Vista High School
Athletic Clearance Packet

Included:

1) **Athletic Screening History & Physical Examination**
2) **Permission to Treat Form**
3) **Concussion Baseline Score Checklist**

Additional Education Material:

1) **Concussion and Head Injury Information Sheet**
2) **Sudden Cardiac Arrest Information Sheet**
3) **Opioid Fact Sheet**
4) **Heat Illness Information Sheet**
5) **Gender Equity in Education Informational Guide**

Please turn in forms to Athletic Trainer (in person or via scan/email):

Ms. Melissa Hutzell, ATC
Vista High School
1 Panther Way
Vista, CA 92084

760-726-5611 x71625
melissahutzell@vistausd.org

Please be sure the packet is completely filled out before turning in.

VISTA UNIFIED SCHOOL DISTRICT

Athletic Screening History & Physical Exam

Please indicate:

[ ] Mission Vista HS [ ] Rancho Buena Vista HS [ ] Vista HS

Student Name:	Student ID #:
Address:	Date of Birth:
City/Zip:	Graduating Year:
Home Phone:	Parent Name / Cell # :
Emergency Contact / Phone:	Parent Name / Cell # :
Sport:	

EXPLANATION OF SCREENING PHYSICAL

I realize that the medical evaluations performed are only screens in order to evaluate general health, to disclose existing problems, and to determine my son/daughter's dynamic ability to participate in a given sport so that obvious conditions, which might be damaged or aggravated by competitive sports, can be found, evaluated and treated so as to prevent further injury. This examination does not guarantee against injury. Physicals must be renewed no later than ONE calendar year from previous physical examination date.

Parents Initials _____

AWARENESS OF RISK

STUDENT AND PARENT - I am aware that playing/practicing sports can be a dangerous activity involving many risks of injury. I understand that the risks of participation include, but are not limited to, death, serious neck and spinal cord injuries that may result in complete or partial paralysis, brain damage, serious internal injury to virtually any internal organs, bones, joints, muscles, tendons, or any other aspect of the skeletal system, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the risks of participant may result not only in serious injury, but also in impairment of my future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy a good life. Because of the dangers of participation in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training, equipment and other team rules, etc. in both competition and practice and agree to obey such instructions.

Parents Initials _____ Student Initials _____

PERMISSION FOR TREATMENT

I hereby grant permission to the Athletic Trainer, Team Physicians and those professional personnel designated by Vista Unified School District to treat my son/daughter in the event of an injury. In the event of a serious injury, if I am unable to give my consent at that time, this consent is to include any and all emergency procedures deemed necessary by the attending emergency personnel. I also understand that in the event of injury, every reasonable attempt will be made to contact me prior to securing medical treatment beyond basic first aid.

Parents Initials _____

CIF CONCUSSION INFORMATION

http://vhs.vistausd.org/wp-content/uploads/2017/07/CIF-Concussion-Information.pdf

Also, found in back of Athletic Clearance Packet

I agree that the safety of the athletes always comes first. I have read the CIF Concussion Information Sheet and am familiar with the signs and symptoms of a concussion. I understand and support the decision that any athlete suspected of a head injury may be removed from a game or practice immediately and will not be allowed to return to activity until medically cleared by a physician. I understand that CA STATE LAW 2127 states that return to competition CANNOT be sooner than 7 days after evaluation by a physician (MD/DO) who has made the diagnosis of concussion, and ONLY after completing a gradual return to play protocol.

Parents Signature_____ Student Signature_____

CIF SUDDEN CARDIAC ARREST INFORMATION
http://vhs.vistausd.org/wp-content/uploads/2017/07/Sudden-Cardiac-Arrest-Information.pdf

Also, found in back of Athletic Clearance Packet

CIF amended its bylaws to include language that adds Sudden Cardiac Arrest (SCA) training to coach certification and practice and game 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 and caregivers are urged to dialogue with student-athletes about their heart health and everyone associated with high school sports should 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 CIF protocol to incorporate SCA prevention strategies into my student's sports program.

