



# West Campus High School

5022 58<sup>th</sup> Street, Sacramento, CA 95820

The following information is needed for your child to participate in athletics at West Campus High School.

1. Medical Clearance (RSK-F100C). Parents fill out the top portion before taking the form to a health care provider. If the health care provider uses his/her own, please attach it to the SCUSD form (physicals must be dated after July 1, 2017 and are good from July 2017 – July 2018).
2. Agreement for Team Participation (RSK-100A). Fill out the front and the back. **Please provide medical insurance information on the back page.** If you do not have insurance, you can access Student Insurance information and applications at [www.k12specialmarkets.com](http://www.k12specialmarkets.com).
3. Concussion and Head Injury Information Sheet (RSK-100F). Parent and athlete sign and date.
4. Play It Safe Concussion Care Consent/Release of Information Form
5. Student Alternate Transportation Form (RSK-F100B). Please print the name of the student and print and sign the name for the parent.
6. West Campus Student Athlete Emergency Information. You must include the name and number of at least three emergency contacts.
7. Athletic Packet Checklist

Please return the completed packet to Mary Lucca in room 32.

Thank you,

Mary Lucca  
West Campus High School  
Athletic Director  
916-277-6400 ext 1132  
[mary-lucca@scusd.edu](mailto:mary-lucca@scusd.edu)

**2017 - 2018 WEST CAMPUS ATHLETICS  
CLEARANCE FORMS IMPORTANT INFORMATION**

Dear Parents,

Welcome to the 2017 - 2018 season of West Campus Athletics! The athletic training staff is looking forward to working with your student athletes to help everyone have a healthy and successful season. The certified athletic trainer is here to assist in the evaluation and management of any sport related injuries sustained by student athletes. This individual has specific education and training that includes orthopedic evaluation, first aid, taping and bracing, injury rehabilitation and emergency first response. The athletic trainer is available every day after school (room 64) and attends all the home games to provide medical coverage for your athletes. Please encourage your athletes to see the athletic trainer if they are having trouble participating in their sport due to injury. Our athletic trainer is here to help.

Before your son or daughter is able to participate, we need some information from you. Please complete the following forms and return them to the athletic trainer, the athletic director, or the box in the front office marked "Athletics" before the first team tryout or practice. **Your child will not be eligible to participate in tryouts, training sessions, team practices, or games until his/her completed packet is received.** This packet only needs to be completed once a year. If your child plays more than one sport, you do not need to turn in this packet more than once. His/her emergency information will be passed on to the coach of their next sport.

- 1. Medical Clearance Form – RSK-F100C:** A physical must be performed every school year. The school year begins July 1, 2017. Only evaluations performed by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physicians Assistant (PA) or Nurse Practitioner (NP) will be accepted. A physical by a chiropractor is NOT acceptable. The physical form contains a section that requires your child's medical history information and your signature in addition to a section that must be completed by your healthcare practitioner. Please make sure the physical form is completely filled out before submitting the packet.
- 2. Agreement for Team Participation – RSK-100A:** Please review this agreement with your student athlete to ensure understanding. These agreements are necessary for successful athletic participation. The form is two pages, please be sure to complete the information at the top of the first page AND sign the bottom of the second page.
- 3. Concussion and Head Injury Information – RSK-100F:** This form contains important information regarding our policy on concussion and head injury management. Please review it carefully with your student athlete, and make sure you both sign it.
- 4. Play It Safe Concussion Care Consent/Release of Information Form:** This form provides consent for your student athlete to undergo a baseline ImPACT (Immediate test Post-concussion Assessment and Cognitive Testing) computer test. This test is an incredibly important tool for proper management of a concussion. It provides information that helps us to determine precisely when your child is ready to return to play if they sustain a concussion.

5. **Student Alternate Transportation Form – RSK-F100B:** All athletes are required to submit this form for each season of sport. This form will cover the athlete for bus and his/her own transportation to/from the sporting events.
6. **Student Athlete Emergency Information:** If an athlete is seriously hurt and a parent cannot be contacted, someone else must be notified. Therefore, having at least three (3) different contact numbers is essential. Please be sure to complete the Insurance Company and Identification Number information. This information is important should an athlete need to be transported by ambulance. A copy of the student's insurance card is preferred for verification purposes. Be sure to sign and verify your insurance information. If your son/daughter does not have insurance coverage, insurance must be purchased through SCUSD prior to any activity.

Lastly, please review the following protocol regarding physician referral. It is extremely important that all parents, coaches and athletes understand and adhere to this protocol.

