

## CAPISTRANO UNIFIED SCHOOL DISTRICT

### ATHLETIC CLEARANCE PACKET

The Following Forms must be completed, **signed** and returned to the Athletic Office. **Do not give to your coach. Partial packets will not be accepted. Please make a copy for your records.**

- \_\_\_\_\_ 1. CUSD Physical Screening Form (must have doctor's stamp)
- \_\_\_\_\_ 2. CUSD Athletic Code of Honor
- \_\_\_\_\_ 3. CUSD Athletic Insurance Verification and Copy of Insurance Card
- \_\_\_\_\_ 4. CUSD Sports Waiver and Release of Liability
- \_\_\_\_\_ 5. Concussion Information Sheet
- \_\_\_\_\_ 6. Sudden Cardiac Arrest Parent Review Form

#### **TO ALL PARENTS/GUARDIANS & STUDENTS OF CUSD:**

It is our goal to provide a rewarding educational experience for your student. The Capistrano Unified School District offers voluntary participation in a wide range of interscholastic athletic teams. Participation is a privilege, not a right; therefore we strongly adhere to requirements of academic eligibility and citizenship/behavior. Our coaches are supported in their professional freedom to make coaching choices and decisions that are sport specific. *We strive to teach our student-athletes the concepts of team goals and school pride as opposed to individual honors and recognition.* We also recognize your love and concern for your child. If there is a conflict in these objectives, we are here to resolve them. Please take the time to carefully read, understand, complete, and sign where indicated on all forms contained in the packet. **THE INFORMATION IS MANDATORY AND MUST BE COMPLETELY FILLED OUT PRIOR TO ANY STUDENT'S PARTICIPATION IN ATHLETIC ACTIVITIES (INCLUDING TRY-OUTS) at CUSD High Schools.** We appreciate your support and thank you for your cooperation.

#### **HIGH SCHOOL ATHLETIC SPORT SEASONS**

<b><u>FALL (AUG-NOV)</u></b>	<b><u>WINTER (NOV-FEB)</u></b>	<b><u>SPRING (FEB-MAY)</u></b>
CROSS COUNTRY (boys/girls)	BASKETBALL (boys/girls)	BASEBALL
FOOTBALL	SOCCER (boys/girls)	SOFTBALL
GIRLS GOLF	GIRLS WATER POLO	BOYS GOLF
GIRLS TENNIS	WRESTLING (not at SJHHS)	SWIMMING (boys/girls)
GIRLS VOLLEYBALL		BOYS TENNIS
BOYS WATER POLO		TRACK (boys/girls)
SURFING (boys/girls) Year-round		BOYS VOLLEYBALL
PEP SQUAD Year-round		LACROSSE (boys/girls)

#### **ELIGIBILITY REQUIREMENTS**

- 1) **SCHOLASTIC:** all athletes must have passed 20 units (four classes) of new work during the previous semester. Summer school grades may be counted. A student-athlete will be placed on academic probation of no more than one semester if his or her semester GPA falls below a 2.0. Students granted probationary eligibility must meet the required standard by the end of the probationary period in order to remain eligible for participation.
- 2) **RESIDENTIAL:** all athletes must reside in the appropriate CUSD high school attendance area in a bona fide residence with their parents or legal guardian (s). All transfers to CUSD high schools must call that school's Athletic Director and complete appropriate paperwork.
- 3) **MEDICAL EXAMINATION:** each athlete must have a physical exam by a qualified physician (MD, DO, NP, or PA) on file prior to tryouts, practice, or competition. The physical exam is valid for one calendar year.
- 4) **INSURANCE:** all athletes must have a **copy** of a medical insurance card on file **before** participation. Meyers-Stevens Insurance is available for those that need or would like additional insurance coverage. Information is available in the Main Office of the school or by calling Myers-Stevens and Toohey at (949) 348-0656 or (800) 827-4695.



