

Preparticipation Physical Evaluation

HISTORY FORM

Date of Exam _____

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sport(s) _____
 Address _____ Phone _____
 Personal Physician _____
In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ Phone(W) _____

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

- | | | Yes | No | | | Yes | No |
|------------|--|--------------------------|--------------------------|---|--|--------------------------|--------------------------|
| 1. | Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> | 24. | Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> | 25. | Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> | 26. | Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Do you have allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> | 27. | Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. | Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 29. | Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 30. | Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. | Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Has a doctor ever told you that you have (check all that apply): | | | 32. | Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> High blood pressure | | | 33. | Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> | <input type="checkbox"/> | 34. | Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> A heart murmur | | | 35. | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> A heart infection | | | 36. | Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) | <input type="checkbox"/> | <input type="checkbox"/> | 37. | When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> | 38. | Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> | 39. | Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | 40. | Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | 41. | Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> | 42. | Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 43. | Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input type="checkbox"/> | <input type="checkbox"/> | 44. | Has anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 45. | Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 46. | Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/Fingers | Chest |
| Upper Back | Lower Back | Hip | Thigh | Knee | Calf/Shin | Ankle | Foot/Toes |
| 20. | Have you ever had a stress fracture? | <input type="checkbox"/> | <input type="checkbox"/> | 47. | Have you ever had a menstrual period? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? | <input type="checkbox"/> | <input type="checkbox"/> | 48. | How old were you when you had your first menstrual period? | _____ | |
| 22. | Do you regularly use a brace or assistive device? | <input type="checkbox"/> | <input type="checkbox"/> | 49. | How many periods have you had in the last 12 months? | _____ | |
| 23. | Has a doctor ever told you that you have asthma or allergies? | <input type="checkbox"/> | <input type="checkbox"/> | 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 _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

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*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.
 +Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

© 2004 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.



Environmental
Charter Schools

**ENVIRONMENTAL CHARTER SCHOOLS (ECS)
PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN
EXTRACURRICULAR/ATHLETIC ACTIVITY,
ASSUMPTION OF RISK, AND
HOLD HARMLESS, INDEMNITY AND RELEASE OF LIABILITY**

To the Principal of: **ENVIRONMENTAL CHARTER SCHOOLS (ECS)**

_____ has my permission to
participate in _____ (Student Name: please print)

_____ during the _____.
(Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please print):

(1) Assumption of Risk:

On behalf of student and myself:

We understand that the above-listed extracurricular/athletic activity, by its very nature, includes certain risks. The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from student's own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. **We understand and appreciate the risks that are inherent in the extracurricular/athletic activity. We hereby assert and agree, on behalf of ourselves, our family, heirs, personal representative(s), and/or assigns, that student's participation in the extracurricular/athletic activity is voluntary and that we knowingly assume all such risks of that participation. We recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations. We agree that student will abide by all rules and regulations governing the extracurricular/athletic activity.**

(2) Hold Harmless, Indemnity and Release:

On behalf of student and myself, and in consideration of permission for student to participate in the above listed extracurricular/athletic activity:

We agree, here and forever, to the maximum extent permitted by law, for ourselves, our family, our heirs, personal representative(s), and/or assigns, to defend, hold harmless, indemnify and release, the _____ District ("District"), its Board members, administrators, officers, agents, and employees, from and against any and all claims, demands, actions, or causes of action of any sort, present or future, on account of damage to personal property, or personal injury, or illness, or death which may result from student's participation in the extracurricular/athletic activity. This release specifically includes claims based on the negligence of the District and its Board members, administrators, officers,

inspired learning



Environmental
Charter Schools

agents, and employees. We understand that we are releasing claims and giving up substantial rights, including our right to sue, and are doing so voluntarily. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.

PLEASE NOTE: California Education Code Section 35330 states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims." **On behalf of student and myself, we understand that this extracurricular/athletic activity may involve excursions or field trips as defined by Section 35330 of the California Education Code, and we agree to waive all such claims. WE HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS DOCUMENT**

Signature of Parent/Guardian

Please Print Name

Date

Signature of Student/Participant

Please Print Name

Date

inspired learning





Environmental
Charter Schools

ENVIRONMENTAL CHARTER SCHOOLS (ECS)

PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN EXTRACURRICULAR/ATHLETIC ACTIVITY MEDICAL TREATMENT AUTHORIZATION

To the Principal of: **ENVIRONMENTAL CHARTER SCHOOLS (ECS)**

_____ has my permission to
participate in _____ (Student Name: please print)
_____ during
the _____
(Extracurricular/Athletic Activity) (School Year/Semester/Quarter)

Supervising Teacher / Coach (please
print:)

I understand that the extracurricular/athletic activity, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury to student, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____ Student has no special health needs the staff should be aware of, and no medication is required during this class/activity.