Parents Signature_____ Student Signature_____

CIF CONTROLLED SUBSTANCE, SCHEDULE II DRUGS: OPIOIDS INFORMATION
http://www.cifstate.org/sports-medicine/CDC-Patient-Opioid-Factsheet-a.pdf

Also, found in back of Athletic Clearance Packet

I have read the CIF Opioids Factsheet for Student-Athletes and understand the risks and side effects associated with the use of opioid drug medications.

Parents Signature_____ Student Signature_____

CIF HEAT ILLNESS FACTSHEET
https://cifstate.org/sports-medicine/heat_illness/Parent_Student_CIF_Heat_Illness_Information_Sheet.pdf

Also, found in back of Athletic Clearance Packet

I have read the CIF Heat Illness Information Sheet and understand how to prevent heat illness, how to recognize signs of heat illness, as well as how to treat and respond to heat illnesses; including; but not limited to: heat exhaustion and heat stroke.

Parents Signature_____ Student Signature_____

PROOF OF INSURANCE
In compliance with California Education Code 32221, I certify that there is in effect at this time insurance coverage for medical expenses resulting from bodily injury of at least $5,000 for my son/daughter, and that this coverage will remain in effect throughout the time that he/she participates in sports. I also give my permission for the above named student to participate in sports, including regularly scheduled trips by supervision school transportation.

Parents Initials _____ Insurance Carrier _____ Policy # _____

I have read the above statement, EXPLANATION OF SCREENING PHYSICAL, AWARNESS OF RISKS, PERMISSION FOR TREATMENT, CIF CONCUSSION INFORMATION, CIF SUDDEN CARDIAC ARREST INFORMATION, CIF CONTROLLED SUBSTANCE-OPOID INFORMATION & PROVIDED PROOF OF INSURANCE and I understand them fully and agree/consent to their contents.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Health History - Please answer the following in the check box provided. Explain "yes" answers in the box below.

1. Have you ever been hospitalized (overnight)? [ ] Yes [ ] No
2. Have you ever had surgery? [ ] Yes [ ] No
3. Are you currently taking medication? [ ] Yes [ ] No
4. Do you have any allergies (medicines, pollen, bees)? [ ] Yes [ ] No
5. Have you ever passed out during exercise? (not from heat) [ ] Yes [ ] No
6. Have you ever been dizzy during exercise? (not from heat) [ ] Yes [ ] No
7. Have you ever had chest pain? [ ] Yes [ ] No
8. Do you tire more quickly than your friends during exercise? [ ] Yes [ ] No
9. Have you ever had high blood pressure? [ ] Yes [ ] No
10. Have you ever been told you had a heart murmur? [ ] Yes [ ] No
11. Have you ever had racing of your heart or skipped beats? [ ] Yes [ ] No
12. Has anyone in your family died of heart problems or a sudden death before age 40? [ ] Yes [ ] No
13. Does anyone in your family have Marfan's Syndrome? [ ] Yes [ ] No
14. Do you have any skin problems (itching, rashes, breaking out)? [ ] Yes [ ] No
15. Have you ever had a head injury? [ ] Yes [ ] No
    Have you ever been knocked out? [ ] Yes [No
    Have you ever had a seizure? [ ] Yes [ ] No
    Have you ever had a burner/stinger? (pain from neck to arm) [ ] Yes [ ] No
16. Have you ever had heat cramps? [ ] Yes [ ] No
    Have you ever been dizzy or passed out in the heat? [ ] Yes [ ] No
17. Do you use special pads or orthotic braces? [ ] Yes [ ] No
18. Have you ever injured (broken/fractured, sprained, dislocated)?
    [ ] Hand / fingers [ ] Shoulder [ ] Hip [ ] Shin / calf [ ] Wrist / forearm [ ] Neck [ ] Thigh
    [ ] Ankle [ ] Elbow [ ] Chest/ribs [ ] Knee [ ] Foot / toes [ ] Upper arm [ ] Back
    [ ] Stress fractures?
19. Have you ever had?
    [ ] Mononucleosis [ ] Diabetes [ ] Hepatitis [ ] Headaches (frequent) [ ] Eye/ear injuries
    [ ] Tuberculosis [ ] Measles [ ] Hernia(s) [ ] Asthma [ ] Ulcers
    [ ] Sickle cell trait/disease
20. When was your last tetanus shot? _____
21. About your weight: Do you think you are . . . [ ] just Right? [ ] too Heavy? [ ] too Thin / Light?
22. For females: Are your periods [ ] Regular/monthly? [ ] Irregular / skip months?