**CAPISTRANO UNIFIED SCHOOL DISTRICT  
2016-2017 ATHLETIC CLEARANCE PACKET**

SPORTS: (fall) \_\_\_\_\_ (winter) \_\_\_\_\_ (spring) \_\_\_\_\_

Name \_\_\_\_\_ Grade in 2016-17 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Insurance \_\_\_\_\_

\*\*\*I hereby give my consent for the above named student (son/daughter/ward) to compete in sports and to go with a representative of the school on any trips. In case of injury, you are authorized to have him/her treated.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH HISTORY: TO BE COMPLETED BY PARENT BEFORE DOCTOR EXAM**

<u>Any past or present:</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Problems with vision	_____	_____	Surgeries	_____	_____
Eyeglasses	_____	_____	Dental problems	_____	_____
Contacts	_____	_____	Braces	_____	_____
Problems with hearing	_____	_____	False teeth	_____	_____
Hearing aid	_____	_____	Painful joints	_____	_____
Blacking out or fainting	_____	_____	Broken bones	_____	_____
Unconsciousness	_____	_____	Body part, date _____	_____	_____
Convulsions, seizures	_____	_____	Knee or ankle problems	_____	_____
Heart problems	_____	_____	Require support/brace	_____	_____
Rheumatic fever	_____	_____	Need for medication	_____	_____
Bleeding disorders	_____	_____	Name _____	_____	_____
Blood sugar problems	_____	_____	Menstruation problems	_____	_____
Hypoglycemia	_____	_____	Hernias	_____	_____
Diabetes	_____	_____	Asthma	_____	_____
Allergies - type _____	_____	_____	OTHER HEALTH ASPECTS THE DOCTOR	_____	_____
Bee or insect stings	_____	_____	AND SCHOOL SHOULD BE AWARE OF:	_____	_____
Hospitalizations	_____	_____	_____	_____	_____
Any history of chest pain with exercise?	_____	_____	_____	_____	_____
Any history of "racing" heart or skipped beats?	_____	_____	_____	_____	_____
Do you experience passing out, near passing out or unexpected tiredness during exercise?	_____	_____	_____	_____	_____
Any family history of sudden cardiac death in a family member under the age of 50?	_____	_____	_____	_____	_____
Any family history of Marfan's syndrome or prolonged QT syndrome?	_____	_____	_____	_____	_____
Any history of temporary numbness or paralysis of both arms and/or legs following head/spine trauma?	_____	_____	_____	_____	_____
Any history of recent severe viral illness, infectious mononucleosis, or hepatitis?	_____	_____	_____	_____	_____
Any history of the following: absence of one kidney?	_____	_____	_____	_____	_____
males: absence of one testicle?	_____	_____	_____	_____	_____
Any history of blindness in one eye?	_____	_____	_____	_____	_____
Any current active skin infection?	_____	_____	_____	_____	_____

PHYSICAL EXAM: DATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
PULSE: RESTING \_\_\_\_\_ AFTER ACTIVITY \_\_\_\_\_ B.P. \_\_\_\_\_

EYES	_____	THROAT	_____	ABDOMEN	_____	ORTHOPEDIC	_____
EARS	_____	LYMPH GLANDS	_____	HERNIA	_____	SKIN	_____
TEETH	_____	THYROID	_____	POSTURE	_____	OTHER	_____
BRACES	_____	HEART	_____	MUSCLE TONE	_____		
NOSE	_____	LUNGS	_____	REFLEXES	_____		

Special doctor recommendations or restrictions \_\_\_\_\_

I have examined the above student and do recommend that he/she is physically fit for full participation in sports.

(Must be signed by a PHYSICIAN, PHYSICIAN'S ASSISTANT or NURSE PRACTITIONER.)

Name of physician \_\_\_\_\_ MD/DO/PA/NP Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*Physician's Office Stamp\***

## CAPISTRANO UNIFIED SCHOOL DISTRICT

### ATHLETIC CODE OF HONOR

The goal of athletic participation is to provide a rewarding educational and co-curricular experience for all students. All participants must commit to exemplary conduct and behavior as a representative of the school, District, and community.