**Protocol regarding physician referral:** The athletic trainer may refer an athlete to a physician should he/she feel it is necessary. This protocol will be followed to rule out a fracture or if an athlete is not progressing with the treatment and rehabilitation that has been implemented. If the athletic trainer feels a condition needs a doctor's consultation, he/she will contact the coach and the parent to explain the present concern. The athlete will not be cleared to play until the physician states this in writing. This policy is to protect the athlete from further injury.

If an athlete is seen by a physician for further evaluation, whether taken directly by a parent OR referred by the athletic trainer, it is **ABSOLUTELY NECESSARY** that the athlete returns with a note from the physician stating the athlete's diagnosis, treatment and participation status. If the athlete is referred by the athletic trainer, a medical referral form will be sent with the athlete and must be filled out completely by the physician before an athlete will be cleared to play. Without such a note/form the athletic trainer can only presume that the athlete has not been cleared to participate and will not be allowed to return to his/her sport until a medical clearance is received from the physician.

If you have any questions or concerns, please contact me. Thank you!

Mary Lucca  
Athletic Director  
West Campus High School  
[mary-lucca@scusd.edu](mailto:mary-lucca@scusd.edu)

# West Campus High School

## Athletic Packet Checklist

**THIS FORM MUST BE RETURNED WITH YOUR CLEARANCE PACKET TO THE ATHLETIC DIRECTOR BEFORE CLEARANCE IS GRANTED.**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ARE YOU A TRANSFER STUDENT?    YES     NO

FALL SPORT	
WINTER SPORT	
SPRING SPORT	

**DO NOT WRITE BELOW THIS LINE**

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FORM	CLEARED	NOT CLEARED
EMERGENCY INFORMATION – 3 CONTACTS		
MEDICAL CLEARANCE (RSK-F100C) – DATED AFTER JULY 1, 2017		
AGREEMENT FOR TEAM PARTICIPATION (RSK-100A)		
CONCUSSION AND HEAD INJURY (RSK-100F)		
PLAY IT SAFE CONCUSSION PERMISSION TEST DATE _____		
STUDENT ALTERNATE TRANSPORTATION (RSK-F100B)		

**2017 – 2018 WEST CAMPUS ATHLETICS  
STUDENT ATHLETE EMERGENCY INFORMATION**

NAME: \_\_\_\_\_ Class of 20\_\_\_\_ SPORT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(CITY) (ZIP CODE)

DATE OF BIRTH: \_\_\_\_\_ SEX: M  F

**PLEASE COMPLETE THE FOLLOWING WITH THE MOST RELIABLE CONTACT NUMBER**

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ (H W C)

PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ (H W C)

If parents/guardians **CANNOT** be reached in an emergency, please contact: *(please provide 2 additional contacts)*

1. \_\_\_\_\_ Relationship to student: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ (H W C) – circle one

2. \_\_\_\_\_ Relationship to student: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ (H W C) – circle one

**Does the athlete have medical insurance?** Yes  No

**Medical Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**My son/daughter currently has or has had any of the following health conditions:** Yes or No

Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Heart Condition \_\_\_\_\_ Asthma \_\_\_\_\_

Drug Allergy (state drug) \_\_\_\_\_ Other (state condition) \_\_\_\_\_

**I, hereby:**

- attest that all of the above information given is true.
- give my consent, in case this student is injured or becomes ill, for the school and/or its representative to secure medical aid, ambulance transportation, and for the medical agency to render treatment.
- give my consent to the team physician, athletic trainer and/or coach to apply first aid treatment until the emergency personnel can be contacted.
- acknowledge that I have read and clearly understand the policy regarding physician referrals provided in the athletics clearance form cover letter.