When was your first period and how old were you? _____ When was your last period? _____

Please ask the doctor to address any questions that you may have. [All discussions are kept confidential.]

Please Explain and "YES" answers here:

Physical Examination

(To be completed by Medical Personnel)

Height _____

Weight _____

Blood Pressure _____
(sitting, left arm)

Pulse _____

Vision (optional)
Left eye 20 / _____
Right eye 20 / _____
Both eyes 20 / _____

with / without glasses

1. Skin	
2. Head	
3. Eyes (PERLA, EOMI, Fundi)	
4. Ears nose, throat	
5. Neck	
6. Lymphatic	
7. Respiratory	
8. Cardiovascular Heart (murmurs)?	
9. Abdomen	
10. Extremities	
11. Neurological Reflexes	
12. Orthopedic	
Cervical spine/back	
Arms/elbows/wrist/hands	
Hips	
Knees	
Ankles/feet	

√ = within normal limits **+ = see comments** **X= omitted**

Comments / Recommendations:

MEDICAL CLEARANCE

(As appropriate for age and development)

[ ] Full contact/collision level (full, unrestricted participation)

[ ] Limited contact / impact

[ ] Non contact: strenuous

[ ] Non contact: non-strenuous

[ ] Clearance deferred or no participation at this time because:

[ ] Needs clearance by specialist

[ ] Orthopedist [ ] Cardiologist

Other : _____

[ ] Needs to complete rehabilitation for current condition(s) prior to participation

Physician's Statement:

(Student's name) _____ was examined by me on _____(date)

and found physically fit to engage in high school athletics. Results are to encourage, but in no way guarantee the fitness and safety of this athlete.

Practitioner signature: _____ Date:_____

M.D. / D.O. / N.P. / P.A. / D.C.

Do not sign without student's name filled in

Physician's Office Stamp HERE (REQUIRED)

VISTA UNIFIED SCHOOL DISTRICT

MEDICAL INFORMATION RELEASE FORM FOR CO-CURRICULAR ACTIVITY

This form is provided to the coach and will be taken with the team wherever they travel. Please fill out completely and be specific. The form gives parental consent for any staff/chaperone approved by the school principal to secure emergency services (medical, dental, paramedic, ambulance) for the student at the parent/guardian expense. Efforts will be made to contact the parent/guardian prior to treatment or hospitalization. An authorization with a physician's signature must be attached if the athlete takes any prescription medication.

Student Name:	Sport(s):
Parent/Guardian Name:	Graduating Year:
Address:	City/ZIP:
Home Phone:	Mother Cell: Mother Work:
	Father Cell: Father Work:

IN CASE OF EMERGENCY, A REPRESENATIVE OF THE VUSD ATHLETIC DEPARTMENT HAS THE AUTHORITY TO SECURE MEDICAL OR SURGICAL TREATMENT AND TRANSPORT AS NECESSARY. EVERY ATTEMPT WILL BE MADE TO CONTACT THE EMERGENCY PERSONS LISTED BELOW.