As a participant in Capistrano Unified School District athletics, I agree to the following:

1. To recognize that participation in athletics is a privilege and not a right; as such, the privilege may be revoked if the student-athlete does not abide by the Athletic Code and follow school and District policies.
2. To meet the minimum academic requirements established by the Board of Trustees of the Capistrano Unified School District and California Interscholastic Federation (CIF) for eligibility. (see Board Policy 6145)
3. To recognize that student athletes have a primary responsibility to attend and pass their classes.
4. To recognize that interscholastic athletic competition must demonstrate high standards of ethics and sportsmanship and promote the development of good character and other important life skills. Participants agree to commit to the six pillars of character found in the District/CIF "Pursuing Victory with Honor" sportsmanship code: **trustworthiness, respect, responsibility, fairness, caring, and citizenship.**
5. *To recognize that suspension for offenses to Education Code 48900 will result in competition ineligibility during the time of suspension. Specifically, students will not use or possess alcoholic beverages, drugs, drug paraphernalia or narcotics. Students will not use or possess androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (as mandated by CIF Bylaw 524).*
6. To remain as a team member throughout the season of the sport. An athlete who quits or leaves a team after CVAA League play begins cannot go out for another sport or transfer into another athletic class until his/her original season has ended. An athlete who quits or leaves a team during the pre-league season can go on to another sport with approval of both head coaches and athletic director.
7. To recognize that an athlete cannot compete in two sports during the same season without the prior approval of both head coaches and athletic director.
8. To recognize that specific standards of behavior and appropriate consequences may be set by the head coach of each individual sport. Sport specific codes must be in written form, signed, and on file with the athletic director.
9. To recognize that athletes are financially responsible for uniforms and equipment issued to them and must pay for items not turned in at the end of the season. Athletes failing to return school-issued equipment will not be permitted to receive equipment, awards, or participate in another sport until all equipment debts are satisfied. All equipment is to be turned in to the person who collects equipment no later than seven (7) school days after the end of the season.

**Any violation of the rules and standards may result in suspension from athletics for the remainder of the season of the sport in which the athlete is currently participating. A violation to item 5 above will result in a loss of all privileges and suspension from athletics, activities, or events for 90 school days, and the athlete will be removed from the athletic period during this suspension. A violation of item 5 above may result in a recommendation for expulsion from CUSD.**

Students, parents/guardians, and community members within the District who have a complaint or disagreement about a district issue, situation, or employee decision or action and seeking a specific redress are asked to follow Board Policy 1312.1 (Complaint Policy) in order to have the complaint, grievance, or difference of opinion addressed in an orderly manner.

I have read and fully understand the above regulations. I realize that failure to comply with any of these rules will result in immediate action by my coach, Athletic Director, or school authority.

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Signature of Athlete

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Date

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Signature of Parent/Guardian

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Date

**CAPISTRANO UNIFIED SCHOOL DISTRICT  
ATHLETIC INSURANCE VERIFICATION**

**Education Code Section 32221.5.** Under state law, school districts are required to ensure that all members of school athletic teams have accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits. This insurance requirement can be met by the school district offering insurance or other health benefits that cover medical and hospital expenses. Some pupils may qualify to enroll in no-cost or low-cost local, state, or federally sponsored health insurance programs. Information about these programs may be obtained by calling: 1(800)281-9799.

If you **have** at least \$1500, accidental bodily injury insurance, please fill out **ITEM 1** below (medical card required). If you **do not have** accidentally bodily injury benefits for your son, daughter, or ward, please fill out **ITEM 2** below.

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**ITEM 1** The athlete **has** accidental bodily injury insurance providing at least \$1500 of scheduled medical/hospital benefits.

\_\_\_\_\_  
ATHLETE'S NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

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**PROOF OF INSURANCE IS REQUIRED**

**(PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD HERE)**

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**ITEM 2** The athlete does not have accidental bodily injury insurance required. YOU MUST COMPLETE APPROPRIATE MYERS-STEVENSON & TOOHEY APPLICATION and mail directly to Myers-Stevens & Toohey & Co. Inc.

