your most recent immunizations (shots) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____		
9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b> 16. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____ Explain "Yes" answers here: _____ _____ _____ _____		

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 _____
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## ETHICS IN SPORTS

### I. Policy Statement

The Central Section, CIF is committed to the exhibition of sportsmanlike and ethical behaviors in and around all athletic contests. All contests must be safe, courteous, fair, controlled and orderly for all athletes and fans alike.

It is the intent of the CIF that violence, in any form, not be tolerated. In order to enforce this policy, the Central Section has established rules and regulations, which set forth the manner of enforcement and of this policy and the penalties incurred when violation of the policy occurs. The rules and regulations shall focus upon the responsibility of the coach to teach and demand high standards of conduct and to enforce the rules and regulations set forth by CIF.

The Central Section requires the following Code of Ethics be issued each year and requires signing by student athletes, parent/guardian and coaches prior to participation as a guide to govern their behavior.

### II. Code of Ethics

- a. To emphasize the proper ideas of sportsmanship, ethical conduct and fair play.
- b. To eliminate all possibilities which tend to destroy the best values of the game.
- c. To stress the values derived from playing the game fairly.
- d. To show cordial courtesy to visiting teams and officials.
- e. To establish a happy relationship between visitors and hosts.
- f. To respect the integrity and judgment of sports officials.
- g. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
- h. To encourage leadership, use of initiative and good judgment by the players on a team.
- i. To recognize that the purpose of athletics is to promote the physical, mental, moral, social and emotional well-being of the individual players.
- j. To remember that an athletic contest is only a game, not a matter of life and death for player, coach, school, official, fan, or nation.

*I have read and I understand the Policy Statement, the Code of Ethics and the violations and Minimum Penalties of the "Ethics in Sports" policy. I agree to abide by the policy and related consequences while participating in interscholastic athletics, regardless of context, site or jurisdiction.*

\_\_\_\_\_  
- Student Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
- Parent Signature

\_\_\_\_\_  
High School

# Emergency Procedure / Eligibility Card



DHS



All areas must be filled in to be considered complete.

Birthdate: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_ Home Ph: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First Name MI

Home Address: \_\_\_\_\_

## Emergency Contact Numbers

\_\_\_\_\_  
Father's / Guardians Name Cell Phone # Business Phone #

\_\_\_\_\_  
Employer's Name and Address

\_\_\_\_\_  
Mother's / Guardians Name Cell Phone # Business Phone #

\_\_\_\_\_  
Employer's Name and Address

Which of the following is the student's legal guardian? (Circle one)

Father Mother Both Neither

In case of illness or injury and parents can not be reached, please list a relative, caregiver or friend to be contacted.

\_\_\_\_\_  
Name of Emergency Contact Cell Phone # Work # Legal Guardian's Signature

I hereby give my consent for \_\_\_\_\_ to compete in sports and I permit the student to travel with the team and be supervised by a representative of the school. In case this student becomes ill or injured, the school representative is authorized to have the student treated by a medical agency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian's Signature





## 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 athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.
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.

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as 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, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

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 medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, he or she should be immediately taken 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 doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you 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 his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering 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 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 contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.



## Concussion Information Sheet



Please Return this Page

I hereby acknowledge that I have received the Concussion Information Sheet from my school and I have read and understand its contents. I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Learn" and "Return to Play" protocols I will consult with my physician.

\_\_\_\_\_  
Student-athlete Name Printed

\_\_\_\_\_  
Student-athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



## CIF Concussion Return to Play (RTP) Protocol

**CA STATE LAW AB 2127 (Effective 1/1/15) STATES THAT RETURN TO PLAY (I.E., COMPETITION) CANNOT BE SOONER THAN 7 DAYS AFTER EVALUATION BY A PHYSICIAN (MD/DO) WHO HAS MADE THE DIAGNOSIS OF CONCUSSION.**

**Instructions:**

- This *graduated return to play protocol* **MUST** be completed before you can return to FULL COMPETITION.
  - A certified athletic trainer (AT), physician, or identified concussion monitor (e.g., coach, athletic director), must initial each stage after you successfully pass it.
  - Stages I to II-D take a *minimum* of 6 days to complete.
  - You must be back to normal academic activities before beginning Stage II.
  - You must complete one full practice *without restrictions* (Stage III) before competing in first game.
- After Stage I, you cannot progress more than one stage per day (or longer if instructed by your physician).
- If symptoms return at any stage in the progression, IMMEDIATELY STOP any physical activity and follow up with your school's AT, other identified concussion monitor, or your physician. In general, if you are symptom-free the next day, return to the previous stage where symptoms had not occurred.
- Seek further medical attention if you cannot pass a stage after 3 attempts due to concussion symptoms, or if you feel uncomfortable at any time during the progression.