_____ Student has a special need, and instructions are attached. Number of attached pages: _____

_____ Other: _____

Medical Insurance Carrier: _____ Policy Number: _____

(e.g., Blue Cross)

In the event of an **emergency**, please contact:

_____ Home: () _____ Cell: () _____
(Name) (Relationship)

Signature of Parent/Guardian

Please Print Name

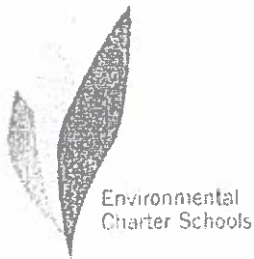
date

Signature of Student

Please Print Name

date

inspiration learning



**ENVIRONMENTAL CHARTER SCHOOLS (ECS)
EL PERMISO DEL PADRE O TUTOR LEGAL PARA LA PARTICIPACIÓN DEL ESTUDIANTE EN LA
ACTIVIDAD EXTRACURRICULAR/ATLÉTICA,
LA ASUNCIÓN DE RIESGO, EXENCIÓN,
INDEMNIDAD Y LIBERACIÓN DE RESPONSABILIDAD**

A la Directora de: **ENVIRONMENTAL CHARTER SCHOOLS (ECS)**

_____ tiene mi permiso para
participar en (Nombre Del Estudiante: por favor imprima)

_____ durante el _____
(Actividad Extracurricular/Atlética) (Año Escolar/Semestre/Trimestre)

Profesor Encargado/Entrenador (por favor imprima):

(1) Asunción De Riesgo:

De parte del estudiante y mía:

Entendemos que la actividad extracurricular/atlética mencionada anteriormente, por su propia naturaleza, incluye ciertos riesgos. Los riesgos específicos varían, pero pueden implicar lesiones leves, lesiones grandes, y lesiones graves, incluso la incapacidad permanente y la muerte, y pérdidas sociales y económicas severas que pudieran resultar no sólo de las acciones del estudiante, omisiones, o negligencia, sino de las acciones, omisiones o negligencia de otros, las reglas del juego, o la condición de las instalaciones o de cualquier equipo que se utilice. Comprendemos y entendemos los riesgos inherentes a la actividad extraescolar/atlética. Por este medio afirmamos y aceptamos, en nombre de nosotros mismos, nuestra familia, herederos, representante(s) personal(es), y/o cesionarios, que la participación del estudiante en la actividad extracurricular/atlética es voluntaria y que conscientemente asumimos todos los riesgos de dicha participación. Reconocemos la importancia de seguir las instrucciones sobre la técnica adecuada, el entrenamiento y otras normas, directrices y reglamentos de seguridad establecidas. Estamos de acuerdo en que el estudiante tiene que acatar todas las reglas y reglamentos que rigen la actividad extracurricular/atlética.

(2) Exención De Responsabilidad Y Liberación De Cargos:

De parte del estudiante y mía, y en consideración con el permiso para que el estudiante pueda participar en la actividad extracurricular/atlética:

Estamos de acuerdo, aquí y por siempre, en la medida máxima permitida por la ley, para nosotros mismos, nuestra familia, nuestros herederos, representante(s) personal(es), y/o cesionarios, a defender, eximir, y liberar, el _____ Distrito ("Distrito"), sus miembros de la Junta, los administradores, funcionarios, agentes, y empleados, de y contra cualquier y todo reclamo, demandas, acciones, o causas de acción de cualquier clase, presentes o futuras, a causa de daños a la propiedad personal, o lesiones personales, o enfermedad o muerte que pueda resultar de la participación del estudiante en la actividad extracurricular/atlética. Este formulario es una exención de responsabilidad y incluye específicamente los reclamos basados en la negligencia del Distrito y sus miembros de la Junta, los administradores, funcionarios, agentes y empleados. Entendemos que estamos eximiendo de responsabilidad y renunciando a derechos sustanciales, incluyendo nuestro derecho a demandar, y lo hacemos voluntariamente. No se han hecho representaciones, declaraciones o incentivos, orales o escritos, aparte de lo escrito anteriormente.

POR FAVOR NOTE: La Sección 35300 del Código De La Educación de California declara en parte: "Todas las personas que participan en la excursión o viaje se considerarán personas que renuncian a todas las demandas contra el distrito, una escuela charter, o el Estado de California por lesión, accidente, enfermedad, o muerte que ocurre durante o por motivo de la excursión o viaje. Todos los adultos que tomen excursiones o viajes fuera del estado y todos los padres o tutores legales de los alumnos que están tomando parte en excursiones o viajes fuera del estado deberán firmar una declaración renunciando a todos los reclamos." De parte del estudiante y mía, entendemos que esta actividad extracurricular/atlética puede incluir excursiones o viajes como se define por la Sección 35330 del Código De La Educación De California, y estamos de acuerdo en renunciar a dichas reclamaciones.