\_\_\_\_\_  
ATHLETE'S NAME

\_\_\_\_\_  
INTERSCHOLASTIC  
TACKLE FOOTBALL  
9-12 GRADES

**(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)**

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FULLTIME (24/7)  
SCHOOL TIME ACCIDENT PLAN  
(BOTH PLANS COVER ALL INTERSCHOLASTIC SPORTS EXCEPT TACKLE FOOTBALL)

DENTAL PLANS

**(SEE MYERS STEVENSON BROCHURE FOR APPLICATION AND PRICING)**

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*We have subscribed to Myers-Stevens & Toohey & Co., Inc for athletic insurance, which meet the limits requested.  
(Myers-Stevens & Toohey & Co. Inc. will send verification of insurance to each school)*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CAPISTRANO UNIFIED SCHOOL DISTRICT**  
**SPORTS WAIVER AND RELEASE OF LIABILITY**

\_\_\_\_\_ (hereinafter "Student") and  
\_\_\_\_\_ Student's parents ("Parents/Guardians") acknowledge and agree that they must assess the risks involved in the participation in competitive athletics and make the choice to participate in spite of potential risk of serious, catastrophic, and perhaps fatal consequences. Student and Parents/Guardians, acknowledge and agree that no amount of instruction, precaution or supervision will totally eliminate the risk of injury or of adverse medical consequences to Student. Participation in athletics is inherently dangerous and may be severely impacted by Student's existing medical conditions.

By granting permission to Student to participate in athletic competition, Parents/Guardians acknowledge that playing or practicing a sport can be a dangerous activity involving many risks of injury. Both the Student and Parents/Guardians understand and agree that the dangers and risk of playing or practicing to play include, but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and the potential impairment of other aspects of the body, general health and well being.

Student and Parents/Guardians acknowledge and agree that they have been warned and cautioned against to the participation of Student in such activities. Nevertheless, in order to facilitate participation of Student in such activity, Student and Parents/Guardians, agree that if Student does engage in school sponsored athletic activity including, without limitation, practice, conditioning, athletic competition, games, or use of school facilities, Student and Parents/Guardians do so at their own risk.

Student and Parents/Guardians agree that Student is voluntarily participating in these activities and using school facilities and premises and assumes all risk of injury, illness, damage or loss that might result, including, without limitation, injury, illness, or death. Student and Parents/Guardians agree on behalf of themselves (and their personal representatives, heirs, executors, administrators, agents and assigns (collectively "CUSD")) to release and discharge the Capistrano Unified School District, its employees, agents, representatives, coaches, assistant coaches, officials, successors and assigns, from any and all claims or causes of action (known or unknown) arising out of participation of Student in such activities and/or the negligence of CUSD. This Waiver and Release of Liability includes, without limitation, injuries which may occur as a result of Student's participation in any of the activities associated with athletic competition in practice or negligent instruction or supervision of Student.

You acknowledge that you have completely read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring legal action or assert a claim against CUSD by reason of the participation of Student in athletic activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian



## 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.



**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:**

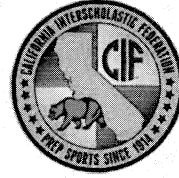
- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

3/2015





## 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



## **PARENT REVIEW FORM**

### **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form**

#### **What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

#### **How common is sudden cardiac arrest in the United States?**

There are about 300,000 cardiac arrests outside hospitals each year. About 7,000 patients under 25 die of SCA each year.

#### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- ☐ dizziness
- ☐ lightheadedness
- ☐ shortness of breath
- ☐ difficulty breathing
- ☐ racing or fluttering heartbeat (palpitations)
- ☐ syncope (fainting)
- ☐ fatigue (extreme tiredness)
- ☐ weakness
- ☐ nausea
- ☐ vomiting
- ☐ chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

#### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

## Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

### *Information about SCA symptoms and warning signs.*

☑ Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.

☑ Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

### *Removal from play/return to play*

☑ Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.

☑ Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

_____	_____	_____
Signature of Student-Athlete	Print Student-Athlete's Name	Date
_____	_____	_____
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date