You must have written physician (MD/DO) clearance to begin and progress through the following Stages as outlined below (or as otherwise directed by physician).				
Date & Initials	Stage	Activity	Exercise Example	Objective of the Stage
	I	No physical activity for at least 2 full symptom-free days <b>AFTER</b> you have seen a physician	No activities requiring exertion (weight lifting, jogging, P.E. classes)	Recovery and elimination of symptoms
	II-A	Light aerobic activity	<ul style="list-style-type: none"> <li>• 10-15 minutes of walking or stationary biking</li> <li>• <b>Must be performed under direct supervision by designated individual</b></li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to no more than 50% of perceived max. exertion (e.g., &lt; 100 beats per minute)</li> <li>• Monitor for symptom return</li> </ul>
	II-B	Moderate aerobic activity Light resistance training	<ul style="list-style-type: none"> <li>• 20-30 minutes jogging or stationary biking</li> <li>• Body weight exercises (squats, planks, push-ups), max 1 set of 10, no more than 10 min total</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to 50-75% max. exertion (e.g., 100-150 bpm)</li> <li>• Monitor for symptom return</li> </ul>
	II-C	Strenuous aerobic activity Moderate resistance training	<ul style="list-style-type: none"> <li>• 30-45 minutes running or stationary biking</li> <li>• Weight lifting ≤ 50% of max weight</li> </ul>	<ul style="list-style-type: none"> <li>• Increase heart rate to &gt; 75% max. exertion</li> <li>• Monitor for symptom return</li> </ul>
	II-D	Non-contact training with sport-specific drills No restrictions for weightlifting	<ul style="list-style-type: none"> <li>• Non-contact drills, sport-specific activities (cutting, jumping, sprinting)</li> <li>• No contact with people, padding or the floor/mat</li> </ul>	<ul style="list-style-type: none"> <li>• Add total body movement</li> <li>• Monitor for symptom return</li> </ul>
<b>Minimum</b> of 6 days to pass Stages I and II. Prior to beginning Stage III, please make sure that written physician (MD/DO) clearance for return to play, after successful completion of Stages I and II, has been given to your school's concussion monitor.				
	III	Limited contact practice  Full contact practice	<ul style="list-style-type: none"> <li>• Controlled contact drills allowed (no scrimmaging)</li> <li>• Return to normal training (with contact)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase acceleration, deceleration and rotational forces</li> <li>• Restore confidence, assess readiness for return to play</li> <li>• Monitor for symptom return</li> </ul>
<b>MANDATORY:</b> You must complete at least ONE contact practice before return to competition. (Highly recommend that Stage III be divided into 2 contact practice days as outlined above.)				
	IV	Return to play (competition)	Normal game play	Return to full sports activity without restrictions

**Athlete's Name:** \_\_\_\_\_ **Date of Concussion Diagnosis:** \_\_\_\_\_



**Signs observed by teammates, parents and coaches include:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Looks dizzy</li><li>• Looks spaced out</li><li>• Confused about plays</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or awkwardly</li><li>• Answers questions slowly</li></ul> | <ul style="list-style-type: none"><li>• Slurred speech</li><li>• Shows a change in personality or way of acting</li><li>• Can't recall events before or after the injury</li><li>• Seizures or has a fit</li><li>• Any change in typical behavior or personality</li><li>• Passes out</li></ul> |
|--|---|

**Symptoms may include one or more of the following:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or throws up</li><li>• Neck pain</li><li>• Has trouble standing or walking</li><li>• Blurred, double, or fuzzy vision</li><li>• Bothered by light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Loss of memory</li><li>• "Don't feel right"</li><li>• Tired or low energy</li><li>• Sadness</li><li>• Nervousness or feeling on edge</li><li>• Irritability</li><li>• More emotional</li><li>• Confused</li><li>• Concentration or memory problems</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. They may also benefit from a formal school assessment for limited attendance or homework such as reduced class schedule if recovery from a concussion is taking longer than expected. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities. 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 involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur 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 medical doctor 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 that became 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 high school athletes 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 he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms.

**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 Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

To Be Completed if Tackle Football Coverage IS NOT Purchased

DISTRICT

FOOTBALL INSURANCE VERIFICATION

The California Education Code requires insurance coverage in the amount of at least \$1,500 for medical and hospital expenses resulting from accidental bodily injury to members of any athletic team injured while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

Athletic team members are defined by the law to include any student who travels to and performs duties in connection with the team or athletic event.

\*\*\*\*\*

I hereby verify that there is held on behalf of \_\_\_\_\_, a student

Name of Student

at \_\_\_\_\_ High School, \_\_\_\_\_ School

Name of School

Name of District

District, an insurance policy in an amount equal to or greater than that required by the California Education Code Sections 32220-24 and 35330-31 for medical and hospital expenses resulting from accidental bodily injury while participating in, or practicing for, interschool athletic events, or while being transported to and from such athletic events.

My \$1,500 accidental bodily injury policy number is \_\_\_\_\_ which is issued by \_\_\_\_\_

Insurance Company (not the agent).

NOTE: Your attention is directed to the fact that many insurance policies exclude tackle football. PLEASE READ YOUR POLICY. YOU MAY NEED ADDITIONAL INSURANCE. I also agree to indemnify and hold harmless \_\_\_\_\_ District from any and all responsibility or liability arising out of or in any way related to the requirement under the aforementioned code section to provide insurance coverage for the above named student.

Date

Signature of Parent or Guardian

Telephone Number

Address

I do not want to purchase the SISC Tackle Football Coverage.

\*\*\*\*\*

MEDICAL AUTHORIZATION

TO WHOM IT MAY CONCERN:

I, the undersigned being the parent or legal guardian of \_\_\_\_\_, do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic, authorization to grant treatment to my child, when accompanied by or escorted to the treating facility by a teacher, coach, teacher's aide, principal, or any member of the District Board of Education.

Further, should the attending physician determine after examination that life-saving surgery or other life-saving procedures may be necessary, permission is hereby extended to the above parties to grant same.

Additionally, I agree to hold harmless such personnel and \_\_\_\_\_ District Board of Education by my action of granting said permission.

Signature of Parent or Guardian

NOTE: This form must be renewed each year.