Family Doctor:	Dr. Phone #:
Emergency Person to Contact:	Phone #:
Relationship to Student:	
Emergency Person to Contact:	Phone #:
Relationship to Student:	

List all information helpful to a physician in case of emergency including information which school staff and chaperones need to be aware of regarding the student's safety. Updated information shall be provided by the parent/guardian.

MEDICAL PROBLEMS: (diabetes, asthma, seizures, sickle-cell trait, etc.)	TREATMENT:
ALLERGIES: (food, bee stings, medication, etc.)	TREATMENT:

SCHOOL RULES ARE IN EFFECT FOR ALL SCHOOL SPONSORED ACTIVITIES

MEDICATION: Prescription and non-prescription medications are permitted only with a written statement from the physician and parent/guardian indicating desire that the District assist the student as set forth by the physician. If prescription or non-prescription medication is necessary, an AUTHORIZATION FOR MEDICATION ADMINISTRATION must be attached. I understand that staff/chaperones may assist my student-athlete in taking the medicine(s) as directed by my physician. I will provide the medicine(s) in the prescription container(s) labeled with the name of my student-athlete, the prescribing physician's name, and the time and dosage of medication prescribed. I agree to hold harmless and indemnify the Vista Unified School District, its officers, employees, agents or chaperones from and against any and all liability, loss, expense or claims for illness, injury or damage any student may incur from medication assistance.

I UNDERSTAND THAT BY SIGNING THIS FORM:

1. I give permission for my son or daughter to participate in Vista Unified School District athletics.
2. I give permission for staff/chaperones to provide first aid care and secure emergency care at my expense if needed.
3. I release Vista Unified School District, its officers, employees, agents and its chaperones from any and all liability, loss, expense or claim for illness, injury or damages that may arise from participation in the athletics program or any associated activity. Further, I understand that the District does not provide accident/medical insurance for students and that I am expected to provide such insurance coverage.
4. I am aware that injuries may occur to the athlete while participating in interscholastic athletics. I have been advised of this danger.

_____ _____

Name of insurance company Insurance Policy/Group Number

X _____

Parent/Guardian Signature Date

CIF GRADED CONCUSSION SYMPTOM CHECKLIST BASELINE

Purpose:
*This checklist will provide us with a sense of how you feel on a normal daily basis. The majority of students should experience "zeros"; however, a small population of students may experience some of these symptoms on a daily basis (regular headaches, migraines, visual deficits, etc.). Should you sustain a concussion, we will utilize your "baseline" as means of showing us what exactly "normal is for you." You will be asked to complete this same checklist after concussion diagnosis until you are back to normal values. Once this is achieved, you may proceed to your gradual return to play protocol with your certified athletic trainer. Absolutely, no activity will be permitted until you are back to your normal baseline scores.

Instructions: Please fill out at time of physical examination

1. Grade the 22 symptoms with a score of 0 to 6.
   0=no symptom reported
   6= "worst pain in your entire life"
2. Please answer as accurate as possible.
3. How many concussions have you had? _____

Don't forget to fill out the table below

	None	Mild	Moderate		Severe		
Headache	0	1	2	3	4	5	6
"Pressure in Head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or Vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to Light	0	1	2	3	4	5	6
Sensitivity to Noise	0	1	2	3	4	5	6
Feeling Slowed Down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't Feel Right"	0	1	2	3	4	5	6
Difficulty Concentrating	0	1	2	3	4	5	6
Difficulty Remembering	0	1	2	3	4	5	6
Fatigue or Low Energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble Falling Asleep	0	1	2	3	4	5	6
More Emotional Than Usual	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
TOTAL	0						
TOTAL SYMPTOM SCORE (Sum of all column totals)							

CIF 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 student-athlete removed for this reason must receive a written note from a physician trained in the management of concussion before returning to practice.*
3. *Before a student-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 student-athlete and the parent or guardian.*

[Every 2 years all coaches are required to receive training about concussions (AB 1451), sudden cardiac arrest (AB 1639), and heat illness (AB 2500), and 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. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

