

## OAKDALE HIGH SCHOOL ATHLETIC PARTICIPATION FORM HEALTH STATEMENT AND PARENT'S CONSENT

STUDENTS NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

GRADE: (Please circle one)    9       10       11       12

SPORT:    1. \_\_\_\_\_    2. \_\_\_\_\_    3. \_\_\_\_\_

### PARENT TO COMPLETE – EMERGENCY INFORMATION:

Full name of parent/guardian student is living with: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Mother – Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father – Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

### List two relatives who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT TO COMPLETE – AUTHORIZATION FOR TREATMENT

I hereby give my consent for the above named student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips, in case this student becomes ill or injured, you are authorized to have the student treated and I authorize the medical agency to render treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

*I realize there is an assumption of risk involved in the participation on any sport team. I am also aware that participating in any sport at Oakdale High School may expose me to risk of injury, either minor or serious. I hereby release Oakdale Joint Unified School District, its Board of Trustees, employees, and agents from any liability arising out of my participation in the Oakdale High School Athletic Program.*

### STERIODS/CIF CODES OF CONDUCT/OHS ATHLETIC HANDBOOK

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver indicate they have read, understand, and agree to abide by the information given in the OHS Athletic Information packet.

\_\_\_\_\_  
Signature of student/athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian/caregiver

\_\_\_\_\_  
Date

**OAKDALE HIGH SCHOOL ATHLETIC PARTICIPATION FORM  
HEALTH STATEMENT AND PARENT'S CONSENT**

**CHECK ONE:**

- I have purchased the insurance offered at the school.
  
- I have health or accident insurance for my daughter/son which meets the requirements of California law (list company name and policy or group number).

\*\*\*Insurance Company Name \_\_\_\_\_ \*\*\*\*

\*\*\*\*Policy/Group Number \_\_\_\_\_ \*\*\*

**PHYSICIAN TO COMPLETE:**

I hereby certify that the above-named student has medical clearance to engage in sports.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
State License

- Check here if there are no special problems and no medication/drugs required that the staff should be aware of.
- Check here if your student has any special medical needs or "Allergies". Please list and write a description of problem or condition and what school personnel need to know if a problem arises.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT TO COMPLETE – INSURANCE INFORMATION**

California Education Code Section 32221 requires public schools to make available 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 group or individual medical plan with accidental benefits of at least \$200 for each occurrence and major medical coverage of at least \$10,000, with no more than \$100 deductible and no less than 80% payable for each occurrence.
- Group or individual medical plans which are certified by the insurance Commissioner to be equivalent to the required coverage of at least \$1,500.
- At least \$1,500 for all such medical and hospital expenses. 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/her in any other way or manner, including, but not limited to, purchase by himself/herself, or by their parent or guardian.

Insurance offered by: Meyer-Stevens. Applications are available from the Athletic office, Vice Principals' office, or individual coaches.

**FOOTBALL INSURANCE COVERS FOOTBALL INJURIES ONLY**

ANY OTHER SPORTS ARE COVERED BY SCHOOL-TIME ACCIDENT PLANS OR 24-HOUR ACCIDENT PLANS.

**\*\*PLEASE COMPLETE BOTH SIDES OF THE PARTICIPATION FORM AND RETURN TO THE VICE PRINCIPALS' OFFICE.\*\***

**OAKDALE HIGH SCHOOL**  
**Concussion Information Sheet**

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often underreport symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents, and students is the key for student-athlete's safety.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

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Student-athlete Name Printed

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Student-athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date

# Keep Their Heart in the Game

## A Sudden Cardiac Arrest Information Sheet for Athletes and Parents/Guardians

### 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 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 victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart's structure.

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

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth, as it is the #2 cause of death under 25 and the #1 killer of student athletes during exercise.

### Who is at risk for sudden cardiac arrest?

SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk. While a heart condition may have no warning signs, studies show that many young people do have 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 they're out of shape and need to train harder, or they simply ignore the symptoms, assuming they will "just go away." Additionally, some health history factors increase the risk of SCA.