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

\_\_\_\_\_  
Date

School Site: \_\_\_\_\_

School Year: 2017/2018

**Sacramento City Unified School District**

**PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)**

LAST NAME		FIRST NAME			GRADE
BIRTH DATE	FALL SPORT	WINTER SPORT	SPRING SPORT	STUDENT ID NUMBER	

**PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Prior to the Examination)**

	Yes	No	Has this student had:		Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or recurrent illness?	16.	<input type="checkbox"/>	<input type="checkbox"/>	Injuries requiring medical care or treatment?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Illness lasting over 1 week?	17.	<input type="checkbox"/>	<input type="checkbox"/>	Neck or back pain or injury?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalizations or Surgeries?	18.	<input type="checkbox"/>	<input type="checkbox"/>	Knee pain or injury?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, psychiatric, or neurologic condition?	19.	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder or elbow pain or injury?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?	20.	<input type="checkbox"/>	<input type="checkbox"/>	Ankle pain or injury?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicines, insect bites, food)?	21.	<input type="checkbox"/>	<input type="checkbox"/>	Other joint pain or injury?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with heart or blood pressure?	22.	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones (fractures)?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or significant or severe shortness of breath during or after exercise?	23.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Does this student presently:</b>
9.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting with exercise?	24.	<input type="checkbox"/>	<input type="checkbox"/>	Wear eyeglasses or contact lenses?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Fainting, bad headaches or convulsions?	25.	<input type="checkbox"/>	<input type="checkbox"/>	Wear dental bridges, braces or plates?
11.	<input type="checkbox"/>	<input type="checkbox"/>	Potential concussion or loss of consciousness?	26.	<input type="checkbox"/>	<input type="checkbox"/>	Take any medications? (List below):
12.	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion, heatstroke, or other problems managing or responding to heat?	27.	<input type="checkbox"/>	<input type="checkbox"/>	<b>Further history:</b>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Racing heartbeat, skipped or irregular heartbeats, or heart murmur?	28.	<input type="checkbox"/>	<input type="checkbox"/>	Birth defects (corrected or not)?
14.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures or seizure disorders?	29.	<input type="checkbox"/>	<input type="checkbox"/>	Death of a parent or grandparent less than 40 years of age due to medical cause or condition?
15.	<input type="checkbox"/>	<input type="checkbox"/>	Severe or repeated instances of muscle cramps?				Parent or grandparent requiring treatment for heart condition less than 50 years of age?
							Been seen by a physician on an emergency or urgent basis in the last 12-months?

Date of last known tetanus (lockjaw) shot: \_\_\_\_\_ Date of last complete physical examination: \_\_\_\_\_  
 Explain all "YES" answers. Describe any other fact that should be disclosed prior to the examination (use reverse of form if needed):

**PARENT/GUARDIAN'S AUTHORIZATION:** I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be performed by District volunteers, I understand the evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal physician or health care provider.

PRINT NAME OF PARENT OR GUARDIAN		SIGNATURE OF PARENT OR GUARDIAN		
ADDRESS	WORK PHONE	HOME PHONE	DATE	
REGULAR PHYSICIAN'S NAME	OFFICE PHONE			

**PART 2 -- MEDICAL EVALUATION (TO BE COMPLETED BY THE EXAMINING HEALTH CARE PROVIDER)**

*This Evaluation Can Only be Performed by Medical Doctors (MDs), Doctors of Osteopathy (DOs), Physician's Assistants (P.A.s), and Nurse Practitioners (N.P.s)*

	NORMAL	ABNORMAL (Describe)	(May be contained on Provider's Form)	
Eyes/Ears/Nose/Throat			Height: _____ Weight: _____	
Heart, lungs, pulmonary function			Pulse: _____ After Ex: _____	
Abdomen, genital/hernia (males)			BP: _____	
Skin and Musculoskeletal:			<b>Recommendation:</b>	
a. Neck/Spine/Shoulders/Back				<input type="checkbox"/> Unlimited participation
b. Arms/Hands/Fingers				<input type="checkbox"/> Limited participation/specific sports, events or activities
c. Hips/Thighs/Knees/Legs				<input type="checkbox"/> Clearance withheld pending further testing/evaluation
d. Feet/Ankles				<input type="checkbox"/> No athletic participation
Neurologic Screening Exam (NSE)/			One of the above MUST be checked.	
Concussion Screening Evaluation (only if needed based on above info.)				

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

PRINT NAME OF PHYSICIAN	PHYSICIAN'S SIGNATURE	DATE
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# AGREEMENT FOR TEAM PARTICIPATION 2017 / 2018

[Including Waivers and Releases of Potential Claims]

This Agreement must be signed and returned to the School Office before a Student can participate in Team Activities  
Each Team must be listed below. If not listed, a separate Participation Agreement will be required.

Additional Required Forms – RSK-F100F Concussion Injury Information Sheet & RSK-F100C Sports Physical Form

Student:	Address:
Grade:	DOB:
School:	Telephone:
Team(s):	

In consideration of the Student's ability to participate on a Team [including any Sport, Cheerleading, Dance, or Marching Band], including try-outs, practices, pre-season or seasonal strength or training sessions or training camps, or actual participation in Team events, shows, performances, or competitions, or the traveling to or from any of these activities ("Team Activities"), the Student and Parent/Legal Guardian ("Adult") signing this Agreement agree as follows:

1. It is a privilege, not a right, to participate in extra-curricular activities, including Team Activities. The privilege may be revoked at any time, for any reason that does not violate Federal or State law or District policies or procedures. There is no guarantee that the Student will make a Team, remain on a Team, or actively participate in Team events, shows, performances, or competitions. Such matters shall remain exclusively within the judgment and discretion of the supervising District employee or volunteer coach.