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 physician trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 for immediate transport 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 physician, athletic trainer or coach understand how they are feeling and hopefully will show improvement over time. You may 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 their everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, your child can fill out this checklist again. This Graded Symptom Checklist provides a list of symptoms to compare over time to follow your child's recovery 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 research 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 may contribute to long-term neurological problems. One goal of concussion education 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:	
• Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or awkwardly • Answers questions slowly	• Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or "has a fit" • Any change in typical behavior or personality • Passes out

Symptoms may include one or more of the following:	
• Headaches • "Pressure in head" • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns	• Loss of memory • "Don't feel right" • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same question/comment

What is Return to Learn?

Following a concussion, students may have difficulties with short- and long-term memory, concentration and organization. They may require rest while recovering from injury (e.g., limit texting, video games, loud movies, or reading), and may also need to limit school attendance for a few days. As they return to school, the schedule might need to start with a few classes or a half-day. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or physician can help suggest and make these changes. Students should complete the Return to Learn guidelines, successfully returning to a full school day and normal academic activities, before returning to play (unless your physician makes other recommendations). 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 is a gradual, step-wise increase in physical effort, sports-specific activities and then finally unrestricted activities. If symptoms worsen 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 physician 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 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 students 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 they experience such symptoms, or if they suspect that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

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 Berlin, October 2016*
- *https://www.cdc.gov/traumaticbraininjury/PediatricmTBIGuideline.html*
- *https://www.cdc.gov/headsup/youthsports/index.html*

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & 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 each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

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.

What should you do if your student-athlete is experiencing 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 physician, surgeon, nurse practitioner or physician assistant. 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.

FAINTING is the #1 SYMPTOM OF A HEART CONDITION

Recognize the Signs & Risk Factors

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, diet pills or performance-enhancing supplements

Cardiac Chain of Survival

On average it takes EMS teams up to 12 minutes to arrive to a cardiac emergency. Every minute delayed 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.

Recognition of Sudden Cardiac Arrest

Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.

Call 9-1-1

Follow emergency dispatcher's instructions. Call any on-site Emergency Responders.

Hands-Only CPR

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

Defibrillation

Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

Advanced Care

Designate a bystander to direct EMS to the victim for quick transfer to the hospital.

Cardiac Chain of Survival Courtesy of Parent Heart Watch

Keep Their Heart in the Game

Sudden Cardiac Arrest Information for Athletes & Parents/Guardians

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 accidently 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.

What are we doing to help protect student athletes?

The State of California passed the Eric Paredes Sudden Cardiac Arrest Prevention Act in 2016 to protect K-12 students participating in school-sponsored athletic activities. New policy adds sudden cardiac arrest (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, and potentially for other conditions if they are believed to be cardiac related. 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 potential warning signs and risk factors 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 or activity.

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 Department of Education
cde.ca.gov

Eric Paredes Save A Life Foundation
epsavealife.org

California Interscholastic Federation (CIF)
cifstate.org

National Federation of High Schools Free 20-Min. Training Video For Coaches, Parents or Anyone Involved in Student Sports Activities
nfhslearn.com/courses/61032

ERIC PAREDES SAVE A LIFE FOUNDATION

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a 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 health care 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

As many as **1 in 4** PEOPLE*

receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- 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

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Hospital Association®

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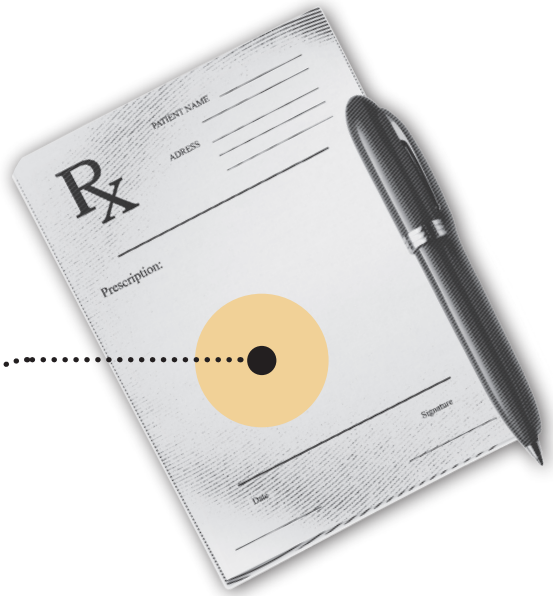
KNOW YOUR OPTIONS

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.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

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 within ____ days.
  - 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 (this may include 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.