HEMOS LEÍDO, ENTENDIDO, Y ESTAMOS DE ACUERDO CON TODOS LOS TÉRMINOS Y CONDICIONES DE ESTE DOCUMENTO

Firma Del Padre/Tutor Legal

Por Favor Imprima El Nombre

Fecha

Firma Del Estudiante/Participante

Por Favor Imprima El Nombre

Fecha

inspiration



Environmental
Charter Schools

ENVIRONMENTAL CHARTER SCHOOLS (ECS)

EL PERMISO DEL PADRE O TUTOR LEGAL PARA LA PARTICIPACIÓN DEL ESTUDIANTE EN LA ACTIVIDAD EXTRACURRICULAR/ATLÉTICA - AUTORIZACIÓN DE TRATAMIENTO MÉDICO

A la Directora de: **ENVIRONMENTAL CHARTER SCHOOLS (ECS)**

_____ tiene mi permiso para participar en _____ (Nombre Del Estudiante: por favor imprima)

_____ durante el _____
(Actividad Extracurricular/Atlética) (Año Escolar/Semestre/Trimestre)

Profesor Encargado/Entrenador (por favor imprima): _____

Entiendo que la actividad extracurricular/atlética mencionada anteriormente, por su propia naturaleza, incluye ciertos riesgos y le pudiera causar lesiones leves, lesiones grandes, y lesiones graves al estudiante, incluso la incapacidad permanente y la muerte. **En caso de una enfermedad o lesión al estudiante, por este medio autorizo cualquier examen con rayos x, diagnóstico o tratamiento anestésico, médico, quirúrgico, o dental, transportación de emergencia y cuidado médico en el hospital si se considera necesario, en el mejor juicio del médico, cirujano o dentista, y realizado bajo la supervisión de un miembro del personal médico del hospital o de la instalación que provee servicios médicos o dentales.**

_____ El estudiante no tiene necesidades de salud, de las cuales el personal debería ser consciente, y no necesita ningún medicamento durante esta actividad/clase.

_____ El estudiante tiene una necesidad especial, y las instrucciones están adjuntas. Número de páginas adjuntas: _____.

_____ Otro: _____

Compañía De Seguro Médico: _____ Número De Póliza: _____
(ej. Blue Cross)

En caso de una **emergencia**, por favor póngase en contacto con:

_____ Teléfono: () _____ De Celular: () _____
(Nombre) (Parentesco)

Firma Del Padre/Tutor Legal Por Favor Imprima El Nombre Fecha

Firma Del Estudiante Por Favor Imprima El Nombre Fecha





Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, 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.
9. 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 _____ (school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