2. The Student and the Adult understand the nature of the Team, including the inherent or potential risks of Team Activities. The Student is in sufficiently good health and physical condition to participate in Team Activities, and voluntarily wishes to participate in Team Activities. Before participating in any Team Activity, a properly executed Sports Physical Examination Form and Concussion Head Injury Sheet shall be submitted to the school office (valid for one academic year, Fall/Winter/Spring Activities).

3. The Student shall comply with the instruction and directions of Team Activity teachers, coaches, supervisors, chaperones, and instructors. During the Student's participation in Team Activities, as well as academic and/or other school activities, the Student shall comply with all applicable Codes of Conduct. The Student shall also generally conduct himself/herself at all times in keeping with the highest moral and ethical standards so as to reflect positively on himself/herself, the Team and the District. Failure to meet these obligations may, in the discretion of the District, result in removal from the Team and/or Team Activities. Should the Student's violation of these obligations result in bodily injury or property damage, the Adult agrees to (a) pay to restore or replace the damaged property, (b) pay for bodily injury damages to an individual, and (c) defend, protect and hold the District harmless from such claims.

4. Team Activities contain potential risks of harm or injury, including harm or injury that may lead to permanent or serious physical injury to the Student, including paralysis, brain injury, or death ("Injuries"). Injuries might arise from the Student's actions or inactions, the actions or inactions of another Student or participant in a Team Activity, or the actual or alleged failure by District employees, agents or volunteers to adequately coach, train, instruct, or supervise Team Activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for Team Activities. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or Injuries, whether or not caused by or related to the Student's participation in Team Activities. All such risks are deemed to be inherent to the Student's participation in Team Activities. To the fullest extent allowed by law, the Student and Adult therefore also fully assume all such risks and waive and release any potential future claim they might otherwise have been able to assert against the District and any Board Member, employee, agent, or volunteer of the District ("Released Parties"), including any claim that could otherwise have been made on behalf of the Student or any parent, administrator, executor, trustee, guardian, assignee or family member. The Student and Adult further understand that Team Activities and transportation to and/or from Team Activities are "field trips" for which there is immunity from liability pursuant to Education Code Section 35330.

5. If the Student believes that an unsafe condition or circumstance exists, or otherwise feels or believes that continued participation in a Team Activity might present a risk of Injury, the Student will immediately discontinue further participation in the Team Activity, notify School personnel of the Student's belief, and notify a parent or guardian of the Student's belief. The parent or guardian shall thereafter prevent the Student from participating in the Team Activity until the unsafe condition or circumstance is addressed or remedied to their satisfaction.

6. Emergency medical information regarding the Student is on file with the District and is current. The Adult agrees to provide updated medical information during the course of the Student's participation in Team Activities. If an injury or medical emergency occurs during Team Activities, District employees, agents or volunteers have my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider.

RSK-F100A

In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility. An Adult can only withhold this authorization by filing an Objection to Medical Care (Education 49407) that is based on their personally held religious beliefs.

7. Education Code Section 32221.5 requires us to notify you that: **Under state law, school districts are required to ensure that all members of school athletic teams have accidental injury insurance that covers medical and hospital expenses. 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 the District.** Education Code Section 32221 requires that such insurance cover medical and hospital expenses resulting from bodily injuries in one of the following amounts: (a) a group or individual medical plan with accident 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; (b) group or individual medical plans which are certified by the Insurance Commissioner to be equivalent to the required coverage of at least \$1,500; or (c) at least \$1,500 for all such medical and hospital expenses. You may meet this obligation in one of two ways:

**Option 1: Private medical insurance/Medical.** If this option is selected, please provide \_\_\_\_\_ (Name of Insurer/Provider) and \_\_\_\_\_ (Policy number/Identifying number), \_\_\_\_\_ (list coverage dates or “continuous”). The Adult agrees that the Student is covered, and will remain covered during the length of the Team season and that coverage exists in the amounts required by Section 32221.