Parent/Student CIF Heat Illness Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about Heat Illness because of California state law AB 2800 (effective January 1, 2019), now Education Code § 35179 and CIF Bylaws 22.B.(9) and 503.K (Approved Federated Council January 31, 2019):

1. *The law requires a student athlete who has been removed from practice or play after displaying signs and symptoms associated with heat illness must receive a written note from a licensed health care provider before returning to practice.*
2. *Before an athlete can start the season and begin practice in a sport, a Heat Illness 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), heat illness (AB 2800) as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is Heat Illness and how would I recognize it?

Exercise produces heat within the body and can increase the player's body temperature. Add to this a hot or humid day and any barriers to heat loss such as padding and equipment, and the temperature of the individual can become dangerously high.

Heat Illness occurs when metabolically produced heat combines with that gained from the environment to exceed the heat and large sweat losses. Young athletes should be pre-screened at their pre-participation physical exam form edication/supplement use, cardiac disease, history of sickle cell trait, and previous heat injury. Athletes with any of these factors should be supervised closely during strenuous activities in a hot climate. Fatal heat stroke occurs most frequently among obese high school middle lineman.

Much of one's body heat is eliminated by sweat. Once this water leaves the body, it must be replaced. Along with water loss, many other minerals are lost in the sweat. Most of the commercial drinks now available contain these minerals, such as Gatorade, etc., but just plain water is all that is really required because the athlete will replace the lost minerals with his/her normal diet.

PREVENTION: There are several steps which can be taken to prevent heat illness from occurring:

ADEQUATE HYDRATION The athlete should arrive at practice well-hydrated to reduce the risk of dehydration. The color of the urine can provide a quick guess at how hydrated the athlete. If the urine is dark like apple juice means the athlete is dehydrated. If the urine is light like lemonade in color means the athlete seems adequately hydrated.

Water or sports drinks should be readily available to athletes during practice and should be served ideally chilled in containers that allow adequate volumes of fluid to be ingested.

Water breaks should be given at least every 30-45 minutes and should be long enough to allow athletes to ingest adequate volumes of fluid.

Athletes should be instructed to continue fluid replacement in between practice sessions.

GRADUAL ACCLIMATIZATION: Intensity and duration of exercise should be gradually increased over a period of 7-14 days to give athletes' time to build fitness levels and become accustomed to practicing in the heat. Protective equipment should be introduced in phases (start with helmet, progress to helmet and shoulder pads, and finally fully uniform).

A **FREE** online course "Heat Illness Prevention" is available through the CIF and NFHS at https://nfhslearn.com/courses/61140/heat-illness-prevention.

Parent/Student CIF Heat Illness Information Sheet

HEAT EXHAUSTION: Inability to continue exercise due to heat-induced symptoms. Occurs with an elevated body-core temperature between 97 and 104 degrees Fahrenheit.

• Dizziness, lightheadedness, weakness	• Profuse sweating
• Headache	• Cool, clammy skin
• Nausea	• Hyperventilation
• Diarrhea, urge to defecate	• Decreased urine output
• Pallor, chills	

Treatment: Stop exercise, move player to a cool place, remove excess clothing, give fluids if conscious, COOL BODY: fans, cold water, ice towels, or ice packs. Fluid replacement should occur as soon as possible. The athlete should be referred to a hospital emergency if recovery is not rapid. When in doubt, CALL 911. Athletes with heat exhaustion should be assessed by a physician as soon as possible in all cases.