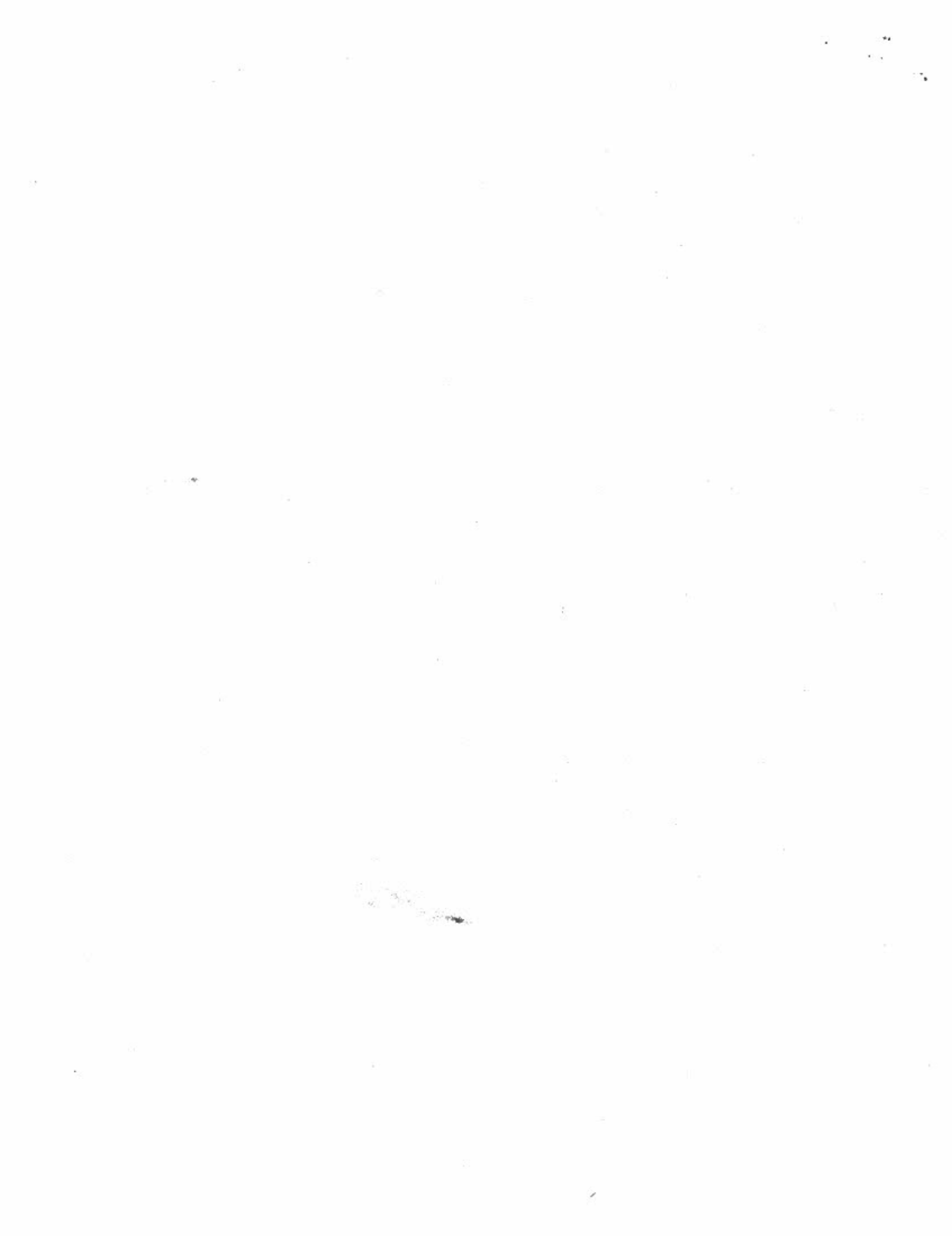
Signature of Student Athlete

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.



Parent/Guardian and Pupil Sudden Cardiac Arrest Warning Signs and Symptoms Information and Acknowledgment Form

On July 1, 2017, Assembly Bill 1639, known as the Eric Paredes Sudden Cardiac Arrest (SCA) Prevention Act went into effect. This requires the pupil and their parent or guardian to read, sign, and return an SCA form of acknowledgement before the pupil participates in any athletic activity. Districts may use this form, a form located on the California Interscholastic Association (CIF) website, or design their own form. An SCA acknowledgment form must be signed and returned to the school site each school year.

What Is SCA?

SCA occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat. With the heart's pumping action disrupted, the heart cannot pump blood to the brain, lungs, and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

Who Is at Risk for SCA?

Thousands of sudden cardiac arrests occur among youth each year, as it contributes to the #2 medical cause of death of youth under the age of 25 and is the #1 cause of death of student athletes during exercise. While a heart condition may have no warning signs, studies show that many young people do have warning signs or symptoms but neglect to tell an adult. This may be because they are embarrassed, they do not want to jeopardize their playing time, they mistakenly think that they are out of shape and need to train harder, or they simply ignore the symptoms, hoping the signs will go away.

Possible Warning Signs and Risk Factors

- 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
- Family history of sudden death or heart disease under age 50
- Use of high-caffeine supplements, energy drinks, diet pills, and drugs

Removal from Activity

A pupil who faints during or following participation in an athletic activity must be removed from play and may not return to play until they are evaluated and cleared by a physician and surgeon, nurse practitioner or physician's assistant. I have reviewed and understand the symptoms, warning signs, and risk factors associated with SCA.

Print Student-Athlete Name Signature Student-Athlete Name Date

Print Parent/Guardian Name Signature Parent/Guardian Date

The California Department of Education used information from the following sources: American Heart Association, Parent Heart Watch (<https://parentheartwatch.org/>), Eric Paredes Save a Life Foundation: Keep Their Heart in the Game (<https://epsavealife.org/>), and Sudden Cardiac Arrest Foundation (<http://www.sca-aware.org/>).





2019-20 PRESCRIPTION OPIOIDS INFORMATION SHEET

Prescription opioids may be used to help relieve moderate-to-severe pain and are often prescribed following 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 healthcare 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

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- 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

August 2019



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. 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

- 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 including 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. Be Informed! Make sure you know the name of your medication, how much and how often to take it, and its potential risks and side effects.

For more information, visit: www.cdc.gov/drugoverdose/prescribing/guideline.html
Cut and RETURN bottom portion only. Please keep upper portion for your information.

I have reviewed and understand the provided document regarding prescription opioid information:

Student-athlete Name	Student-athlete Signature	Date
Parent or Guardian Name	Parent or Guardian Signature	Date

August 2019