**Option 2: Purchase insurance meeting the requirements of Section 32221, for the period during which the Student is participating on the Team, through a coverage provider made available through the District [please contact the District to gain additional information regarding this program].** If you are financially unable to pay for such insurance, a payment waiver can be submitted [forms seeking this waiver are also available from the District] and, if no other alternate funding is available through private or charitable organizations, the District will obtain financing for, or provide, the required coverage.

8. Employees, agents or volunteers of the District, members of the press or media, or other persons who may attend or participate in Team Activities, may photograph, videotape, or take statements from the Student. Such photographs, videotapes, recordings, or written statements may be published or reproduced in a manner showing the Student’s name, face, likeness, voice, thoughts, beliefs, or appearance to third parties, including, without limitation, webcasts, television, motion pictures, films, newspapers, yearbooks, and magazines. Such published or reproduced items, whether or not for a profit, may be used for security, training, advertising, news, publicity, promotional, informational, or any other lawful purpose. We authorize and consent to any such publications or reproductions, without compensation, and without reservation or limitation.

9. This Agreement is to be broadly construed to enforce the purposes and agreements set forth above, and shall not be construed against the Released Parties solely on the basis that this Agreement was drafted by the District. If any part of this Agreement is deemed invalid or ineffective, all other provisions shall remain in force. No oral modification of this Agreement, or alleged change or modification of its terms by subsequent conduct or oral statement, is allowed. This Agreement contains the sole and exclusive understanding of the parties, with no other representation relied upon by the Adult or Student in determining whether to execute this Agreement or in agreeing to participate in Team Activities.

**AS THE ADULT SIGNING BELOW: (1) I AM GIVING UP SUBSTANTIAL ACTUAL OR POTENTIAL RIGHTS IN ORDER TO ALLOW THE STUDENT TO PARTICIPATE IN TEAM ACTIVITIES; (2) I HAVE SIGNED THIS AGREEMENT WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND WITH FULL APPRECIATION OF THE RISKS INHERENT IN TEAM ACTIVITIES; (3) I HAVE NO QUESTION REGARDING THE SCOPE OR INTENT OF THIS AGREEMENT; (4) I, AS A PARENT OR LEGAL GUARDIAN, HAVE THE RIGHT AND AUTHORITY TO ENTER INTO THIS AGREEMENT, AND TO BIND MYSELF, THE STUDENT, AND ANY AND ANY OTHER FAMILY MEMBER, PERSONAL REPRESENTATIVE, ASSIGN, HEIR, TRUSTEE, OR GUARDIAN TO THE TERMS OF THIS AGREEMENT AND I HAVE EXPLAINED THIS AGREEMENT TO THE STUDENT, WHO UNDERSTANDS HIS/HER OBLIGATIONS.**

\_\_\_\_\_

<b>Printed Name of Parent/Guardian</b>	<b>Signature</b>	<b>Date</b>
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As the Student, I understand and agree to all of obligations placed on me by this Agreement.

\_\_\_\_\_

<b>Printed Name of Student</b>	<b>Signature</b>	<b>Date</b>
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# CONCUSSION AND HEAD INJURY INFORMATION SHEET

Student:		Address:	
Grade:		Telephone:	
School:	School Year:	DOB:	

Pursuant to Education Code Section 49475, before a Student may try-out, practice, or compete in any District-sponsored extracurricular athletic program, including interscholastic, intramural, or other sport or recreation programs (including cheer/dance teams and marching band), but excluding physical education courses for credit, the student and parent/legal guardian must review and execute this Concussion and Head Injury Information Sheet. Once signed, the Sheet is good for one academic year (Fall through Spring) and is applicable to all athletic programs in which the Student may participate.

## IMPORTANT INFORMATION REGARDING CONCUSSIONS

If a Student is suspected of sustaining a concussion or head injury during an athletic activity, the Student shall be immediately removed from the activity. The Student will not be allowed to resume any participation in the activity until he/she has been evaluated by a licensed health care provider (MD or DO for CIF-governed interscholastic sports; MD, DO, nurse practitioner, or physician’s assistant for all other sports/athletic activities), who must affirmatively state (1) that he/she has been trained in concussion management and is acting within the scope of his/her licensed medical practice, and (2) the student has been personally evaluated by the health care provider and has received a full medical clearance to resume participation in the activity. By law, there can be no exceptions to this medical clearance requirement.