HEAT STROKE: Dysfunction or shutdown of body systems due to elevated body temperature which cannot be controlled. This occurs with a body-core temperature greater than 107 degrees Fahrenheit.
Warning Symptoms:

This is a MEDICAL EMERGENCY. Death may result if not treated properly and rapidly.

Treatment: Stop exercise, Call 911, remove from heat, remove clothing, immerse athlete in cold water for aggressive, rapid cooling (if immersion is not possible, cool the athlete as described for heat exhaustion), monitor vital signs until paramedics arrive.

Signs observed by teammates, parents and coaches include:	
• Dizziness	• Weakness
• Drowsiness, loss of consciousness	• Hot and wet or dry skin
• Seizures	• Rapid heartbeat, low blood pressure
• Staggering, disorientation	• Hyperventilation
• Behavioral/cognitive changes (confusion, irritability, aggressiveness, hysteria, emotional instability)	• Vomiting, diarrhea

Final Thoughts for Parents and Guardians:

Heat stress should be considered when planning and preparing for any sports activity. Summer and fall sports are conducted in very hot and humid weather in many parts of the California. Many of the heat problems have been associated with football, due to added equipment which acts as a barrier to heat dissipation. Several heatstroke deaths continue to occur each season in the United States. There is no excuse for heatstroke deaths if the proper precautions are taken.

You should also feel comfortable talking to the coaches or athletic trainer about possible heat illness signs and symptoms that you may be seeing in your child.

I acknowledge that I have received and read the CIF Heat Illness Information Sheet.

Student-Athlete Name *Printed*	Student-Athlete *Signature*	Date
Parent or Legal Guardian Name *Printed*	Parent or Legal Guardian *Signature*	Date

Trust • Respect • Collaboration • Equity

Your Rights Under Title IX

VISTA UNIFIED SCHOOL DISTRICT

Gender Equity in Education

The Vista Unified School District protects every student's right to have equal access to educational opportunities free from sex discrimination. No student can be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any of the District's education programs or activities because of his/her/their sex, sexual orientation, gender, gender-identity, or association with a person or group with one or more these actual or perceived characteristics..

Title IX provides students with the following rights (20 U.S.C.1681 et seq.):

FAIR AND EQUITABLE TREATMENT:

You have the right to fair and equitable treatment and you shall not be discriminated against based on your gender, sexual orientation or gender identity.

EQUITABLE PARTICIPATION OPPORTUNITIES:

You have the right to be provided with an equitable opportunity to participate in all academic extracurricular activities, including athletics.

ATHLETIC OPPORTUNITIES:

You have the right to ask the athletic director at your school about the athletic opportunities offered at your school and express interest in sports not currently offered

EQUITABLE TREATMENT AND BENEFITS FOR ATHLETES:

You have the right to receive equitable treatment and benefits in the following areas related to athletics:

1. Quality of equipment and supplies.
2. Scheduling of games and practices.
3. Transportation.
4. Coaching.
5. Condition of locker rooms.
6. Condition and availability of practice and competitive facilities.
7. Availability of medical and training facilities and services.
8. Publicity.

EQUITY COORDINATOR & SUPPORT:

The District Title IX Coordinator has a designated Title IX Coordinator available answer questions or concerns you may have regarding gender equity. You also have the right to make an anonymous report using PSST World.

EQUITY LAW & SUPPORT:

The California Department of Education and the California Interscholastic Federation (CIF) can provide you with access to information about gender equity laws. You have the right to file a confidential discrimination complaint with the United States Office of Civil Rights (OCR) or the California Department of Education if you believe you have been discriminated against or if you believe you have received unequal treatment on the basis of your sex.

REMEDIES & PROTECTION

You have the right to pursue legal actions if you have been subject to discrimination. Legal protections against are available if you file a discrimination complaint.