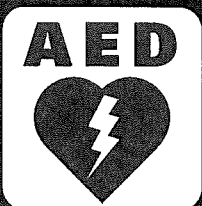
**FAINTING**  
is the  
**#1 SYMPTOM**  
OF A HEART CONDITION

### What should you do if your student-athlete is experiencing any of these symptoms?

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a primary care physician. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor's feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

### What is an AED?

An automated external defibrillator (AED) is the only way to save a sudden cardiac arrest victim. An AED is a portable, user-friendly device that automatically diagnoses potentially life-threatening heart rhythms and delivers an electric shock to restore normal rhythm. Anyone can operate an AED, regardless of training. Simple audio direction instructs the rescuer when to press a button to deliver the shock, while other AEDs provide an automatic shock if a fatal heart rhythm is detected. A rescuer cannot accidentally hurt a victim with an AED—quick action can only help. AEDs are designed to only shock victims whose hearts need to be restored to a healthy rhythm. Check with your school for locations of on-campus AEDs.



## The Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delay in attending to a sudden cardiac arrest victim decreases the chance of survival by 10%. Everyone should be prepared to take action in the first minutes of collapse.

### Early Recognition of Sudden Cardiac Arrest



Collapsed and unresponsive.  
Gasping, gurgling, snorting, moaning or labored breathing noises.  
Seizure-like activity.

### Early Access to 9-1-1



Confirm unresponsiveness.  
Call 9-1-1 and follow emergency dispatcher's instructions.  
Call any on-site Emergency Responders.

### Early CPR



Begin cardiopulmonary resuscitation (CPR) immediately. Hands-only CPR involves fast and continual two-inch chest compressions—about 100 per minute.

### Early Defibrillation



Immediately retrieve and use an automated external defibrillator (AED) as soon as possible to restore the heart to its normal rhythm. Mobile AED units have step-by-step instructions for a bystander to use in an emergency situation.

### Early Advanced Care



Emergency Medical Services (EMS) Responders begin advanced life support including additional resuscitative measures and transfer to a hospital.

# Keep Their Heart in the Game

## Recognize the Warning Signs & Risk Factors of Sudden Cardiac Arrest (SCA)

**Tell Your Coach and Consult Your Doctor if These Conditions are Present in Your Student-Athlete**

### Potential Indicators That SCA May Occur

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

### Factors That Increase the Risk of SCA

- Family history of known heart abnormalities or sudden death before age 50
- Specific family history of Long QT Syndrome, Brugada Syndrome, Hypertrophic Cardiomyopathy, or Arrhythmogenic Right Ventricular Dysplasia (ARVD)
- Family members with unexplained fainting, seizures, drowning or near drowning or car accidents
- Known structural heart abnormality, repaired or unrepaired
- Use of drugs, such as cocaine, inhalants, "recreational" drugs, excessive energy drinks or performance-enhancing supplements

### What are we doing to help protect student athletes?

The California Interscholastic Federation amended its bylaws to include SCA prevention language. Likewise, the State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act to further protect a larger array of students athletes in grades K-12. New policy adds SCA training to coach certification, and new protocol that empowers coaches to remove from play a student-athlete who exhibits fainting—the number one warning sign of a potential heart condition. A student-athlete who has been removed from play after displaying signs or symptoms associated with SCA may not return to play until he or she is evaluated and cleared by a licensed health care provider. Parents, guardians, caregivers and adults involved in athletic activities are urged to dialogue with student-athletes about their heart health and be familiar with the cardiac chain of survival so they are prepared in the event of a cardiac emergency.

I have reviewed and understand the symptoms and warning signs of SCA and the new protocol to incorporate SCA prevention strategies into my/my student's sports program.

STUDENT-ATHLETE SIGNATURE

PRINT STUDENT-ATHLETE'S NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT PARENT/GUARDIAN'S NAME

DATE

### For more information about Sudden Cardiac Arrest visit

California Interscholastic Federation  
<http://www.cifstate.org>

Eric Paredes Save A Life Foundation  
<http://www.epsavealife.org>

National Federation of High Schools  
(20-minute training video)  
<https://nfhslearn.com/courses/61032>