Depending on the circumstances of a particular practice or game, a supervising referee/umpire, coach/assistant coach, athletic trainer, or attending health care provider may determine that a student should be removed from an activity based on a suspected or potential concussion or head injury. The following guidelines will be used: (1) in the case of an actual or perceived loss of consciousness, the student must be immediately removed from the activity; (2) in all other cases, standardized concussion assessment tools (e.g., Sideline Concussion Assessment Tool (SCAT-II), Standardized Assessment of Concussion (SAC), or Balance Error Scoring System (BESS) protocol) will be used as the basis to determine whether the student should be removed from the activity. For the safety and protection of the student, once a supervising individual makes a determination that a student must be withdrawn from activity due to the potential existence of a concussion or head injury, no other coach, player, parent or other involved individual may overrule this determination.

Once a student is removed from an activity, the parent/guardian should promptly seek a medical evaluation by a licensed health care provider, even if the student does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling “slow,” “foggy,” or “not right,” difficulty with concentration or memory, confusion, drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If the student reports or shows any of these symptoms, immediate medical health care should be obtained. If a parent or legal guardian is not immediately available to make health care decisions, the District reserves the right to have the student taken for emergency or urgent evaluation or medical care in keeping with the authorization contained in the Agreement for Team Participation.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_  
 Student \_\_\_\_\_ Adult \_\_\_\_\_  
 Signature \_\_\_\_\_ Signature \_\_\_\_\_

# Play It Safe Concussion Care<sup>SM</sup>



## Consent/Release of Information Form

Date: \_\_\_\_\_

I give my permission for \_\_\_\_\_  
to have a baseline ImPACT test (Immediate Post-concussion Assessment and Cognitive Testing) administered by \_\_\_\_\_. The ImPACT results may be released to my child's primary care physician or other treating physician as indicated below. They may also release the results to the school's coach, athletic director or trainer, or other representative (i.e. designated concussion coordinator). The test data is stored on a secured server through the ImPACT company which can only be accessed using a valid login and password. This consent is only valid while participating in the current \_\_\_\_\_ season through \_\_\_\_\_.

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

Testing declined

### PLEASE PRINT THE FOLLOWING INFORMATION:

Name of doctor: \_\_\_\_\_

Name of practice or group: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Student's home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or guardian phone numbers (please indicate preferred contact number and time if necessary):

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Check if it is ok to leave a message



# STUDENT ALTERNATE TRANSPORTATION FORM

Students participating in District-sponsored activities, including, but not limited to, practices, games, meetings, competitions, and conferences ("Events"), are required to travel on school buses or by other District-designated methods of transportation. Under special circumstances, with the District's prior written approval, Students may be transported to and from Events (a) by a parent/guardian or other designated adult, or (2) by himself/herself. Under no circumstances may Students be transported in a vehicle driven by another student or anyone under 21 years of age.

Before the District grants a request for alternate transportation, this Student Alternate Transportation Form must be submitted to the School Office after it has been signed by the Student, the Student's parent/ legal guardian, and the District employee supervising the Event. Before the Student Alternate Transportation Form will accepted and approved by the School Office, the individual who will transport the Student must also complete and file with the School Office an acceptable (a) Personal Automobile Use Form (for parents/ guardians/designated adults) or (b) Student Personal Automobile Use Form (if the Student intends to drive himself/herself to Events).

If the required Forms are not submitted to and accepted by the School Office 48-hours before an Event, the Student must be transported to and from the Event through normal District-sponsored methods. A Student not complying with these provisions will not be allowed to attend or participate in the Event.

Name of Student:	
Event(s): Each approved Event or series of Events must be listed:	2017-2018 School Year
Date(s):	All Athletic Events
Reason for Request:	Transportation to Athletic Events
Name of Designated Driver(s): Student and/or Designated Adult(s)	

I/we agree that the designated drivers and vehicles to be used are not covered under the District's automobile liability coverage. The Student, his/her parent(s)/guardian(s), and/or the driver of the vehicle are solely responsible for damage or injury to others. I/we also agree that the Student and anyone else in the vehicle assume their own risk of harm, injury or death arising from this choice for alternate transportation. The Student, his/her parent(s)/legal guardian(s), and/or the vehicle driver further agree to hold the District and its officers, employees and volunteers free from any liability arising from this alternate transportation, agreeing also to defend and indemnify them against any resulting claim.

\_\_\_\_\_  
Printed Name of Student                      Signature                      Date

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Signature                      Date

\_\_\_\_\_  
Printed Name of Supervising Employee                      Signature                      Date

Date Received by District:	Received/Approved by:
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THIS FORM TO BE HELD ON FILE IN THE MAIN OFFICE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE CURRENT SCHOOL YEAR